north florida Women's Care
OBSTETRICS & GYNECOLOGY

www.NFLWC.com

Post-Partum Packet

January 2024

Post-Birth Health Check

It is important to continue seeing your obstetric (OB) provider after giving birth

You should plan on at least two appointments after giving birth:
The **2-week Post-Birth Health Check** and your **6-week follow-up visit**

WHY TWO WEEKS AFTER GIVING BIRTH?

- Many early warning signs or symptoms are easy to miss, that is why scheduling your 2-week Post-Birth Health Check is important.
- The 2-week Post-Birth Health Check lets your OB provider see how you are doing and address any issues before they become serious.

WHAT HAPPENS AT MY 2-WEEK POST-BIRTH HEALTH CHECK?

Your OB provider or clinical team member will:

- Check your blood pressure
- Check your bottom/stitches
- Make sure your post-birth bleeding is normal
- Discuss your mood and provide support
- Check your breasts for any concerns
- Discuss future pregnancies
- Link you to any extra health services or follow-up

WHEN SHOULD I SCHEDULE MY FIRST VISIT?

- Your first Post-Birth Health Check should be within two weeks after giving birth. Schedule this visit even if you had a birth without problems.
- Tell your nurse if your check is already scheduled.
- Be sure to have an appointment before you leave the hospital. If you go home on a weekend, call your provider's office on Monday to schedule a visit.
- Tip: Set a reminder on your phone of your upcoming appointment.

Write the following on your Post-Birth Wallet Card:

I gave birth on: _____

My OB provider's name: _____

My OB provider's phone: _____

Date of 2-week Post-Birth Health Check: _____

FPQC

10/13/2022

WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

The following image shows a safe sleep environment for baby.

Room share: Give babies their own sleep space in your room, separate from your bed.

Use a firm, flat, and level sleep surface, covered only by a fitted sheet*.

Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.

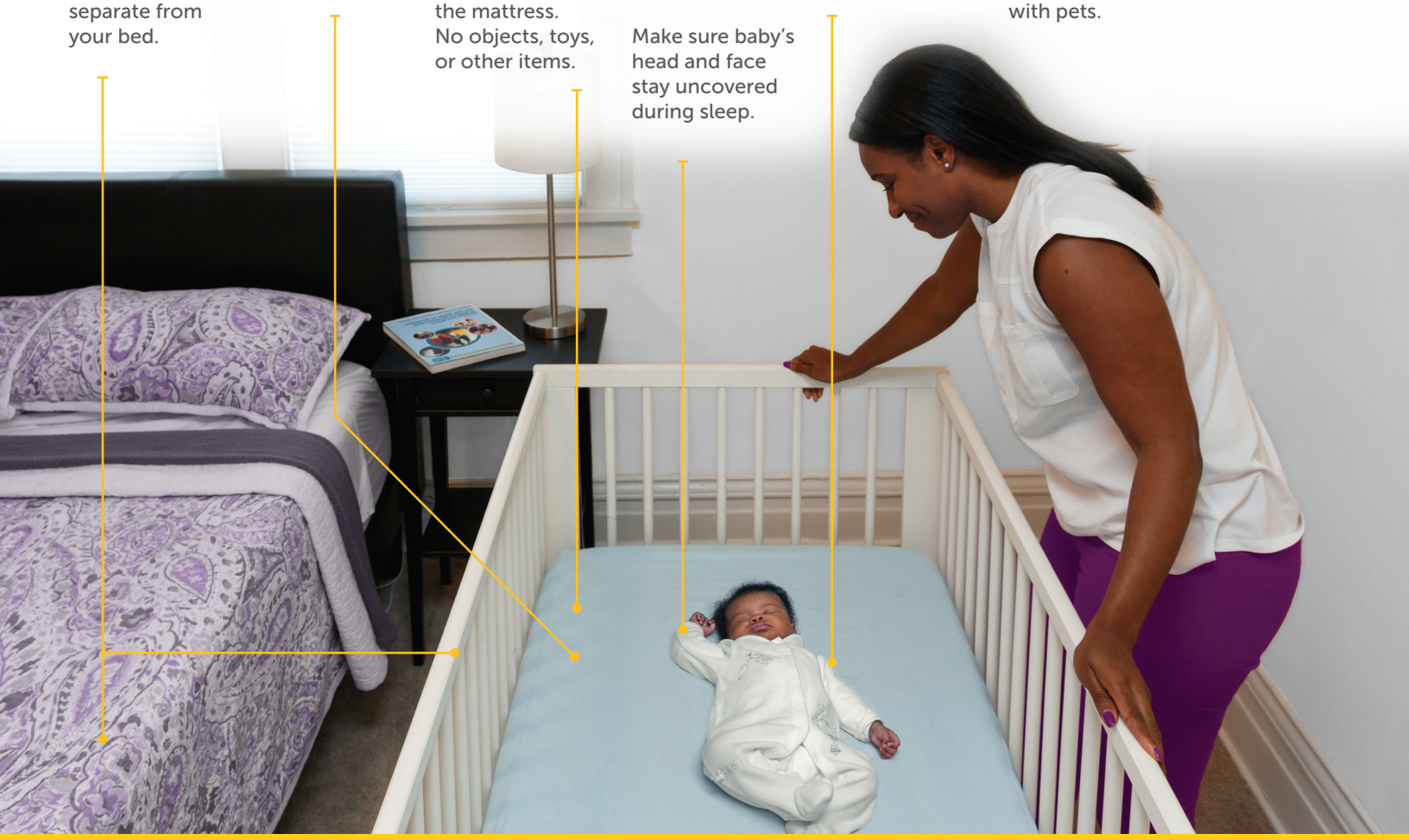
Use a wearable blanket to keep baby warm without blankets in the sleep area.

Make sure baby's head and face stay uncovered during sleep.

Place babies on their backs to sleep, for naps and at night.

Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.

Keep baby's surroundings smoke/vape free.



*The Consumer Product Safety Commission sets safety standards for infant sleep surfaces (such as a mattress) and sleep spaces (like a crib). Visit https://www.cpsc.gov/SafeSleep to learn more.

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

SAFE TO SLEEP®

SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths

Feeding babies human milk by direct breastfeeding, if possible, or by pumping from the breast, reduces the risk of SIDS. Feeding only human milk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.

Place babies on their backs to sleep for naps and at night.

Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), ***flat*** (like a table, not a hammock), ***level*** (not at an angle or incline), **and covered only with a fitted sheet**.

Feed your baby human milk, like by breastfeeding.

Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.

Keep things out of baby's sleep area—no objects, toys, or other items.

Offer baby a pacifier for naps and at night once they are breastfeeding well.

Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.

Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.

Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.

Get regular medical care throughout pregnancy.

Follow health care provider advice on vaccines, checkups, and other health issues for baby.

Avoid products and devices that go against safe sleep guidance, especially those that claim to "prevent" SIDS and sleep-related deaths.

Avoid heart, breathing, motion, and other monitors to reduce the risk of SIDS.

Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.

Give babies plenty of "tummy time" when they are awake, and when someone is watching them.

NIH Pub. No. 22-HD-5759 | August 2022

For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947
Email: SafetoSleep@mail.nih.gov
Website: https://safetosleep.nichd.nih.gov
Telecommunications Relay Service: 7-1-1

TALLAHASSEE MEMORIAL HEALTHCARE

BABIES CRY. HAVE A PLAN!

Share it with anyone who cares for your baby

All babies cry, some more than others. **Crying is a baby's language.** When babies cry they may be lonely, scared, tired or may cry for no reason. Here are some ways to stay calm and comfort your baby:

1 **First, check my baby's physical needs.**

- Are they hungry?
- Do they need to burp?
- Is their diaper dirty or wet?
- Are they too hot or too cold?
- Are there any signs of sickness (vomiting or fever)? Seek medical care immediately, if there are concerns.

2 I have checked the **Calming Techniques** that work best for my baby. (Please mark your choices.)

- ☐ Swaddling
- ☐ Use of "white noise"
- ☐ Gently swing or rock her
- ☐ Take him for a stroller ride
- ☐ Place her in a car seat and go for a car ride
- ☐ Breast feeding and/or skin to skin holding
- ☐ Other: _____

Sometimes when nothing else works, my baby really enjoys: (Please complete with your best solutions.)

