A collection of resources and information about pregnancy, childbirth and newborn care.

The Birthing Center

Compliments of:
The Birthing Center at Monadnock Community Hospital
452 Old Street Road • Peterborough, NH 03458 • (603) 924-4699 ext. 4710
This is a book about you...and about the very special person who's about to enter your life!!

In this book, you will find a wealth of valuable information to help you make healthy choices for you and your baby. This is where lifelong healthcare decisions begin - for you and your infant.

You can trust the Birthing Center at Monadnock Community Hospital for expert advice, support and award-winning care throughout your pregnancy and childbirth — and beyond. We’re here for you and your family at every stage of this amazing time in your life!!

The journey begins....
# Monadnock Community Hospital Birthing Center Pre-Natal Booklet

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Welcome

Welcome to the Birthing Center at Monadnock Community Hospital!

At Monadnock Community Hospital’s Birthing Center, care truly comes first. Here, you and your newborn will enjoy a family-centered, supportive environment before, during and after your baby’s birth.

Pregnancy is an unforgettable journey and we’ll help you experience this special time in your own unique way. And when your “big day” arrives, we are here for you with a wide range of birthing options, from completely natural childbirth to epidural anesthesia. Each cozy room at the Birthing Center is private and looks out into a peaceful woodland setting—the perfect place to cuddle your newborn and enjoy those first precious moments with family.

Our Mission

The Birthing Center is committed to providing excellence in prenatal and childbirth care to women and their families.

Our Vision

The Birthing Center is committed to providing a safe environment where every woman is respected and given professional guidance and support to choose her own unique birth experience.

Our Values

F riendly
A ccountable
M eaningful
I nspiring
L oyal
I ntegrity
E mpowering
S upportive
Contact Us

Monadnock Community Hospital  (603) 924-7191 www.monadnockhospital.org
Birthing Center  (603) 924-4699 ext 4170 www.mchbirthing.org

EDUCATION AND SUPPORT
Parent Educator and Lactation Consultant  (603) 924-4699 ext 4174 Pat O’Connell RN, M.E.d. IBCLC
Pregnancy and Infant Loss Support  (603) 924-4672 Pat O’Connell RN, M.E.d. IBCLC

OBSTETRICS AND PEDIATRICS
Monadnock OB/GYN  (603) 924-9444 www.monadnockobgyn.com
Monadnock Regional Pediatrics  (603) 924-7101 www.monadpediatrics.org

FAMILY PRACTICE
Antrim Medical Group  (603) 588-4200 www.monadnockhospital.org
Jaffrey Family Medicine  (603) 532-8775 www.monadnockhospital.org
Monadnock Family Care  (603) 924-4664 www.monadnockhospital.org
New Ipswich Family Medicine  (603) 878-1092 www.monadnockhospital.org
North Meadow Family Health  (603) 924-8200 www.monadnockhospital.org
Rindge Family Practice  (603) 899-9563 www.monadnockhospital.org

HEALTH AND WELLNESS
Physical Therapy  (603) 924-4635 www.monadnockhospital.org
Bond Wellness Center  (603) 924-4650 www.bondwellness.org
Monadnock OB-GYN

Monadnock OBGYN has been providing obstetrical and gynecologic care in the Peterborough area since 1973. Our goal is to provide you with the best possible medical care in a professional, sensitive, and supportive environment. Our practice focuses on the health needs of women at every stage of life.

For all pregnancy questions (especially start of labor, bleeding, water breaking or worries about baby’s movement) call (603) 924-9444.

If the office is closed, please call Monadnock Community Hospital switchboard at (603) 924-7191 BEFORE coming to the hospital unless your emergency is life threatening. Switchboard staff will notify the medical staff who will call you back.

Your doctor needs to coordinate after-hour visits so that your wait for evaluation will be minimized. Unannounced arrivals on Maternity may result in a prolonged wait for non-emergency problems.

For more information about Monadnock OB-GYN
Call our office at (603)924-9444

Our office hours are
Monday - Thursday, 8:30 AM - 5:00 PM
Friday 8:30 AM - 3:00 PM

Heather Arel APRN, David Levene MD, Fletcher Wilson MD, Charles Seigel MD, Pamela Stetzer, DO
Monadnock Regional Pediatrics

Jeffrey Boxer, MD
James Hurley, MD

Gregory Kriebel, MD
Lara Scheinblum, MD

Suzanne Schoel, MD
Adela deVer, MD

Pediatric providers focus specifically on caring for children from birth through young adults. They are trained in health and wellness management as well as the prevention and treatment of childhood disease.

American Academy of Pediatrics: www.aap.org
Family practitioners provide complete healthcare services for people of all ages, from birth through senior years. They are uniquely equipped to diagnose and treat both individual patients as well as all members of a family. Medical training typically spans several basic disciplines including internal medicine, pediatrics, gynecology, psychiatry, and disease prevention.

American Academy of Family Physicians: www.aafp.org
American College of Osteopathic Family Physicians: www.acofp.org
Family Practice

Scott Jaynes, MD  Annika Brown, MD  Siobhan Benham, APRN

James Potter, MD  Lisa Ramey, MD  Stephen Klonel, DO

Marc Winiecki, DO  Rachel Croteau, DO

Jennifer Civitella, MD  Richard Frechette, MD  Michelle Urban, MD

Family practitioners provide complete healthcare services for people of all ages, from birth through senior years. They are uniquely equipped to diagnose and treat both individual patients as well as all members of a family. Medical training typically spans several basic disciplines including internal medicine, pediatrics, gynecology, psychiatry, and disease prevention.

American Academy of Family Physicians: www.aafp.org
American College of Osteopathic Family Physicians: www.acofp.org
Childbirth and Parenting Education

**Understanding Birth – Saturday 9:30 am - 3:30 pm / $90**

This class is taught by a Birthing Center nurse and includes 2 guest speakers: a pediatrician who will speak and answer questions about newborns and an anesthesiologist who will discuss your pain management options. Information covered includes: labor and delivery, variations of labor, breathing and relaxation techniques, Cesarean birth, infant care and feeding and adjusting to parenthood. Class time includes a question and answer session and a tour of the Birthing Center.

"Fast Track" Childbirth - Wednesday 6:30 pm - 8:30 pm / $25

For 1st time expectant parents or parents who want a refresher: this class offers a combination of online home study and classroom learning.

**Before your class at home:** Review Childbirth Education booklet and view on-line videos, such as: Stages of Labor, Cesarean Birth, Epidurals, etc. Attend one evening class, which includes a tour of the Maternity Unit, question and answer / discussion time and an overview your upcoming delivery at MCH.

Register for classes at [www.mchbirthing.org](http://www.mchbirthing.org)

For any questions, concerns, or to purchase education material,
Please contact: Pat O’Connell RN, M.E.d. IBCLC (603) 924-4699 ext 4174
email: pat.o’connell@mchmail.org

Fees for classes
Check with your insurance carrier for reimbursement of class fees
Financial Assistance available: Call (603) 924-1717 and ask about the MCH Financial Grant Program. WIC and Medicaid Application/Assistance available from Home Health Care and Community Services Prenatal Program (603)-352-2253.
Childbirth and Parenting Education

**Prenatal Aquatics - Tuesdays 6:30 pm-7:15 pm**

Members Fee: $5.00 / Non-Members Fee: $7.00

Classes taught by Birthing Center RN’s and Wellness Center instructors - pregnancy, labor and delivery discussions after exercising, in the warm therapy pool. A low to moderate exercise class designed especially for the mom-to-be. Dialog among participants is encouraged to build new friendships and to promote well-being during pregnancy! Must have your doctor’s approval on record at the Bond Wellness Center.

Call (603) 924-4650 for additional information.

**M.O.M.S group: Meet Other Mothers - Tuesday 10:00 am – 12:00 pm / Free**

A support group for new mothers; topics include: concerns about feeding, sleep issues, parenting, and decisions about returning to work. For mothers with infants up to 12 months old. This group meets every Tuesday all year long.

**Pregnancy and Infant Loss - 2nd Tuesday of each month 6:00 pm – 8:30 pm / Free**

A support group for families who have lost a baby though miscarriage, stillbirth or newborn death. Call (603)924-4672 Pat O’Connell

Register for classes at [www.mchbirthing.org](http://www.mchbirthing.org)

For any questions, concerns, or to purchase education material, Please contact: Pat O’Connell RN, M.E.d. IBCLC (603) 924-4699 ext 4174 email: pat.o’connell@mchmail.org

Fees for classes
Check with your insurance carrier for reimbursement of class fees
Financial Assistance available: Call (603) 924-1717 and ask about the MCH Financial Grant Program. WIC and Medicaid Application/Assistance available from Home Health Care and Community Services Prenatal Program (603)-352-2253.
Dental Care during Pregnancy

Dental care during pregnancy is important for you and your baby! You may notice changes in your teeth and gums during pregnancy. Sometimes your gums can become reddish in color, swollen, sensitive and may bleed. It is important to have dental check-ups while you are pregnant.

- Brush your teeth twice a day and floss nightly to keep your teeth and gums healthy.
- If you feel sick and can’t brush your teeth, use an alcohol-free fluoride mouth rinse nightly. Don’t brush your teeth after vomiting because it can weaken the surface of your teeth. Instead, rinse your mouth with 1 teaspoon of baking soda and 1 cup of water.
- Eat healthy foods and drink water instead of juice and/or soda.
- Limit sugar to only mealtimes, it can increase your risk for tooth decay.
- Chew gum or use products with Xylitol (a natural sweetener), which can help reduce bacteria in your mouth. Look for Xylitol as the first ingredient – such as Ice Breakers gum.

Dental disease is the most common chronic childhood disease in the United States and is 100% preventable!

When your mouth is healthy, your baby is more likely to have a healthy mouth.

- Breastfeeding is the best start to keeping your baby’s mouth healthy.
- If you choose to bottle feed your baby, do not test the temperature of the bottle with your own mouth. Bacteria can pass from your mouth to your baby’s mouth causing tooth decay.
- When your baby is older, use a different spoon to taste your baby’s food.
- We don’t recommend pacifiers for breastfeeding babies. If you choose to use a pacifier, clean it often with hot water to kill germs.
- Use a clean, damp washcloth to clean your baby’s gums after every feeding (breast or bottle).
- After the first tooth, brush your baby’s teeth using a soft toothbrush made for babies using a small smear of fluoride toothpaste.
- It is not recommended to put your baby to bed with a bottle – if you choose to, use water only.
- Try to avoid the spread of saliva and germs between your mouth and your baby’s mouth.
- The American Academy of Pediatric Dentistry advises that children have their first dental check-up by their first birthday.
Birth Plan Worksheet

This worksheet will help you plan for a positive birth experience. We suggest you complete it with your partner.

Main labor partner

Other support people I would like to have at my birth

My most important goals for this birth

Things that will help me feel confident in achieving those goals

Describe your ideal birth experience

My biggest fears

Things that help me overcome my fears

Things that will help me feel confident about feeding my baby, newborn care and taking my baby home

Please discuss with your doctor and bring a copy with you to Labor and Delivery.
What to bring to the hospital

Having things you’ll need at the hospital packed and ready to go about two weeks before your due date is important. You probably won’t want to stop to get things packed once you are in labor. Being ready, will be one less thing for you to worry about.

### For Mom
- