

One of the “best guides to the first year of your baby’s life”
—Parents magazine

Heading Home With Your Newborn

From Birth to Reality

FOURTH EDITION

Laura A. Jana, MD, FAAP & Jennifer Shu, MD, FAAP

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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American Academy of Pediatrics Publishing Staff

Mary Lou White, *Chief Product and Services
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345 Park Blvd
Itasca, IL 60143
Telephone: 630/626-6000
Facsimile: 847/434-8000
www.aap.org

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Praise for Previous Editions of *Heading Home With Your Newborn*

One of the “best guides to the first year of your baby’s life.”

—*Parents* magazine



This book packs the advice of a parenting class, a doctor’s visit, and a best friend into one indispensable package.

—*Library Journal*



Funny yet sage...having this book in the house is like having a doctor on call (without the co-pay).

—*ePregnancy* magazine



I LOVE, LOVE, LOVE the humor in *Heading Home*! Very entertaining and informative. I am now recommending that all my new parents get a copy, whether they are on their first or fourth baby.

—Dan Brennan, MD, CLC, FAAP

Sansum Clinic, Santa Barbara, California, and contributing writer for *Santa Barbara Parent* magazine, the *Daily Sound*, and the *Goleta Voice*



Heading Home With Your Newborn is one of the very best books for parents that I’ve run across in the 24 years that I have been reviewing parenting books. Written with great heart and soul, it provides up-to-date medical information. These two pediatrician authors are both smart and compassionate, and it’s obvious that they remember just what it feels like to bring home a brand-new baby.

—Bobbi Conner

Creator and host of *The Parent’s Journal*
nationwide public radio program



A special book that new parents will want to read cover to cover before their little one arrives. No matter what challenges new parenthood throws your way, Drs Jana and Shu are sure to leave you feeling both confident and competent. *Heading Home* is the perfect shower gift!

—Barton Schmitt, MD, FAAP

Professor of Pediatrics at the Children's Hospital of Denver



In short, easy-to-read chapters, these pediatrician-authors explore all the topics...which are part of every new baby's life. Their sections on car seat safety and traveling with an infant are especially informative and up-to-date. The authors' supportive reassurances and sensitive advice will be particularly helpful to parents whose baby does not fit the norm. Without a false note anywhere, the authors have made a gift to parents of their own confidence and experience. This book is a fresh contribution to adults just beginning the parenting journey.

—Molly Frederick

Senior Associate Editor, formerly of *Contemporary Pediatrics*



This book will lower your stress about raising your child. It is a wonderful narrative that reads as if it was a conversation among friends.... You can have a shared learning experience with the authors who are moms, docs, and daughters and really do know.

—George A. Strait

Former Medical Correspondent, *ABC News*



In an era of one-size-fits-all parenting advice, this book truly stands out. Doctors Jana and Shu offer the kind of advice that will help new parents keep their expectations reasonable, while giving them the confidence and encouragement they need to be great parents, and to have fun at the same time.

—Armin Brott

Author of *The Expectant Father* series



A family-friendly, easily read...guide to the unique experience of caring for a newborn that is both practical and medically sound.

—Lillian Blackmon, MD
Former Chair, American Academy of Pediatrics
Committee on Fetus and Newborn



The advice you'd get from your sister or best friend,
if she had her baby only last year.

—Gil Fuld, MD
AAP News Editorial Advisory Board



Its spirited, light, and conversational tone makes readers feel like they are talking to a trusted good friend who just happens to be a pediatrician.

—John C. Nelson, MD, MPH
Obstetrician-gynecologist
Past President, American Medical Association



As an ER doctor, I've cared for countless infants in a clinical setting. But nothing can truly prepare you for bringing home your own baby! Informative, realistic, and reassuring, this book answers all of your questions, from changing diapers to burping to traveling with baby, and it became my own go-to resource. *Heading Home With Your Newborn* not only empowers moms with the knowledge to raise a happy and healthy baby, but also—and most importantly—gives us the confidence to believe that we can.

—Darria Long Gillespie, MD, MBA
ER Physician, Emory University Healthcare; EVP, Sharecare.com



To everyone who humored us when we told them we were writing a book,
to those who actually took us seriously, and most important,
to all of you who welcome us into your homes and share this
unforgettable part of parenthood with us.

—LJ and JS

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Acknowledgments

As we marvel that *Heading Home With Your Newborn* has touched the lives of more than a million families since the very first edition was published more than 15 years ago, we realize just how fortunate we've been to be able to share in what we truly consider to be one of the most momentous occasions of parenthood. We are also reminded of how grateful we are for our own family, friends, and colleagues. As cliché as it may sound, this book wouldn't exist without their love, support, understanding, and ongoing reassurances that what we have to say continues to be worth putting into print. For that, they are deserving of both recognition and our sincerest thanks.

First and foremost, we are thrilled to be in this long-standing partnership with the American Academy of Pediatrics. After years of hard work and climbing our way up the steep learning curve together in the world of publishing, we couldn't have found a more perfect fit. Special thanks to past Executive Directors Errol Alden, MD, and Joe Sanders, MD, who offered us an incredible opportunity to work with the American Academy of Pediatrics, which we continue to believe represents the gold standard in caring for children.

We also owe our gratitude to all the many expert colleagues who reviewed our text for technical (and practical) accuracy over the years.

Laura A. Jana, MD, FAAP

I have been fortunate to have crossed paths with several people whose faith in my abilities has helped me to get to where I am today. Perhaps one of the most influential people early in my career was Benjamin Spock, MD, who not only took me seriously years before I had an MD behind my name but was an incredibly insightful man whose love of life and understanding of both children and parents continue to inspire me. I also want to thank pediatricians Robert D. Needlman, MD, FAAP, who first demonstrated to me how to practice the art of pediatrics, and Barton D. Schmitt, MD, FAAP, whose kind words of support meant far more to me than he probably realized. And finally, I owe a special thanks to Georges Peter, MD, whose commitment to involving young pediatricians and women in the American Academy of Pediatrics is what serendipitously brought me back in touch with my coauthor, Jennifer, years after we trained in pediatrics together at the University of California, San Francisco.

My 3 children—Bethany, Alex, and Ryan—help remind me every day what is truly important in life, and I am forever grateful for their willingness to let me test out (and fine-tune) my parenting techniques before sharing them with others. While many others played impactful roles in making this book come to life, I especially want to acknowledge my best friend and husband of 25 years, Ajoy Jana, MD. Ajoy has given me not only his unwavering support but his unconditional love. It is the life and family we have created together that define who I am and represent my greatest accomplishments.

Jennifer Shu, MD, FAAP

Space prevents me from personally listing all the important people with whom I have crossed paths in life. Many of you have given me the encouragement and confidence to become the person I am, and for these, I am most grateful. I would like to give my utmost appreciation to my husband and children, who patiently supported a book that took several years to come to life. Thanks to my parents, who taught me to believe that I could be anything I wanted to be. A big shout-out goes to my sisters, who have been my peppiest cheerleaders. To my extended family of in-laws, thanks for welcoming me into your lives as a daughter, sister, and friend. My tenth grade English teacher, Paul Lankford, told me I would be a star no matter where I went, and I was naive enough to believe him. I know he has similarly influenced many other students in a tremendously positive way, and I would like to recognize the effect he has had. My heartfelt thanks go to my pediatric colleagues, coworkers, and mentors, who have guided me in this ongoing quest to be a better pediatrician. My friends from all stages of my life have been incredibly supportive and tolerant of my quirks and tendency to share my excitement about our books. I would also like to extend my gratitude to all my patients, who have taught me just about everything I know about newborns. And last, a big woo-hoo to my coauthor, Laura. We not only finally finished the first edition but have been able to watch it grow to the fourth edition (and I hope more!). I'm glad we get to go through this amazing experience together!

Introduction

The Current State of Parenting Affairs

We'd like to start out by acknowledging that we are by no means the first authors to write about the wondrous but admittedly daunting journey called *parenthood*. We live in a time when parenting experts all but grow on trees, and parenting books, blogs, and social media posts are overflowing with advice. Given the sheer magnitude of information already available, you may wonder why we ever decided to toss our hats into this overcrowded ring and set out to write on the subject of raising children in the first place. To be perfectly honest, we almost didn't.

A Journey of Our Own

Originally, we set out in search of what we knew parents (our patients, our friends, and ourselves) wanted—easily accessible parenting advice that was informative and practical, that offered explanations right alongside recommendations, and, most of all, that was firmly grounded in the realities of modern-day parenting. At the end of the day (or several years later, to be more exact) and hundreds of parenting books, patient visits, baby showers, and playgroups later—not to mention several children of our own—we still hadn't found a book that reflected our unique perspective on parenting. In fact, what we discovered was that new parents were reading “all the baby books” and were still left with questions about the realities of caring for their newborns. It was then that we decided there was room for at least one more parenting book on the shelf, and we set to work on creating a book that would specifically focus on the first few weeks of parenthood. More than 15 years and 4 editions later, a lot has changed. Books are now as likely to be found on virtual shelves as real ones. Children are inherently growing up digitally in a world very different from the one we were born into. What remains *unchanged*, however, is that we still see the need for practical, reassuring evidence-based information to help you make a confident, enjoyable entrée into parenthood.

Following the Rules: Parenting by the Book

Nowadays, it's easy to find well-defined rules about everything from feeding and sleeping schedules to dressing, diapering, and discipline. As convenient as it may seem to have someone write out for you an exact recipe for parenting success, we believe there is not just one right way to do things. As with diapers

and baby clothes, we are convinced that parenting techniques are not simply one size fits all. Our goal is to help familiarize you with the basics of baby care and, even more important, to build your confidence as a parent right from the beginning during what many consider to be an overwhelming time—the newborn period. With a little knowledge and a positive attitude, you will find that you are very capable of anticipating and reasoning your way through even the most challenging aspects of what lies ahead. It’s a great feeling to find yourself comfortable enough in your parenting abilities that you don’t have to live life with a quick reference guide or an e-book—ours or anyone else’s—tucked into your back pocket.

Parenting With Style

We have found that it is a rare parent—new or seasoned—who isn’t also on the constant lookout for good, practical parenting advice to make life a bit easier, a bit less expensive, a bit safer, or simply more fun. We like to think of these little pearls of wisdom as parenting revelations—the “wow, what a good idea...I never thought of that” or “you know what, that really makes sense; I wish I had thought of that sooner” kind of revelation that comes when fellow parents share their insights or, in this case, when we share ours. After all, we firmly believe that parenting not only is a lifestyle but can be done in style.

From Birth to Reality

As parents ourselves, with 5 children between us, we have firsthand knowledge of what parenting questions tend to arise and what dilemmas have a way of presenting themselves in the course of a typical day—or night—with a newborn. Opportunely enough, we both also happen to be pediatricians. The years we have spent in pediatric training and practice in interacting with children and parents have provided us with an added understanding of babies, children, and parents—not to mention what obstacles they (and you) are likely to run into along the way. Add to that background Laura’s 10 years of owning a 200-student educational child care center and between us, we have had the opportunity to talk with and listen to thousands of parents just like you—and believe us, we have listened! We have not only listened to concerns about first fevers, flat heads, and breastfeeding, as well as helped parents sort out their babies’ common (and not so common) medical ailments, but answered questions about everything from the family bed, infant attire, and choosing child care to first airplane trips and car seat installation.

Parent Tested, Pediatrician Approved

And now we're honored to have the opportunity to help guide you through the transition from birth to the reality of being a parent. In this fully updated fourth edition of *Heading Home With Your Newborn*, we share with you what we've learned not just in our professional lives but also from our 50 years of combined experience in interacting with everyday parents just like you. While we have complete faith in your ability to figure things out for yourself, we thought you might find it helpful to hear our thoughts *before* you have to do it all on your own! *Heading Home With Your Newborn* represents a blending of our experiences and brings you the best of both worlds—a book that presents the reality of parenting from a parent's perspective but with a pediatrician's stamp of approval. Instead of being “kid tested, mother approved,” this book is “parent tested, pediatrician approved,” with all its pearls wrapped into one convenient package.

Anticipating Change

You may have heard people say that life is never the same after having a baby. Until you have lived through the experience yourself, it may be difficult to imagine exactly what heading home with your newborn will mean for you and your family. One thing you can count on, though, is that your life *will* certainly change—physically, emotionally, and financially. By this change, we're referring not just to the shedding of pregnancy pounds, the psychological stress of sleep deprivation, or the cost of baby gear (not to mention the cost of college, which is forever looming in the distance) but also to your general perspective on life. The phrase “*Toto, we're not in Kansas anymore*” springs to mind.

Adopting a Growth Mindset

How you deal with the inevitable changes and challenges of parenthood is likely to be colored by your initial expectations of what life with your newborn is going to be like. While we will provide the information to help prepare you for the day-to-day tasks of life with a newborn, in the end, it will be up to you to create a positive mental attitude. After all, we firmly believe that an important part of preparing for life with a newborn involves getting into the right mindset, a mindset that will allow you to grow into and adapt to your new role as a parent.

Rude Awakenings

Fairly often, we find that new parents expect too much of their newborns (and themselves). While we've dedicated entire chapters of this book to the topics of breastfeeding and sleep, they make for perfect examples of unrealistic expectations. In the case of breastfeeding, suffice it to say that although the "textbook" pattern may be 15 minutes on each breast every 3 hours, a newborn who nurses sporadically and frequently throughout the day and night (up to 8 to 12 times in any given 24-hour period) is much more the norm during the newborn period. And if you're expecting a full night's sleep right from the start as opposed to being grateful for a 4-hour stretch, we're sorry to say, you're likely to be in for many rude awakenings. We could use any number of similar examples to support our belief that expecting too much inevitably sets parents up to *feel* as if they've derailed when, in reality, they are usually still right on track. Instead, we simply plan to help you understand and set realistic goals and expectations.

Keeping It Real

Whether you are heading into the homestretch of your pregnancy or are already homeward bound, take a minute to ask yourself how you feel about your parenting abilities. Some people find themselves to be petrified. Others maintain a cool confidence. As you get ready to go from birth to the sudden reality of parenthood, we suggest you adopt the mantra "I think I can, I think I can, I think I can..." long before you ever formally become acquainted with *The Little Engine That Could* (much less find yourself reading this timeless children's book aloud for the hundredth time). Whether your expectations of yourself and your newborn simply need some fine-tuning or a major readjustment, we hope you'll head home confidently and soon be saying, "I *knew* I could, I *knew* I could, I *knew* I could..."



SPECIAL DELIVERIES: PREMATURE BABIES, MULTIPLES, AND MORE

We've been asked over the years what new-parent advice *Heading Home With Your Newborn* offers for parents of preterm babies, multiples, or babies requiring a stay in the neonatal intensive care unit. The reality is that these sorts of special deliveries require special attention to details that are beyond the scope of this book. Fortunately, plenty of good resources are out there, devoted completely to these specific topics. That said, it is our hope that much of the information we provide about newborns and new parenthood will be relevant, at least in part, to all parents of new babies.



High Hopes and Great Expectations

We have the highest hopes and sincerely believe that you and your baby will settle into a manageable lifestyle. After all, millions of parents before you have had newborns and still chose to have a second, a third, a fourth.... In the short term, we encourage you to set your sights not so much on the day-to-day challenges but on the more intangible aspects of parenthood—the joy, pride, and sense of awe and accomplishment that are the essence of parenthood. These should be your great expectations. We can all but guarantee that the joy will outweigh the fatigue, and your overall sense of accomplishment will erase many of the doubts you may have.



THE PRICE OF THINGS TO COME

Labor and delivery.....	Daunting
Furnishing, decorating, and stocking the nursery.....	Expensive
Keeping up with your newborn's eating and (not) sleeping schedule.....	Tiring
Forgetting to brush your teeth or shower.....	Unhygienic
Being a parent.....	Priceless



Brave New World

While you have many years ahead to familiarize yourself with the nuances, joys, and responsibilities of raising a happy, healthy child, we want to help make the first baby steps you take up the new-parent learning curve a little less wobbly. We decided that the most logical way to begin this wondrous journey from birth to the reality of becoming a parent is with a look at one of the most unforgettable events of parenthood—when new parents like you pack up their things at the hospital, take a deep breath, place their precious new babies into carefully installed car seats, and boldly go where they have never been before. We call it “heading home with your newborn.”

getting ready to head home

Making the Transition From Hospital to Home

In earlier editions of this book, we jumped right in to how to take care of your baby after packing up your things, taking a deep breath, and leaving the hospital. We figured the doctors, nurses, and other hospital staff responsible for helping you welcome your new baby would also send you out into the brave new world of parenthood as armed with a congratulatory pat on the back and helpful information about this hospital-to-home transition. We soon realized, however, that we had overlooked one important fact: many of you are likely reading this book *before* delivery. We thus decided it would be most helpful to include some additionally useful nuts-and-bolts information about what needs to happen *at* the hospital, in anticipation of heading home. After all, for many new parents, the life-altering transition from 24/7 supervised hospital-based baby care to what seems like home-alone parenthood can be a bit daunting. So we decided to take a small step back into the hospital and share a quick overview of what you should do, know, and expect before you set foot out of the hospital.



HOSPITAL DELIVERIES: TIMING YOUR STAY

The practice of delivering babies in the hospital began nearly 200 years ago and has become a standard of care today. Just how long new mothers and their babies stay in the hospital, however, has changed considerably. With the average length of stay steadily declining and a trend toward early newborn discharge, the US Congress in 1996 passed The Newborns' and Mothers' Health Protection Act. This federal law helped ensure that hospital stays up to 48 hours following vaginal delivery or 96 hours after birth by cesarean delivery (C-section) would be covered by insurers.

Today, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics also support average hospital stays for uncomplicated deliveries of full-term newborns (at 37 to 40 weeks' gestation) of 48 to 96 hours. Early discharge, especially within 24 hours of delivery, is approved only with careful consideration.



Hospital Happenings: Checks and Balances

When it comes to who will help prepare you and your baby for hospital discharge, rest assured that there is likely to be an entire team of health care professionals responsible for making sure you're both in tip-top condition. This cast of characters will most likely include

- **Obstetrician or midwife.** Success at home depends on checking to make sure that both baby and mother are ready to leave the hospital. That need for readiness is why leaving typically requires sign-off from the obstetrician or midwife.
- **Nurses.** Newborns are generally weighed and have other vital signs, such as temperature, heart rate, and respiratory rate, taken during their stay in the hospital. Before babies are deemed ready to leave, it is recommended that all babies have documentation of normal vital signs that have been stable for at least 12 hours before discharge.
- **Pediatrician, nurse practitioner, or another pediatric professional.** In addition to a double check of routinely measured weight, routinely measured vital signs, and any test results, your newborn's in-hospital routine will most likely include a daily head-to-toe check.
- **Lactation specialist.** In many hospitals, lactation specialists are available to evaluate how a newborn is feeding and able to assist with the all-important breastfeeding skills of latching on, positioning, and more (see Breastfeeding on page 5).

Taking the Necessary Steps: Tests and Procedures

In addition to getting checked out by a team of doctors, nurses, and other health care professionals, newborns generally have to complete a handful of important tests and procedures before discharge (many of which we discuss in more detail in *Just for the Health of It* on page 277). These include the following procedures and actions and assessments.

Standard Procedures

Erythromycin eye ointment application. Most hospitals are required by state law to put drops or ointment into a newborn's eyes to protect against potentially serious forms of newborn pinkeye (*conjunctivitis*). Erythromycin has, for the most part, replaced the silver nitrate that was more commonly used in days past.

Vitamin K injection. It is recommended that all newborns receive a single injection of vitamin K before discharge to protect against an uncommon but serious and preventable bleeding problem. All babies are born with low levels of vitamin K, which is necessary for blood clotting. The shot is considered safe and effective for newborns.

Oxygen saturation testing. This quick and painless, needle-free test is typically done before discharge to check for low levels of oxygen in a baby's blood that might identify any significant but fortunately rare heart defects. Measuring oxygen in the blood simply involves placing a Band-Aid-like sensor onto the baby's right hand and one foot.

Newborn screening. All babies in the United States are checked for a set of medical conditions soon after birth, usually before leaving the hospital. While the specific conditions tested for vary by state, they all involve taking a few drops of blood from a newborn's heel. Be aware that it can take a few weeks for these results to come back, so plan on asking your baby's doctor about them at one of your upcoming visits.

Hearing screening. Because it's important that all babies be screened for hearing loss within 1 month post-birth, most hospitals routinely do a hearing screening before newborns are discharged. This test is painless and does not even require newborns to be awake during the procedure.

Hepatitis B vaccination. Children typically need three doses of the hepatitis B vaccine to be protected against the hepatitis B virus, with the first shot recommended within the first 24 hours after birth. The shot is very safe and generally has no adverse effects. (See Your First Shot at Prevention: Hepatitis B on page 348.)

Additional Actions and Assessments

Baby's blood type test. While all pregnant women are routinely tested to determine their blood type and whether they are Rh positive or negative, only the newborns born to moms who are Rh negative or O blood type must be tested. In both instances, blood from the umbilical cord is used for testing. Other babies may also get tested, depending on individual circumstances. (For more information, see *It's in the Blood* on page 336.)

Measurement of bilirubin level. Some, but not all, newborns require a check of the level of bilirubin (the substance in the bloodstream responsible for causing jaundice). For more information, see *Measuring Bilirubin Levels* on page 340.

Other blood tests. Depending on circumstances, these can include measurements such as blood glucose (“blood sugar”), blood counts, and blood cultures.

Circumcision. Although circumcision is not required before discharge, or at all, for that matter, most baby boys who get this procedure have it done before going home. (For more information, see *Penis Care* on page 317.)

Removal of umbilical cord clamp. The umbilical cord clamp plays an important role in stopping the umbilical cord from bleeding immediately after delivery. By the time newborns leave the hospital, however, the umbilical cord stump should already be drying out so that the clamp no longer serves any useful purpose. Because cord clamp removal is occasionally overlooked, we recommend you double-check to make sure your baby's clamp is removed so that it doesn't prove to be a nuisance at home.

All Systems Go

In addition to passing specific laboratory tests, newborns must prove that all their “systems” are in good working order. Along with physical examination and in-hospital observation, one of the most reassuring ways for them to do this is simply by demonstrating their ability to eat, pee, and poop well. Once they do, this should help instill confidence in you and the hospital staff that your newborn is ready to set out on her own (with your assistance, of course).



AT-HOME RECORD KEEPING

Rest assured that transitioning from the clinical setting of the hospital to caring for your baby at home generally means getting a feel for how your baby is doing overall without needing to record lots of numbers to back you up.

After spending time in the hospital with what can seem like nearly constant poking, prodding, and monitoring of your baby, it's understandable why you might feel the need to continue documenting everything in comparable detail. But unless there are special circumstances or you or your baby's doctor has concerns about how your newborn is faring, it's generally unnecessary to do so—especially after your baby has settled into reassuring patterns of feeding, peeing, and pooping (see *Into the Mouths of Babes* on page 1 and *What Goes In Must Come Out* on page 71).

Simply making check marks on a piece of paper can help you keep track of the basics, such as number of wet and poopy diapers and number of feedings per 24 hours. Of course, for those of you who prefer, you can use any one of a zillion baby-tracking apps that are currently available.

On that note, we are well aware that some pretty cool and convenient new baby apps are out there. And it's perfectly fine to use them to record your baby's detailed data, if you're so inclined or if your baby's doctor is interested in having you track something in particular. Just be aware that while technology can be appealing and serve a useful purpose, especially for sleep-deprived new moms and dads and other caregivers who are otherwise too bleary-eyed to remember the most recent time their baby fed or had a diaper change, make sure you don't spend more time digitally documenting than you do attuned to your baby.



Hands-on Training

Classes. New parents are often given the opportunity (and may even be required) to take a hands-on class or watch a going-home video covering the basics of feeding, diapering, bathing, and safety, before discharge. Required or not, as well as regardless of how tired you are from recent events of the day, we strongly suggest you take advantage of any such offerings. Be sure to participate actively (assuming you feel up to it), and ask any questions you may have.

Rooming-in. Many hospitals now encourage having newborns stay right in your hospital room rather than separately in the newborn nursery. This room sharing not only is great for bonding and getting better acquainted with your newborn but also allows those of you who are nervous about soon being solely responsible for a newborn a valuable opportunity: to watch and learn how trained new baby professionals with vast experience diaper, dress, undress, bathe, weigh, and otherwise handle your newborn.

Fine dining. Expect to put on a dinnertime “show” during your hospital stay. According to recommendations from the American Academy of Pediatrics, all newborns should be required to prove themselves as capable of successfully feeding at least twice before being discharged. For breastfed newborns, this process should include observation by someone knowledgeable in breastfeeding to verify that they have the fundamental “skills” necessary for at-home success (ie, latch, suck, and swallow). (See *Catching On to Latching On* on page 17.)

Ready for the ride. As you head into the homestretch and pack up your things, be aware that placing your precious new baby into a carefully installed car seat is not optional when you are leaving any US hospital. In other words, don’t let lack of an appropriate infant car seat stand between you and taking your baby home. (See *Before Leaving the Hospital* on page 220.)

Planning for Follow-up

With the hospital discharge checks and balances complete, the last step before you confidently step into your new parent-of-a-newborn life is to make sure (and, in some instances, show proof to those in charge of your discharge) that you have arranged follow-up appointments for mom and baby. This arrangement should give you additional peace of mind that you’re not going to be on your own for long. Newborns generally are seen by their pediatricians within one to three days of discharge. As for new moms, a follow-up visit is typically scheduled for two weeks after a vaginal delivery or six weeks after a cesarean delivery, or C-section.

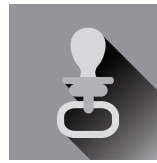
Homecoming

Once you’ve cleared all hospital hurdles and are ready to head home, you may feel like celebrating. While we certainly don’t want to dampen your enthusiasm, you may want to consider waiting a bit to adjust to life at home before you commit to any major homecoming celebrations. Some new parents jump right in and adapt quickly. But far more often than not, it takes at least a few days (or, more likely, weeks) to adjust to caring for a newborn without the benefit of 24/7 nursing support. We suggest you give yourself plenty of time to rest, recover, and enjoy your new baby—and, of course, to read the rest of what we’ve put together for you.

SECTION



into the mouths of babes



introduction



As the parent of a newborn, you'll undoubtedly be spending a good deal of time paying attention to what goes into your baby's mouth. Whether by breast or by bottle, the frequent task of feeding a newborn has the potential to raise a whole host of questions ranging from how to know whether your breast milk has "come in" or how to prepare your baby's formula to the facts about sucking and whether it's okay to use pacifiers.

Before we dive in, let us first point out that birth to about 18 months of age isn't referred to as the *oral stage* for nothing. What goes into your baby's mouth during this stage of the game is going to be a big part of her life experience (not to mention yours). Not only will eating and growing be her biggest and most important responsibilities for many months to come, but her mouth will play a valuable role in allowing her to comfort herself and interact with the world around her long before she learns to use her hands and other senses to explore.

With that mouthful in mind, you may find that you look at your baby's cute little lips with new respect and awe. In this first section of the book, we offer a hands-on look at the reality of feeding your newborn—not only as a nutritional necessity but as a wonderful opportunity for you to bond with your baby. Our ultimate goals are to help you settle into a comfortable routine and give you a clear idea of what you can expect, as well as what to look out for.

Now to turn our attention to the substance of the matter at hand—breast milk and formula. For the sake of convenience, we have tried to separate breastfeeding from formula feeding—a well-defined separation in print that is not always so clear-cut in real life. That's because quite a few parents ultimately find themselves relying on some combination of the two. Once you've finished the relevant chapter(s)—whether that's breast, formula, or both—we encourage you to keep reading because later in this section we address subjects that are likely to be of interest to all of you. They include pacifiers, feeding schedules (or lack thereof), and nipple confusion. You'll also brush up on the basics of bottle-feeding—from supplies to technique and cleanup—in a chapter meant to be useful to any one of you who plans to use a bottle, regardless of what you choose to put in it.



DOLLARS AND SENSE

If the decision about whether to breastfeed or formula feed were based solely (or even partly) on finances, breastfeeding would win hands down. As one of the more obvious and largest potential expenses, it's worth noting that not all breastfeeding moms actually need or use a breast pump. For those who do, they're almost always provided by insurance, the Women, Infants, and Children (WIC) program, or many state Medicaid programs. In other words, breast pumps don't need to be an additional cost to mom. As for the other potential expenses of breastfeeding, they are generally limited to the cost of a few extra calories breastfeeding moms typically need (estimated to be just under \$20 a month), as well as the cost of nursing bras, breast pads, or any of the other optional supplies you may pick up along the way. With formula feeding, on the other hand, most of the inherent costs are not optional. As some of you may have already discovered, formula tends to be quite costly. Twenty years ago, the average cost of formula was estimated to be more than \$1,500 a year. It's safe to assume that the cost of formula, like the cost of everything else, has gone up since then. When we pieced together a ballpark calculation of our own, we came up with a very approximate but realistic amount of more than \$1,600 a year (ranging from as low as \$1,000 per year for generic formula using coupons or close to \$3,000 for high-end formula). As a point of interest, if you consider a global birth rate of 131.4 million babies born each year, it would cost more than \$210 billion to NOT breastfeed.



breastfeeding



As with most aspects of parenting, the most significant contribution we stand to make to your breastfeeding success is to start you off with realistic expectations. To do that, we address many of the common breastfeeding myths and misconceptions that tend to weigh on the minds of new parents. We have found it's particularly helpful for you to start by reminding yourself of two reassuring facts.

- Millions of mothers have been able to breastfeed their babies successfully.
- The first couple weeks of breastfeeding are by no means representative of what the entire breastfeeding experience will be like.

A handful of fortunate new moms are able to ease into breastfeeding as if they were born to do so and are quickly rewarded with an overwhelming sense of accomplishment. In reality, however, there is usually a period of self-education and on-the-breast training. Consider this time to be one of trial and error—a “get acquainted with and accustomed to the process” phase during which breastfeeding your baby may take a bit more time, thought, and effort than it will in your not-so-distant breastfeeding future. With a few safety precautions in place and your eyes on the prize, you will most likely be able to dodge many common obstacles—both perceived and real. If you're coming to us already frustrated and all but resigned to giving up any hope of breastfeeding altogether, we hope to offer you a new lease on your breastfeeding life.

A Comment on Breast Is Best

As you enter the world of parenthood, you will undoubtedly encounter the phrase “breast is best.” This encounter is likely because that phrase has become an almost universal slogan prominent in parenting advertisements, websites, textbooks, and formula packaging alike. Given that breast milk has thus far proven impossible to duplicate, and the health benefits it offers are invaluable, we wholeheartedly support the recommendation of the American Academy of Pediatrics (AAP) to feed your baby breast milk for as long as possible—

exclusively for about the first six months and ideally continuing for one year and as long thereafter as both you and baby would like to do so. With that as a backdrop, what we have to say about your decision to breastfeed may therefore come as a bit of a surprise—especially from two pediatrician-moms who are fully aware and in support of the idea that there are great benefits to breastfeeding. We feel the need to mention that we have come across instances in which breastfeeding has not always worked out for the best. Now lest the preceding statement be regarded as a letdown to breastfeeding advocates everywhere, let us explain.

The standard consideration in favor of breast milk is very straightforward. Breast milk has long been and continues to be unrivaled as the ideal food for infants. Not only is it considered to be a perfect mix of nutrients, including the fatty acids DHA (*docosahexaenoic acid*) and ARA (*arachidonic acid*) that are thought to play an important role in brain and eye development, but it contains infection-fighting antibodies that can't be bottled in even the most expensive of commercial formulas. Breast milk has also been shown to reduce a newborn's chance of developing everything from ear and respiratory tract infections, asthma, allergies, diarrhea, and eczema to diabetes, obesity, lymphoma, leukemia, sepsis, and even sudden infant death syndrome (SIDS). There are some pretty compelling big picture health benefits for breastfeeding mothers as well. They include a decreased risk for heart disease, diabetes, and several types of cancer (breast, ovarian, endometrial, and thyroid). Just about the only caveat we feel compelled to mention is that for some caring and devoted new mothers, when it comes to putting recommendations into practice, breastfeeding sometimes just doesn't work out right. Whether it's a matter of modesty, attitude, medically related issues, or disappointment of unsuccessful attempts, breastfeeding can be a potential source of frustration for some new moms. Worse yet, difficulties with breastfeeding can cause some serious feelings of parental inadequacy, leaving some mothers questioning their overall ability as parents. Too many of these new parents are led to believe—by convincing themselves or by being told by others—that to be a good mother, breastfeeding is an absolute requirement.

We now say to you what we suggest to every new or expectant mother who comes to us with questions or concerns about the early days of breastfeeding. First, decide for yourself whether you are looking for breastfeeding help or secretly hoping someone will tell you it's okay not to breastfeed. On the one hand, if you've already made the *informed* decision (ie, understanding all the facts and options, including those we lay out for you in the next several pages, and ideally discussing them with a qualified health care provider) that breastfeeding is not for you, you have our full support in flipping directly to the

formula-feeding discussion of this book (see Formula for Success on page 45) without experiencing unrelenting pangs of guilt. If, on the other hand, you've never given much thought to breastfeeding, you find yourself questioning your ability to do it successfully, or you have run into a few bumps in the road to what will almost surely be breastfeeding success, we hope you read on. Breastfeeding admittedly can be challenging in the beginning. Thankfully, there are a lot of breastfeeding resources available to you. For our part, we hope that this book serves as one of them and that we can help boost your confidence and make sure your breastfeeding experiences are not only successful but also enjoyable.



BREASTFEEDING'S BUDDING POPULARITY

Both the popularity of breastfeeding in the United States and the numbers of women who choose to do so have grown tremendously over the past several years as compared to some 40 years ago when essentially no new moms in the United States attempted to breastfeed. According to the Centers for Disease Control and Prevention (CDC) 2019 breastfeeding data, a vast majority of new moms (more than 8 in 10) at least try their hand (or breast) at it, more than half are still breastfeeding at 6 months, and more than one-third continue to do so through the first year. This represents a significant change for the better if you consider what is clearly known about the health benefits of breastfeeding.



How Far We've Come and How We Got Here

Anyone looking at breastfeeding popularity in the United States over past decades is sure to notice some major shifts. After a marked decline extending from the 1930s through the 1960s, public awareness campaigns aimed at promoting breastfeeding beginning in the 1970s resulted in a steady increase over the remainder of the 20th century. And, of course, what was considered to be “best,” not to mention socially acceptable, has varied considerably not only over time but also because of many other factors such as what area of the country parents live in, their ages, and their backgrounds. Fortunately, over the past couple of decades, we have seen a steady increase in the numbers of women choosing to breastfeed. Despite having come a long way from the days when breastfeeding moms were the exception to the rule and ostracized for their choice, we have not come so far that there isn't an occasional outdated, hard to believe, or even downright comical law that prohibits public displays of breastfeeding still on the books.



BREASTFEEDING WITHIN YOUR LEGAL RIGHTS

Laws in most states protect a woman's right to breastfeed. With a final 5 states coming on board since we wrote the previous edition of *Heading Home With Your Newborn*, we are happy to be able to say that all 50 states, as well as the District of Columbia, Puerto Rico, and the US Virgin Islands, make it clear that it's legal for mothers to breastfeed in public. In addition, there are now laws on the books that

- Include provisions for workplace pumping, requiring employers to provide breastfeeding mothers reasonable break time, albeit not necessarily compensated, to express breast milk. Even those with fewer than 50 employees must comply unless able to show undue hardship (federal law). Given that the law makes explicitly clear the specific provisions to which all nursing mothers are entitled, we want to share with you the exact wording as found in the Affordable Care Act, which amended Section 7 of the Fair Labor Standards Act (FLSA): *An employer shall provide a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk and a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.*
- Specifically exclude breastfeeding from public indecency laws (30 states).
- Address workplace breastfeeding (29 states).
- Exempt breastfeeding mothers from jury duty or allow it to be postponed (17 states plus Puerto Rico).
- Exempt breastfeeding products from being charged sales tax (thanks to Maryland and Louisiana leading the way).
- Establish a Breastfeeding Mothers' Bill of Rights (New York).

Slowly but surely, the numbers, as well as the breastfeeding-friendly laws they represent, are improving. If we've piqued your interest and you somehow manage to find yourself with some spare time, you can check out the National Conference of State Legislatures website (www.ncsl.org) to brush up on additional breastfeeding rights and regulations and watch for more progress to come.



Getting Started

What's Natural Doesn't Always Come Naturally

Yes, the act of breastfeeding is “natural,” but the truth of the matter is that it doesn't always come naturally. All too often, new parents expect to be handed a newborn who gracefully latches on, nurses no more than 15 minutes on each breast every 3 hours, and delights in a plentiful supply of breast milk within a few short days. We can only wish this scenario for all of you. But clinging to this idealistic picture of breastfeeding bliss, especially during the newborn period, is all but guaranteed to set you up for perceived failure. If in the introductory weeks of breastfeeding, however, you prepare yourself for the distinct possibility that your newborn may lack interest or sucking stamina, that each feeding may be different, and that your nipples may be a little worse for wear early on, well then, you only stand to be pleasantly surprised. The most likely scenario: breastfeeding may be natural, but expect it to be a learning process for you and your baby over the first few weeks or possibly longer. While some new moms do experience nipple irritations, others experience nothing more than some slight and short-lived tenderness. Some babies are quick learners. Others take their own sweet time.

Advice Abounds

As you educate yourself and start your on-the-job training, you're almost certain to find that anyone who has ever breastfed (or been remotely involved in breastfeeding) considers themselves a full-fledged expert. Some of the advice you get will undoubtedly prove to be helpful. But be aware that you'll probably get your fair share of unsolicited suggestions and contradictory, confusing, or just plain wrong advice—even when it comes from moms who have breastfed many children, are highly intelligent, and have the best of intentions. Just keep in mind that, at the end of the day, there are only a few universally accepted facts about breastfeeding (which we've made a point of including throughout this chapter). The rest of what you do and how you do it will be a matter of establishing your own breastfeeding style.

Sending Out an SOS (In Search of Support)

Breastfeeding has amazing rewards, but it can also be a demanding and tiring 24-hour-a-day job. If you find yourself experiencing feelings of frustration, isolation, or even entrapment, one of the worst things you can do is try to cope alone. Of course, it's not any better to find yourself in the company of a well-meaning colleague, friend, or family member who is just waiting for the opportunity to tell you how easy formula feeding would be in contrast. Please take a moment and reassure yourself you are absolutely not alone and don't need to figure out the tricks of the trade the hard way! We strongly suggest that if what you really need is a supportive shoulder to lean on, put down this book and find one (or several). It may seem like yet one more thing you don't have time for, but reaching out for support, when needed, can make all the difference in the world.

- **Get help from your hospital.** Labor and delivery staff (including your obstetrician, midwife, or doula), nurses in the mother-baby unit, and hospital lactation specialists are a great place to start exploring what types of support are available in your community before, during, and after you deliver.
- **Turn to your pediatrician for advice or assistance.** As pediatricians, we routinely observe newborns breastfeeding and are very accustomed to providing practical advice and troubleshooting tips. Increasingly, pediatricians are also providing more in-depth lactation support services in their offices, and some pediatricians themselves are even IBCLCs. Be sure to ask your pediatrician for advice, what additional services they offer, and, when necessary, a referral to a lactation consultant or other breastfeeding resources in your area.
- **Find a certified lactation support provider.** The term *lactation support provider* encompasses a wide range of providers (and abbreviations), some of whom may also be nurses, doctors, or other health care providers. Perhaps the most familiar, international board-certified lactation consultants (IBCLCs) are credentialed breastfeeding specialists with the knowledge and training in breastfeeding support necessary to support even those breastfeeding mothers facing significant challenges. However, IBCLCs are not always available or necessary, since other types of providers (eg, certified lactation counselors, or CLCs; certified lactation educators, or CLEs) can help with more routine aspects, challenges,

and questions about breastfeeding. Ask your hospital, baby's doctor, or insurance company for the name(s) of a local lactation support provider, or visit www.ilca.org to find an IBCLC near you. You may even find one who makes house calls.

- **Check out peer counselors** such as La Leche League International (LLL), which has local chapters throughout the world and offers valuable mom-to-mom support, as well as other breastfeeding resources. Check their website (www.llli.org) to find area leaders and meeting places and times. LLL offers a Breastfeeding Hotline as well (800-525-3243). In addition, the Women, Infants, and Children (WIC) program offers support for low-income breastfeeding women, who are at nutritional risk, up to their infant's first birthday.
- **Call the National Women's Health and Breastfeeding Helpline.** Through this resource, the national Office on Women's Health reportedly makes available trained breastfeeding peer counselors for phone support. Although it's not a substitute for direct medical attention or advice, feel free to access this support or find additional breastfeeding answers and resources at www.womenshealth.gov/breastfeeding or by calling 800-994-9662.
- **Don't be afraid to enlist your spouse, partner, friends, family members, or neighbors**—anyone you think might be able to lend a hand or offer emotional support. Even though no one else can breastfeed for you, we've never met a new mother who doesn't appreciate the offer of help with other items on the family's daily to-do list, whether it's in the form of cleaning, cooking, running errands, doing laundry, or simply holding the baby for a bit.
- **Join a support group.** In today's connected world, in-person and virtual breastfeeding support groups abound and are easily found through a quick search on the internet. Of course, as with any internet activity, be careful about any private information you divulge online, and look for credible sources of information, such as from hospitals, trained consultants, or LLL chapters. It's always a very good idea to discuss any concerns, advice, and/or information you read about related to your baby's safety, health, and development with your baby's pediatrician.



A BREAST A DAY KEEPS THE DOCTOR AWAY

Based on many studies done in the United States and elsewhere around the world, we know that breastfeeding not only is nutritionally sound and decreases the risk of sudden infant death syndrome (SIDS) (see *The Reality of SIDS: Creating a Safe Sleep Environment* on page 103) but can translate into fewer respiratory tract infections, allergies, ear infections, hospitalizations, and visits to the doctor's office. That's because protective proteins called *antibodies*, along with other infection-fighting cells found in breast milk, are continually transferred from you to your baby for as long as you breastfeed. This added level of defense against bacteria and viruses is particularly beneficial during the first several months when babies' immune systems aren't yet functioning at full speed.



My Baby, My Breasts, and I

Becoming a new breastfeeding mother really does involve a fundamental shift in one's view of the world—a shift that is not only lifelong in the sense of awe you get from nurturing a child of your own but more immediate in a practical, concrete way. That is, you are suddenly thrust from a world primarily focused on “me, myself, and I” (or perhaps “me, my spouse/partner, and I”) to one inevitably structured around “my baby, my breasts, and I.” As you set out to master the fine art of breastfeeding, you are likely to look at your breasts in a whole new way, giving them far more consideration than ever before (regardless of how significant they were to you in your pre-breastfeeding past). In fact, we are of the strong belief that if your baby's health care provider doesn't ask you how you, your baby, *and* your breasts are doing in your early days of breastfeeding, he or she has, for lack of a more tactful description, missed the boat.

First Attempts

Assuming all goes well with the birth of your baby and both of you are doing well in the minutes and hours immediately following delivery, the best time to attempt your first breastfeeding is as soon as possible, ideally within the first hour after birth. While this may seem obvious, it's easy to find yourself feeling as if you have little to no say or control in what takes place during your hospital stay, much less in your delivery room. If you simply wait for someone