_____

_____

_____

_____

_____

It is more important to stay calm than it is to quiet the baby. Sometimes babies cry for no apparent reason. When this happens, feeling frustrated is normal. **Never Shake a Baby!**

3 **To calm yourself try:**

- Going outside for fresh air
- Taking several deep breaths
- Counting to 100
- Washing your face or taking a shower
- Exercise. Do sit ups or walk up and down stairs a few times

4 Also try using some of the following **Coping Techniques:**

- ☐ Put the baby down in a safe place like a crib, and check back when I am feeling calm
- ☐ Call a friend or neighbor
- ☐ Call the doctor if crying lasts over 3 hours
- ☐ Other: _____

I will call the following people, if I need help. The first name on my list is my friend or neighbor. (Please list the first name and phone number)

_____

_____

_____

TAKE A BREAK. NEVER SHAKE!

GUIDELINES FOR NURSING MOTHERS

Your Baby's Age	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS	2 WEEKS	3 WEEKS
	1 WEEK								

How Often Should You Breastfeed?

Per day, on average over 24 hours

At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.

Your Baby's Tummy Size

Size of a cherry

Size of a walnut

Size of an apricot

Size of an egg

Wet Diapers: How Many, How Wet

Per day, on average over 24 hours

At least 1 WET

At least 2 WET

At least 3 WET

At least 4 WET

At least 6
HEAVY WET WITH PALE YELLOW OR CLEAR URINE

Soiled Diapers: Number and Colour of Stools

Per day, on average over 24 hours

At least 1 to 2
BLACK OR DARK GREEN

At least 3
BROWN, GREEN, OR YELLOW

At least 3 large, soft and seedy
YELLOW

Your Baby's Weight

Babies lose an average of 7% of their birth weight in the first 3 days after birth.

From Day 4 onward your baby should gain 20 to 35g per day (⅔ to 1⅓ oz) and regain his or her birth weight by 10 to14 days.

Other Signs

Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.

best start
meilleur départ

by/par health nexus santé

Breast milk is all the food a baby needs for the first six months — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older. (WHO, UNICEF, Canadian Pediatric Society)

If you need help ask your doctor, nurse, or midwife. To find the health department nearest you, call INFO line: 1-800-268-1154.
For peer breastfeeding support call La Leche League Canada Referral Service 1-800-665-4324.

03/2009

Over-the-Counter Medications Allowed During Breastfeeding

If a physician prescribes a medication for you to take during your postpartum time, it is safe for breastfeeding. If you are already taking prescribed medications, consult with your pediatrician to ensure its safety. Always take medications according to the manufacturer's directions on the bottle, unless your physician instructs otherwise.

Anti-Gas

Mylicon
Phyazyme (simethicone)
Riopan plus
Gaviscon

Topical Agents

Calamine
Cortaid
Hydrocortisone cream
Neosporan
Benadryl

Antacids

Maalox
Mylanta
Pepcid
Tums
Prilosec

Hemorrhoids

Anusol
Tucks
Preparation H

Sleeping Agents

Unisom
*Benadryl
*Tylenol PM

Pain

*Tylenol
*Tylenol Extra Strength
*Ibuprofen

Yeast Infections

Monistat 7 day
Gyne-Lotrimin

Diarrhea

Imodium

Colds and Allergies

Any throat lozenges
*Benadryl
Claritin
Robitussin
Robitussin Cough & Cold
Robitussin Cough & Cold Long Acting
Robitussin DM
Saline Nasal Spray
*Tylenol (all kinds)
Zyrtec

Constipation

Citrucel
Fibercon tablets
Dulcolax
Metamucil
Milk of Magnesia
MiraLAX
Colace stool softener
Surfak

*Warnings

Pseudoephedrine: Avoid this because it decreases milk supply.
***Benadryl:** Some reports of decreased milk production. It is a sedative, which could affect your baby. It is preferable to use non-sedating antihistamines instead.
***Tylenol:** If your doctor prescribed you a narcotic pain medication, be aware that it also has acetaminophen (Tylenol) in it. Do not exceed more than 4,000 mg of Tylenol in 24 hours.
***Ibuprofen:** Your doctor may prescribe you 800 mg of Ibuprofen after delivery. Do not exceed more than 3,200 mg of Ibuprofen in 24 hours.

Infant Risk Center: https://www.infantrisk.com and their hotline is 1-806-352-2519 8 a.m. - 5 p.m. CT

LactMed: https://www.ncbi.nlm.nih.gov/books/NBK501922/

Information for breastfeeding families

I wish someone had told me. . .

Moms who have successfully breastfed their babies, can give great advice. Here are some of their gems.

Take a breastfeeding class before delivery

Breastfeeding is a wonderfully natural thing to do, but learning how can help. Spend a little time learning about what happens after delivery.

Start breastfeeding right in the delivery room

Your baby will be interested in feeding within a few minutes of birth. Keep him skin-to-skin and enjoy an early feeding.

It's all about the latch

How your baby holds your nipple and areola in his mouth is the key to comfortable breastfeeding. Make sure he opens his mouth wide and he gets a big mouthful. If it hurts, get help ASAP!

Feed throughout the night at first

No matter how tired or sore you are, you do need to feed around the clock in the beginning. This brings in a excellent supply of milk and assures that your baby starts gaining weight quickly.

Babies cry more on their second day of life

This can be upsetting and you might not know what to do to sooth your baby. Crying doesn't always mean hunger. Hold your baby skin to skin and offer the breast frequently. This fussiness is common and is called "Second Night Syndrome", although it can happen during the daytime also.

You don't need a breast pump right away

Your newborn is the best pump and frequent feedings get breastfeeding off to a good start. If a breast pump does become necessary for a medical reason, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.

Use it or lose it

The best way to make more milk is to feed the baby. An empty breast makes more milk. Don't skip breastfeeding sessions in the early days.

Don't wait too long to try a bottle

Breastfeeding exclusively for the first 4-6 weeks gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for some reason, start between 4-6 weeks and offer it weekly to keep the baby in practice.

The best milk to use in the bottle is your pumped breastmilk. A breast pump can make that an easy thing to do.

If you are going to be home with your baby, you can skip this step.

You might make too little or too much milk for your baby

Feed often in the early days to get a good start. If your baby is not gaining weight well or you are overflowing with milk, get advice from a lactation consultant (IBCLC).

Attend a breastfeeding moms group

Just seeing other moms breastfeed and chat with them can be a world of reassurance.

The leader will likely be a lactation consultant who can answer questions and help you trouble shoot problems.

Nurse lying down

Recline with your baby "on top of you" or lie on your side while your baby feeds. Use pillows to get yourself and your baby comfortable. Moms need a little rest too.

Information for breastfeeding families

Infant Hunger Cues

Babies show several cues in readiness for breastfeeding. Tuning into your baby's cues will make your feeding more successful and satisfying for both your baby and for you.

Your baby does not have to cry to let you know he is hungry. ***Crying is the last hunger cue!***

- Awakening
- Soft sounds
- Mouthing (licking lips, sticking tongue out, licking lips)
- Rooting towards the breast (turning the head and opening the mouth)
- Hand to mouth activity
- Crying beginning softly and gradually growing in intensity

Try to catch your baby's feeding cues early in the cycle – avoid crying – and begin breastfeeding!

Breastfeeding

The experience of breastfeeding is special for so many reasons: the joyful closeness and bonding with your baby, the cost savings, and the health benefits for both mother and baby. Every woman's journey to motherhood is different, but one of the first decisions a new mom makes is how to feed her child. Here, you'll find facts about breastfeeding and get practical tips on how to make breastfeeding work for you while getting the support you need.

Q: Why should I breastfeed?

A: Breastfeeding is normal and healthy for infants and moms. Breastmilk has hormones and disease-fighting cells called antibodies that help protect infants from germs and illness. This protection is unique and changes to meet your baby's needs. Some reasons to breastfeed are:

- Breastfeeding offers essential nutrients and a nutritionally balanced meal
- Breastmilk is easy to digest.
- Breastmilk fights disease

Q: How long should I breastfeed?

A: The American Academy of Pediatrics recommends breastfeeding for at least 12 months, and for as long as both the mother and baby would like. Most infants should drink only breastmilk for the first six months.

Q: Does my baby need cereal or water?

A: Until your baby is 6 months old, the American Academy of Pediatrics recommends feeding your baby breastmilk only. Giving your baby cereal may cause your baby to not want as much breastmilk. This will decrease your milk supply. You can slowly introduce other foods starting around 6 months of age.

Q: Does my baby need more vitamin D?

A: Most likely, yes. Vitamin D is needed to build strong bones. All infants and children should get at least 400 International Units (IU) of vitamin D each day. To meet this need, your child's doctor may recommend that you give your baby a vitamin D supplement of 400 IU each day.

Q: Is it okay for my baby to use a pacifier?

A: If you want to try it, it is best to wait until your baby is at least 3 or 4 weeks old to introduce a pacifier. This allows your baby time to learn how to latch well on the breast and get enough milk.

Once your baby is breastfeeding well, you should use the pacifier when putting your infant to bed to reduce the risk of sudden infant death syndrome (SIDS).

Q: Is it safe to smoke, drink, or use drugs?

A: If you smoke, the best thing you can do for yourself and your baby is to quit as soon as possible. If you can't quit, it is still better to breastfeed because it may protect your baby from respiratory problems and SIDS. Be sure to smoke away from your baby, and change your clothes to keep your baby away from the chemicals smoking leaves behind. Ask a doctor or nurse for help quitting smoking!

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OWH
OFFICE ON WOMEN'S HEALTH

You should avoid alcohol in large amounts. An occasional drink is fine, but the American Academy of Pediatrics recommends waiting two hours or more before nursing. You also can pump milk before you drink to feed your baby later.

It is not safe for you to use an illegal drug. Drugs such as cocaine, heroin, and PCP can harm your baby. Some reported side effects in babies include seizures, vomiting, poor feeding, and tremors.

Q: Can I take medicines if I am breastfeeding?

A: Most likely. Almost all medicines pass into your milk in small amounts. Some have no effect on the baby and can be used while breastfeeding. Always talk to your doctor or pharmacist about medicines you are using and ask before you start using new medicines. This includes prescription and over-the-counter drugs, vitamins, and dietary or herbal supplements.

For some women, stopping a medicine can be more dangerous than the effects it will have on the breastfed baby.

Q: Do I still need birth control if I am breastfeeding?

A: Yes. Breastfeeding is not a sure way to prevent pregnancy, even though it can delay the return of normal ovulation and menstrual cycles. Talk to your doctor or nurse about birth control choices that are okay to use while breastfeeding.

Q: Does my breastfed baby need vaccines?

A: Yes. Vaccines are very important to your baby's health. Breastfeeding may also help your baby respond better to certain immunizations, giving him or her more protection. Follow the schedule your doctor gives you. If you miss any vaccines, check with the doctor about getting your baby back on track as soon as possible.

For more information...

For more information about breastfeeding, call the OWH Helpline at 800-994-9662 or contact the following organizations:

Centers for Disease Control and Prevention (CDC)
Phone Number: 800-232-4636 • *www.cdc.gov*

American Academy of Pediatrics (AAP)

Phone Number: 847-434-4000 • *www.aap.org*

La Leche League International
Phone Number: 800-525-3243 • *www.llli.org*

Content last updated: July 25, 2014

Information for breastfeeding families

Positioning & Latch-on : Mother-led Latching

The way you hold your baby and how he latches-on to the breast, are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems mother's encounter when starting to breastfeed.

Mother-led latching is good for any time the baby needs additional assistance, is too sleepy to latch spontaneously or you have sore nipples.

Getting comfortable

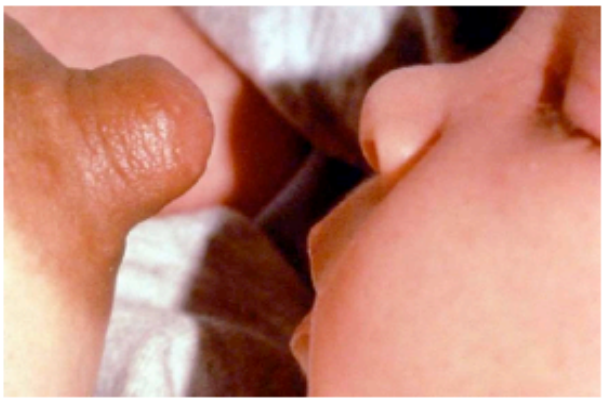
Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows where ever needed to support your arms and relax your shoulders.

Look for a straight line from the baby's ear to the shoulder to the hips. His head should not be tipped back or on his chest.

Positioning your baby

With any position you choose to hold your baby, turn your baby completely onto his side, "tummy to tummy", so his mouth is directly in front of the breast and he does not need to turn his head at all to get to the nipple.

Position your baby with his nose to your nipple so he has to "reach up" slightly to grasp the nipple. His chin should touch the breast first, then grasp the nipple.



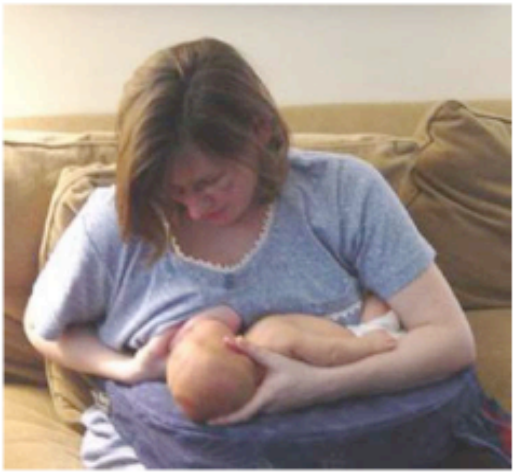
Place your baby's lower arm around your waist. This will draw him close to you. Look for a straight line from your baby's ears, to shoulders, to hips. His legs should curl around your waist.

Basic positions for breastfeeding

Beginner's Positions
(first few days or weeks)
- Cross Cradle Hold
- Football Hold

Advanced Positions
(after the latch-on is easy and quick)
- Cradle Hold
- Side Lying

The cross-cradle hold is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind your baby's ears. Roll the baby to face you "belly to belly".



The football hold (clutch hold) is good for mothers who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.

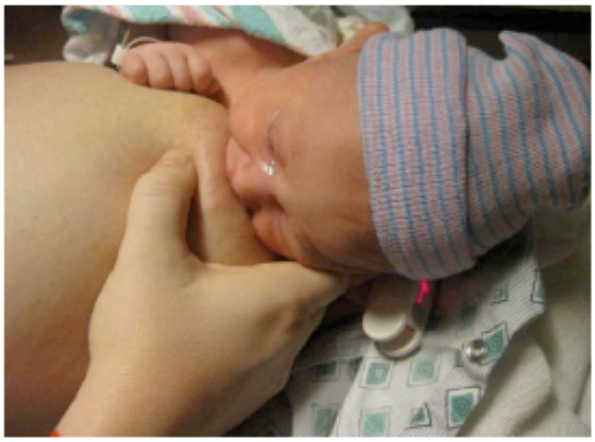
Place your baby's head in the bend of your arm or on your forearm and support his body with your arm in the **cradle hold**. Roll the baby towards you "belly to belly".

Side lying is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Notice the pillow support and your back and the baby's back, and between your legs. Roll the baby towards you "belly to belly".

The Cradle hold is great for after the baby is nursing easily and the latch-on is easy. It is the most common position and you will often see this in pictures of breastfeeding mothers. Please wait to use this position until your baby latches easily.

Latch-on

Compress your areola slightly to make a "nipple sandwich" for the baby. This will allow the baby to get a deeper latch-on. Make sure your fingers are well behind the edges of the areola (1 to 1 ½ '' from the base of the nipple). Allow your baby's head to lean back slightly so his chin touches the breast first.



An easy way to remember how to hold your hand is to keep your thumb by your baby's nose and your fingers by the baby's chin. That way you will automatically rotate your had to match the baby's positioning.

Touch your nipple to the philtrum (the skin between his nose and lips). Your baby will open wide and you can bring him on to the breast. If he doesn't, tickle the philtrum and wait until he opens WIDE (like a yawn) and his tongue comes forward. He should get the nipple and a "big mouthful" of the areola (the dark brown part of the breast) in his mouth. Bring the baby to the breast, not the breast to the baby!

Listen for swallowing every 3 to 5 sucks (May not be apparent until your milk comes in). Once your milk is in you will notice swallowing with every suck.

Let the baby nurse for 15-20 minutes on each breast or 20-30 on one breast. 8 - 12 feedings each 24 hours is normal for a newborn. Refer to the handout "How do I know my baby is getting enough?" for details.

Check your latch-on

Your baby's ***chin*** should touch the breast, his nose should be free.

Worried that your baby can't breathe while at the breast? Don't! If the baby truly can't breathe, he will let go. Usually, babies can breathe easily even when pressed close to the breast because they can breathe around the "corners" of their noses. Do not press on the breast to make a breathing passage for the baby to breathe. This can distort the shape of the nipple in the baby's mouth and contribute to soreness as well as limit the drainage from the area of the breast above your fingers. If necessary, pull the baby's hips in closer to you. This should free up his nose.

Some mothers describe pain as their baby latches-on that eases as the milk begins to flow. This will subside over time, as your body adapts to breastfeeding. If it persists, remove your baby from the breast and re-attach him. The angle of your baby's lips at the breast is greater than 140 degrees or greater.

Most of the areola is in your baby's mouth and both upper and lower lips are flanged (rolled out). You feel deep pulling sensation as the baby nurses. It should not be sharp pain or last more than a moment during the latch-on.

If you need to remove your baby from the breast, slip your finger between his lips and gums to break the suction. Wait for the suction to release, and remove him.

Breast Compression

The Purpose of breast compression is to continue the flow of milk to the baby once the baby no longer drinks (open mouth wide—*pause*—close mouth type of suck) on his own, and thus keep him drinking milk. Breast compression simulates a letdown reflex and often stimulates a natural letdown reflex to occur. The technique may be useful for:

1. **Poor weight gain in the baby**
2. **Colic in the breastfed baby**
3. **Frequent feeding and/or long feedings**
4. **Sore nipples in the mother**
5. **Recurrent blocked ducts and/or mastitis**
6. **Encouraging the baby who falls asleep quickly to continue drinking**

Breast compression in not necessary if everything is going well. When all is going well, the mother should allow the baby to "finish" feeding on the first side and, if the baby wants more, should offer the other side. How do you know the baby is finished? When he no longer drinks at the breast (open mouth wide—*pause*—then close mouth type of suck). **Breast compression** works particularly well ***in the first few days***, to help the baby get more colostrum. Babies do not need much colostrum, but they need *some*. A good latch and compression help them get it.

It may be useful to know that:

1. A baby who is *well latched on* gets milk more easily than one who is not. A baby who is poorly latched on can get milk only when the flow of milk is rapid. Thus, many mothers and babies do well with breastfeeding *in spite of* a poor latch, because most mothers produce an abundance of milk.

2. In the first 3-6 weeks of life, many babies tend to fall asleep at the breast when the flow of milk is slow, *not necessarily* when they have had enough to eat. After this age, they *may* start to pull away at the breast when the flow of milk slows down. However, some pull at the breast even when they are much younger, sometimes even in the first days.

3. Unfortunately many babies are latching on poorly. If the mother's supply is abundant the baby often does well as far as weight gain is concerned but the mother may pay a price—sore nipples, a "colicky" baby, a baby who is constantly on the breast (but feeding only a small part of the time).

Breast compression continues the flow of milk once the baby starts falling asleep at the breast and results in the baby:

1. Getting more milk.
2. Getting more milk that is *high* in fat

Breast Compression—How to do it

1. Hold the baby with one arm.

2. Hold the breast with the other, thumb on one side of the breast, your other fingers on the other, fairly far back from the nipple.

3. **Watch for the baby's drinking,** though there is no need to be obsessive about catching every suck. The baby gets substantial amounts of milk when he is drinking with an open mouth wide—*pause*—close mouth type of suck. (Open mouth wide—*pause*—close mouth is *one* suck, the pause is *not* a pause between sucks).

4. When the baby is nibbling or no longer drinking with the open mouth wide—*pause*—close mouth type of suck, compress the breast. **Not so hard that it hurts** and try not to change the shape of the areola (the part of the breast near the baby's mouth). With the compression, the baby should start drinking again with the open mouth wide—*pause*—close mouth type of suck.

5. Keep the pressure up until the baby no longer drinks even with the compression, then release the pressure. Often the baby will stop sucking altogether when the pressure is released, but will start again shortly as milk starts to flow again. If the baby does not stop sucking with the release of pressure, wait a short time before compressing again.

6. The reason to release the pressure is to allow your hand to rest, and to allow milk to start flowing to the baby again. The baby, if he stops sucking when you release the pressure, will start again when he starts to taste milk.

7. When the baby starts sucking again, he may drink (open mouth wide—*pause*—close mouth). If not compress again as above.

8. Continue on the first side until the baby does not drink even with the compression. You should allow the baby to stay on the side for a short time longer, as you may occasionally get another letdown reflex and the baby will start drinking again, on his own. If the baby no longer drink, however, allow him to come off or take him off the breast.

9. If the baby wants more, offer the other side and repeat the process.

10. You may wish, unless you have sore nipples, to switch sides back and forth in this way several times.

11. Work on improving the baby's latch

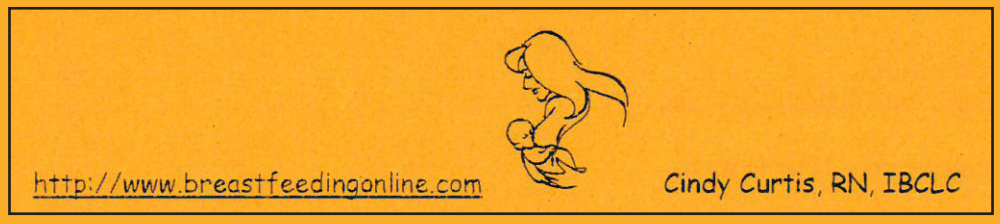
12. **Remember, compress as the baby sucks but *does not* drink.**

The above works best, in our experience in the clinic, but if you find a way which works better at keeping the baby sucking with an open mouth wide—*pause*—close mouth type of suck, use whatever works best for you and your baby. As long as it does not hurt your breast to compress, and as long as the baby is "drinking" (open mouth—*pause*—close moth type of suck), breast compression is working.

You will not always need to do this. As breastfeeding improves, you will be able to let things happen naturally.

Questions? (416) 813-5757 (option 3) or drjacknewman@sympatico.ca or my book **Dr. Jack Newman's Guide to Breastfeeding** (called **The Ultimate Breastfeeding Book of Answers** in the USA)

Handout #15. *Breast Compression*. Revised January 2003



Breastmilk Collection & Storage

Guidelines for Healthy Newborns

Many mothers find it convenient to collect their breastmilk and store it for use at a later time. Such is the case for mothers who return to work, school or who are separated from their infant. The guidelines offered below may answer some questions you may have about safely storing breastmilk for your full-term newborn. *If you have a preterm newborn, please see your healthcare professional for the guidelines to properly and safely store and transport your breastmilk.*

Collecting Breastmilk

- Wash hands well with soap and water.
- Wash all the collection bottles and breastpump parts that touch your breasts or the milk with hot, soapy water or in a dishwasher. Rinse with cold water. Air dry on a clean towel. When soap and water are not available use Medela Quick Clean™ wipes. If your baby is premature or ill, the hospital may ask you to sanitize your pump parts.
- Read the instruction book that comes with your pump for proper collection procedures. Sanitize your pump parts once a day as described.
- Practice pumping when you are rested, relaxed and your breasts feel full. You may try to nurse your baby on only one side and pump the other breast. Or pump for a few minutes if your baby skips a feeding or nurses for only a short while. Pumping should not hurt. Your nipple should fit comfortably in the breastshield.
- Medela makes different sizes of PersonalFit™ breastshields to fit all nipple sizes, from small to extra large. If you are having problems finding the right size breastshield or have questions on proper fit, ask for help from a lactation consultant or healthcare provider.
- You can help your baby learn to take a bottle once breastfeeding is established and going well. It is best to wait for three (3) to four (4) weeks before introducing bottles. If you are having problems breastfeeding, ask for help from a lactation consultant or healthcare provider.
- Begin to pump and store milk one (1) or two (2) weeks before returning to work. Many working mothers use the fresh milk they pump at work for feedings the next day. Freeze your extra milk for emergencies.
- Ideally, pump every three (3) hours when you are away from your baby. Ten minutes of pumping during breaks and 15 minutes of pumping during lunch with a good pump will help protect your milk supply. If you can't pump three (3) times, pump as much as you can during each day.
- Breastfeed in the evening and on days off to help maintain your milk supply and protect your special bond with your baby.

Storing Breastmilk

- It is normal for pumped milk to vary in color and consistency depending on your diet. Stored milk will separate into layers and the cream will rise to the top. Gently swirl (don't shake) the bottle to mix the milk layers.
- Avoid adding freshly pumped milk to already cooled milk. You can add small amounts of cooled breastmilk to the same refrigerated container throughout the day.

- Pumped milk may be added to frozen milk provided it is first chilled and the quantity is less than what is frozen.
- Store your milk in Medela's BPA-free breastmilk collection bottles or in storage bags specifically designed for breastmilk, such as Medela's BPA-free Pump & Save™ bags.
- Freeze milk in two (2) to four (4) ounce portions. Small amounts thaw more quickly. You will waste less milk this way. Be sure to leave some extra room at the top of the container so the bottle or bag will not overflow when freezing or thawing.
- Seal containers tightly. Write the date on a piece of tape and place on the bag or bottle. Use the oldest milk first.
- Rarely, some mothers notice their defrosted breastmilk has a soapy taste or odor. This is due to lipase, an enzyme, which helps to digest the fat content of the breastmilk. If this occurs, scald the breastmilk (do not bring to a boil) on a stove until tiny bubbles appear along the sides of the pan; do this before freezing. The scalding process will neutralize the enzyme, preventing the soapy taste or smell.
- If you do not plan to use the milk within a few days, freeze it right away in the coldest section of your freezer.

Breastmilk Collection & Storage

Guidelines for Healthy Newborns

Freshly Expressed Breastmilk Storage Guidelines
(For Healthy Term Babies)

Room Temperature	Cooler with 3 Frozen Ice Packs	Refrigerator	Freezer	Thawed Breastmilk
4–6 hours at 66–78 °F (19–26 °C)	24 hours at 59 °F (15 °C)	3–8 days at 39 °F or lower (4 °C)	6–12 months 0–4 °F (-18–-20 °C)	use within 24 hrs

Defrosting

- Thaw milk overnight in the refrigerator, or hold the bottle under warm running water until thawed. You can also place the sealed container in a bowl of warm water for 20 minutes to bring it to body temperature. Do not let the water reach the level of the container cap.
- Thawed milk is safe in the refrigerator for up to 24 hours.

CAUTION

Never microwave breastmilk. Microwaving can cause severe burns to baby's mouth from hot spots that develop in the milk during microwaving. Microwaving can also change the composition of breastmilk.

Your Milk Supply and Your Baby's Needs

- In the past it was thought that mothers needed to make more and more milk as their babies grew. Scientists now know that a healthy milk supply remains fairly constant over the six (6) months of exclusive breastfeeding. Your baby will take the amount he needs.
- During the early weeks, babies eat very frequently and grow very quickly. By day 10-14, babies should regain any weight they lost after birth. For the next few months babies will gain about an 1/2 ounce to 1 ounce a day.
- Around three (3) to four (4) months, a breastfed baby's rate of growth begins to slow down. Your milk supply will continue to satisfy the baby until it is time to introduce solids at 6 months.
- By the end of the first week of life, women who are breastfeeding one baby normally make between 19 to 30 ounces of milk each day. Infants between one (1) and six (6) months of age normally drink an average of 19 to 30 ounces a day.

An average size "meal" for a baby is between three (3) to five (5) ounces of breastmilk. Formula is harder to digest and less well absorbed. Formula fed babies may need larger feeds. Consult your healthcare professional for advice.

Resources and References

Go to www.medela.com to educate yourself on products and information available for you and your baby.

To locate Medela products or a breastfeeding specialist in your area, go to www.medela.com or call 1-800-TELL YOU, 24 hours a day, 7 days a week.

Some other excellent resources

- International Lactation Consultant Association – www.ilca.org
- La Leche League International – www.llli.org
- United States Lactation Consultant Association – www.uslcaonline.org

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Lawrence R and Lawrence R: Breastfeeding: A Guide for the Medical Profession, 1999.

Quan R, Yang C, Rubinstein S, et al: Effects of Microwave Radiation on Anti-infective Factors in Human Milk, Pediatrics 1992; 88:667-679.

Sosa R, Barness L: Bacterial growth in refrigerated human milk, Am J Dis Child 1987; 141:111-115.

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Phone: (800) 435-8316 or (815) 363-1166 Fax: (815) 363-1246
Email: customer.service@medela.com
www.medela.com

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Pumping Record

Write the amount of milk you pump each time

Enter Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Midnight							
1:00 am							
2:00 am							
3:00 am							
4:00 am							
5:00 am							
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
Noon							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10: 00 pm							
11:00 pm							
TOTAL							

FIRST 24 HOURS: **Pump** your breast at least **8 times** today. Pump at least **10-15 min on each breast**. You may not get anything or drops. That is ok. GREAT JOB!

DAY 2: **Pump** at least 8 times today. Pump at least **10-15 min each breast**. Ask lactation Consultant or nurse about using breast compression with pumping.

DAY 3: **Pump 8-10 times** today. Pump at least **15 min on each breast**. Pump to empty (soften) breasts / use breast compression with pumping.

DAY 4:

Pump **10 times** today.

When flow changes from sprays to drips, you may **use breast compression** to pump through another spray or two.

Pump **2-3 min beyond the last of the milk drops**. Not longer than 30 min, unless breast is still firm and not softening.

Day 5 and Beyond:

Try double pumping if you are comfortable with this and have not started to do this before. **10-15 min**.

Begin pumping session with double pumping for **10-15 min**. (this may elevate the hormone levels faster for a quicker let down).

Then **do 5 or so minutes of single side pumping using breast compression** with the other hand for more complete milk removal.

Your goal is to pump 30-35 oz (850-1000 cc) every 24 hours if your baby is not able to breastfeed.

If your supply drops below 30-35 oz / day increase the number of times you pump and pump a little longer to soften breast completely. Ask for help if your supply drops

**Remember to label your milk with Hospital label with
NAME, DATE, and TIME expressed**

If you and your baby are at home, be sure to write the date the milk is expressed on the bottle or bag the milk is stored in.

ONLY USE BREAST MILK FREEZER STORAGE BAGS OR STORAGE BOTTLES APPROVED FOR FREEZING YOUR MILK

**Have your baby close by when pumping if possible
**Snacking on something and sipping something to drink during pumping sessions may be helpful.

KEEP TRYING! Breastfeeding gets easier as the baby gets stronger.

Importance of Following Instructions for Infant Formulas

- Wash your hands thoroughly with soap and water before preparing formula.
- Follow the health care provider's instructions for mixing formula. (Occasionally, a premature infant needs extra calories and the mother may have been told to prepare the formula in a way that will provide these extra calories).
- If your health care provider does not provide instructions, follow the formula manufacturer's directions for preparing and diluting formula. The manufacturers' instructions are printed on the formula can label.
- Be sure to use the scoop that comes with your brand of powdered formula.
- Do not use a scoop that is included with any other type of formula.
- Once prepared, infant formula can spoil quickly. Either immediately feed the baby or immediately cover the bottle and refrigerate at 35–40°F (2–4°C) for no longer than 24 hours.
- Do not use prepared formula that has been at room temperature for a total of more than 2 hours.
- Do not freeze prepared formula.
- After feeding begins, do not refrigerate the feeding bottle. You must use within 1 hour of mixing the formula or discard.
- Store cans of powdered formula at room temperature.
- After opening the can, keep it tightly covered, store in a dry area, and use contents within 1 month.
- Do not freeze powder. Avoid excessive heat.
- Use unopened formula by expiration date on bottom of can.

Improper Dilution of Infant Formulas

If you do not prepare infant formula properly, it may cause the following problems.

- Incorrect mixing of formula can make your baby sick and/or it might keep your baby from growing properly.
- If you use too much water when mixing the formula, your baby will not get all the nutrients needed to grow. The baby will also get too much water for her/his small body.
- If you use too much liquid or powder formula in the bottle, it could hurt the baby's kidneys and/or brain.

Drinking too much water can lead to a condition known as water intoxication. A baby can get water intoxication by drinking infant formula that has been diluted with too much water. This condition occurs most often in infants under 6 months of age. Please talk to your WIC nutritionist if you have questions.

References

1. Infant Nutrition and Feeding: A Guide for Use in WIC and CSF Programs http://www.nal.usda.gov/wicworks/Topics/Infant_Feeding_Guide.html
2. Instructions for Preparation, Storage, and Use http://www.meadjohnson.com/
3. Improper Dilution of Formula (AK 49-USDA 415) http://www.hss.state.ak.us/

Missouri Department of Health and Senior Services
WIC and Nutrition Services
P.O. Box 570
Jefferson City, MO 65102-0570
573-751-6204
www.dhss.mo.gov/wic

#191

Notes...

License to Breastfeed in Public
It's the Law in FLORIDA!

Be It Enacted by the Legislature of the State of Florida:
Section 1. The breastfeeding of a baby is an important and basic act of nurture which must be encouraged in the interests of maternal and child health and family values. A mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be, irrespective of whether or not the nipple of the mother's breast is covered during or incidental to the breastfeeding.

House bill no. HB 231 Fl. ALS 4, 1993 Fla. Laws ch. 4; 1993 Fla. HB 231 Fla. Stat. § 383.015, § 800.02 - 800.04, § 847.001 (later: § 827.071)

Break Time for Nursing Mothers

Under the Fair Labor Standards Act (FLSA)

WHD U. S. DEPARTMENT OF LABOR Wage and Hour Division | 1-866-4US-WAGE WWW.DOL.GOV/WHD

Notes...

UNLAWFUL ACTS

Any employee who is "discharged or in any other manner discriminated against" because he or she has filed a complaint or cooperated in an investigation, for instance, may file a retaliation complaint with the Wage and Hour Division or directly in court seeking appropriate remedies.

For more information or to file a complaint, call 1-866-4US-WAGE (487-9243) or visit www.dol.gov/whd

Get information about how insurance works at www.healthcare.gov

WH1518 REV 08/13

Thank you for breastfeeding your baby in public. Breastfeeding can become the norm in Florida, thanks to mothers like you who feed their baby ANYTIME, ANYWHERE!

Florida Breastfeeding Coalition, Inc.
www.flbreastfeeding.org

What Is Postpartum Depression & Anxiety?

It's common for women to experience the "baby blues" — feeling stressed, sad, anxious, lonely, tired, or weepy — following their baby's birth. But some women — up to 1 in 7 — experience a much more serious mood disorder — postpartum depression. (Postpartum psychosis, a condition that may involve psychotic symptoms like delusions or hallucinations, is a different disorder and is very rare.)

Unlike the baby blues, PPD doesn't go away on its own. It can appear days or even months after delivering a baby; it can last for many weeks or months if left untreated. PPD can make it hard for you to get through the day, and it can affect your ability to take care of your baby, or yourself.

PPD can affect any woman — women with easy pregnancies or problem pregnancies, first-time mothers and mothers with one or more children, women who are married and women who are not, and regardless of income, age, race or ethnicity, culture, or education.

What Are the Symptoms of PPD?

The warning signs are different for everyone but may include:

- a loss of pleasure or interest in things you used to enjoy, including sex
- eating much more, or much less, than you usually do
- anxiety — all or most of the time — or panic attacks
- racing, scary thoughts
- feeling guilty or worthless — blaming yourself
- excessive irritability, anger, or agitation — mood swings
- sadness, crying uncontrollably for very long periods of time
- fear of not being a good mother
- fear of being left alone with the baby
- misery
- inability to sleep, sleeping too much, difficulty falling or staying asleep
- disinterest in the baby, family, and friends
- difficulty concentrating, remembering details, or making decisions
- thoughts of hurting yourself or the baby (see inside this brochure for numbers to call to get immediate help).

If these warning signs or symptoms last longer than 2 weeks, you may need to get help.

Whether your symptoms are mild or severe, recovery is possible with proper treatment.

What Are the Risk Factors for PPD?

- a change in hormone levels after childbirth
- previous experience of depression or anxiety
- family history of depression or mental illness
- stress involved in caring for a newborn and managing new life changes
- having a challenging baby who cries more than usual, is hard to comfort, or whose sleep and hunger needs are irregular and hard to predict
- having a baby with special needs (premature birth, medical complications, illness)
- first-time motherhood, very young motherhood, or older motherhood
- other emotional stressors, such as the death of a loved one or family problems
- financial or employment problems
- isolation and lack of social support

How Common Is PPD?

- Up to 1 in 7 women experience PPD
- For half of women diagnosed with PPD, this is their first episode of depression
- About half of women who are later diagnosed with PPD may have begun experiencing symptoms during pregnancy — so it's important to seek help early!

Getting the right help can make all the difference for you, your baby, and your family.

What Can I Do?

- Don't face PPD alone — Seek help from a psychologist or other licensed mental health provider; contact your doctor or other primary health care provider.
- Talk openly about your feelings with your partner, other mothers, friends, and relatives.
- Join a support group for mothers — ask your health care provider for suggestions if you can't find one.
- Find a relative or close friend who can help you take care of the baby.
- Get as much sleep or rest as you can even if you have to ask for more help with the baby — if you can't rest even when you want to, tell your primary health care provider.
- As soon as your doctor or other primary health care provider says it's ok, take walks, get exercise.
- Try not to worry about unimportant tasks — be realistic about what you can really do while taking care of a new baby.
- Cut down on less important responsibilities.

Postpartum depression is not your fault — it is a real, but treatable, psychological disorder.

1 in 7 women get postpartum depression (PPD)

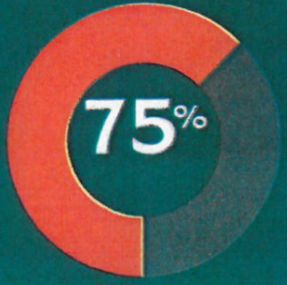
yet

only **15%** receive professional help

500-750k untreated PPD moms each year

WITHOUT TREATMENT

- Mothers are more likely to have impaired bonding with their babies
- Toddlers are more likely to have cognitive & developmental delays
- Older children show poorer self-control & more aggression
- Teens are more likely to have problems with substance abuse

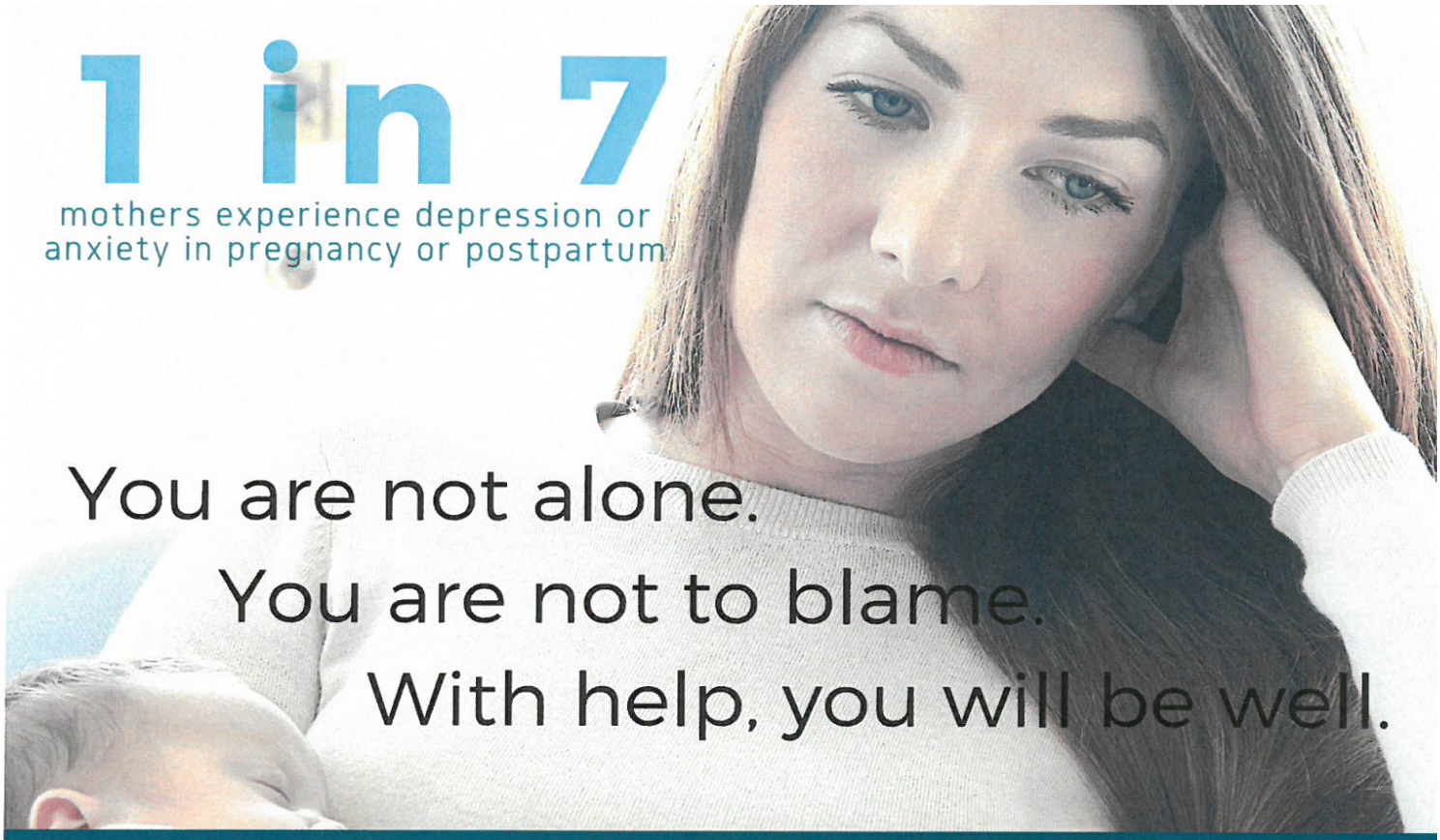


of users say Postpartum Progress increased their willingness to seek treatment for PPD!

Postpartum Progress is a national, peer-to-peer nonprofit organization that raises awareness of maternal mental illness and provides tools that connect moms to treatment. Visit postpartumprogress.org to learn more.

1 in 7

mothers experience depression or anxiety in pregnancy or postpartum



You are not alone.
You are not to blame.
With help, you will be well.

POSTPARTUM SUPPORT INTERNATIONAL

LOCAL COORDINATORS

Our volunteers provide support, encouragement, and local resources via phone and email to pregnant or postpartum mothers and their families.

FOR SUPPORT IN TALLAHASSEE, CONTACT:

Amy Kimmel
amy@inbloombirth.us
850.491.5807

Catherine Munroe
lmunroeiii@comcast.net

Susan Shelton
susanlshelton@gmail.com
850.583.6814

Established with support from NAMI-Tallahassee and Florida State University College of Medicine

NAMI
National Alliance on Mental Illness

FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

FOR ANY MEDICAL OR PSYCHIATRIC EMERGENCY, CALL 911.

If you are having thoughts of hurting yourself or your baby, take action now:

Put the baby in a safe place, like a crib. Call a friend or family member for help if you need to.

- Call a suicide hotline (free & staffed all day, every day):

National Hopeline Network
1-800-SUICIDE (1-800-784-2433)
www.hopeline.com

National Strategy for Suicide Prevention: LifeLine
1-800-273-TALK (1-800-273-8255)
Has hotlines for every state
www.mentalhealth.samhsa.gov/suicideprevention

PPD Moms
1-800-PPDMOMS (1-800-773-6667)
www.1800ppdmoms.org

- Call your psychologist's or other licensed mental health provider's emergency number.
- Call your doctor's or other primary health care provider's emergency number.
- Go to your local hospital emergency room.

Tell someone you trust about what you are feeling; ask him or her to help you take these steps.

Adapted from MedEdPPD (www.mededppd.org/mothers/get_help.asp)

The Good News: There Is Hope

PPD Can Be Treated! You Can Feel Better!

- Early detection and treatment make all the difference.
- If you or someone you know shows symptoms of depression and anxiety like the ones discussed here — either during pregnancy or after childbirth — a psychologist or other licensed mental health provider can help.
- Effective treatments for PPD include various forms of psychotherapy, often combined with antidepressant medication. You will learn how to develop skills to manage feelings and cope with problems.
- Don't wait — Take action and seek treatment as soon as you notice any of these physical or emotional symptoms. PPD can get worse without treatment.

To find a psychologist or other licensed mental health provider near you, ask your ob/gyn, pediatrician, midwife, internist, or other primary health care provider for a referral.

The **American Psychological Association's Consumer Help Center** can also help you find a local psychologist: Call 1-800-964-2000, or visit APA's online help center: www.apahelpcenter.org/

To talk to someone who understands, contact:

Postpartum Health Alliance of Northern California
1-888-773-7090 (9 a.m.-9 p.m. Pacific time)
Talk to mothers who have recovered from PPD
www.parentspress.com/pardepression
.html#anchor1636579

Postpartum Support International
1-800-944-4PPD or 1-800-944-4773
(9 a.m.-3 p.m. Pacific time)
www.postpartum.net/index.html

For more information:

American Foundation for Suicide Prevention
1-888-333-2377
www.afsp.org

American Psychological Association
www.apa.org/pi/wpo/postpartum.html

Health Resources and Services Administration
www.mchb.hrsa.gov/pregnancyandbeyond
/depression

MedEdPPD
Developed with the NIMH
In English/en Espanol
www.mededppd.org

National Women's Health Center
www.4woman.gov

New Jersey Speak Up When You're Down
Information and New Jersey helpline
www.state.nj.us/health/fhs/ppd

Online PPD Support Group
www.ppdsupportpage.com

The American Psychological Association (APA), located in Washington, DC, is the largest scientific and professional organization representing psychology in the United States. Its membership includes 148,0000 researchers, educators, clinicians, consultants, and students. APA works to advance psychology as a science and profession and as a means of promoting health, education, and human welfare.

American Psychological Association
Public Interest Directorate, Women's Programs Office
750 First Street, NE, Washington, DC 20002-4242
202-336-6044 • www.apa.org/pi/wpo

Printed on recycled paper

Postpartum Depression

"What's the matter with me?"

"I thought this would be the happiest time in my life but I'm so sad."

"I'm so scared I might accidentally hurt the baby."

"I feel like I'm going crazy."

AMERICAN PSYCHOLOGICAL ASSOCIATION

Postpartum Progress
together, stronger.

New Mom Checklist for Maternal Mental Health Help

Name: _____ Mom's age: _____

I'd like to talk to you about the stress I've been having since I had my baby. Because I'm exhausted, overwhelmed & struggling, this is the best way for me to make sure you know what is going on with me, and that I might need your help. I think I might have (*Mom, check any that may apply*):

- ☐ Postpartum depression (PPD)
- ☐ Postpartum anxiety or OCD
- ☐ Postpartum psychosis
- ☐ Postpartum PTSD (post-traumatic stress)
- ☐ Bipolar disorder or mania
- ☐ Not sure; I just know something isn't right

Here are some of the recognized symptoms of perinatal mood and anxiety disorders that I have been having (*Mom, check any that apply to you*):

- ☐ I can't sleep, even when my baby is sleeping.
- ☐ I have lost my appetite.
- ☐ I feel sad. I have been crying a lot for no reason.
- ☐ I am feeling worried or anxious most of the time.
- ☐ I am having anger or rage that is not normal for me.
- ☐ I feel numb or disconnected from my life. I can't enjoy the things I used to.
- ☐ I don't feel like I'm bonding with my baby.
- ☐ I am having scary "*what if*" thoughts over & over about harm coming to me, my baby or others (also called intrusive thoughts, a sign of postpartum OCD).
- ☐ I feel a lot of guilt and shame.
- ☐ I'm worried that I'm not a good mother.
- ☐ I feel overwhelmed with all of the things in my life.
- ☐ I can't concentrate or stay focused on things.
- ☐ I feel like I'm losing it.
- ☐ I want to be alone all or most of the time.
- ☐ My thoughts are racing. I can't sit still.
- ☐ I feel like the only way to make myself feel better is by using alcohol, prescription drugs or other substances.
- ☐ Sometimes I wonder if my baby or my family would be better off without me.
- ☐ I've been having physical symptoms that are not normal for me (for example: migraines, back aches, stomach aches, shortness of breath, panic attacks)
- ☐ I have had serious thoughts of hurting myself.
- ☐ I have had thoughts that I should (not that I might or what if, but that *I should or need to*) hurt my baby or someone else.
- ☐ I am worried I'm seeing or hearing things that other people don't see or hear.
- ☐ I'm afraid to be alone with my baby.
- ☐ I feel very concerned or paranoid that other people might hurt me.

I have had these symptoms for more than _____ weeks. I am _____ weeks/months (circle one) postpartum.

Here are some recognized risk factors for maternal mental illness that may help you understand my situation (*Mom, check any that apply to you*):

- ☐ I have had depression, anxiety/OCD or PPD before
- ☐ I have a history of bipolar disorder or psychosis
- ☐ My family has a history of mental illness
- ☐ I have a history of or am now going through trauma (for example: domestic violence, verbal abuse, sexual abuse, poverty, loss of a parent)
- ☐ I have had a stressful event in the last year (for example: house move, job loss, divorce or relationship problems, or the death of a loved one)
- ☐ I'm a single mom
- ☐ I don't have much help or support at home from my partner or family members
- ☐ I have a lot of financial stress
- ☐ I have had infertility treatment
- ☐ My baby has colic, reflux or other health problems
- ☐ I have had a previous miscarriage or stillbirth
- ☐ I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD)
- ☐ I delivered multiples
- ☐ I'm away from my home country or culture
- ☐ I or my baby had problems in pregnancy or childbirth (for example: baby in NICU, unplanned C-section, bed rest)

This checklist is not intended to diagnose any mental illness. It is a discussion tool for moms to use with healthcare providers. It was created by Postpartum Progress, a national nonprofit supporting moms with maternal mental illness. For more free tools and support for perinatal mood & anxiety disorders, visit postpartumprogress.org.

We recommend women wait at least 18 months before becoming pregnant again.

Do you know if and when you would like to have another baby?

I'm ready.

You want another baby soon. Being "ready" for pregnancy means that you are healthy now and plan to remain healthy throughout your pregnancy. Your doctor or healthcare provider may suggest that you wait 18 months before having another baby so you are as healthy as possible.

Not Sure?

You could get pregnant again soon after delivery, but you may not know if that's what you want right now. Tell your doctor or healthcare provider this so they can help you learn about your options, including using birth control or preparing for pregnancy.

Now is not good.

You may know that you are not ready to have another child right away. There are many different ways to prevent pregnancy (see back). Talk to your doctor or healthcare provider about which option is right for you.

Deciding What Birth Control is Right for You

You have many options to choose from!

If you think birth control is right for you, talk to your doctor or healthcare provider. The most effective and safe option for women who do not want any more children right now is long-acting reversible contraception (LARC). It prevents pregnancy for years and can be removed when you like. You can become pregnant soon after it's removed.

- Intrauterine devices (IUD) - hormonal and non-hormonal
- Hormonal implant

Other options are available:

- The shot, patch, ring, pill
- Male and female condoms (*prevent sexually transmitted diseases)
- Diaphragms
- Tubal ligation and vasectomy
- Natural family planning methods

You can always change your mind and your doctor or healthcare provider is here to help.

*Cost of birth control may depend on when and where you get it, and what kind of insurance you have.

Adapted from Centers for Disease Control and Prevention:
https://www.cdc.gov/preconception/rlptool.html 10/19/2022

BIRTH CONTROL—

A short guide to exploring your many options

Because there are many options, please see your healthcare professional to discuss which birth control method is appropriate or right for you.

	Birth Control	How to Use	Prescription Needed	Protects Against STDs
HORMONAL	Monthly oral contraceptive (the Pill) 	Take 1 pill every day as directed	Yes	No
HORMONAL	Extended-regimen oral contraceptive 	Take 1 pill every day for 3 months as directed	Yes	No
HORMONAL	Patch 	Apply to skin and change weekly	Yes	No
HORMONAL	Vaginal ring (hormonal) 	Insert monthly and leave in place for 21 days	Yes	No
HORMONAL	Injection 	Get injections every 3 months	Yes. Injections given in healthcare professional's office or clinic	No
HORMONAL	Hormonal intrauterine contraceptive (IUC) 	Inserted in the uterus and can remain for up to 5 years	Yes. IUC inserted in healthcare professional's office or clinic	No
HORMONAL	Implantable hormonal contraceptive 	Implanted under the skin of the arm and can remain for up to 3 years	Yes. Implanted in healthcare professional's office or clinic	No
NONHORMONAL	Spermicide 	Apply every time before sex	No	No
NONHORMONAL	Diaphragm 	Insert every time before sex. Keep in place for 6 hours after sex	Yes	No
NONHORMONAL	Contraceptive sponge 	Insert vaginally. Effective for 24 hours. Keep in place for 6 hours after sex	No	No
NONHORMONAL	Cervical cap 	Insert every time before sex. Keep in place for 6 hours after sex	Yes	No
NONHORMONAL	Female condom 	Insert every time before sex	No	Yes
NONHORMONAL	Male condom 	Partner must wear every time during sex	No	Yes (latex or synthetic only)
NONHORMONAL	Nonhormonal intrauterine contraceptive (IUC) 	Inserted in the uterus and can remain for up to 10 years	Yes. IUC inserted in healthcare professional's office or clinic	No
NONHORMONAL	Female sterilization ("tubes tied") or male sterilization (vasectomy) 	No action required after surgery	No. Performed surgically	No

EMERGENCY CONTRACEPTION

When your birth control fails, there's something you can do.

Please see reverse for more information about Plan B One-Step™.

TEVA WOMEN'S HEALTH

Show off Your Little One!

Send us a photo of your newborn in our banana onesie and we will celebrate with you on social media! Include names and any details of your pregnancy and birth journey you wish to share. Email photos to info@nflwc.com

Little Ones
MUSIC PLAY

Join us for Tallahassee Memorial HealthCare's Little Ones Music Play Group! Our classes are designed to help your little one develop language, motor and cognitive skills through interactive musical activities. Music play with parents and caregivers encourages bonding and social-emotional connections. Classes are led by Tallahassee Memorial's board-certified music therapists.

Join Us Every Friday

8:45 - 9:15 AM • 2 - 3 Years Old

9:30 - 9:45 AM • 18 - 24 Months Old

10:15 - 10:45 AM • 12 - 17 Months Old

11:00 - 11:30 AM • 6 - 11 Months Old

Alexander D. Brickler, MD Women's Pavilion Classroom
1300 Miccosukee Road Tallahassee, Florida 32308

$5 each week per family
Cash, check or online payment methods are available.

TALLAHASSEE MEMORIAL HEALTHCARE

Scan the QR code or visit
TMH.ORG/LittleOnes
to reserve your family's spot today!

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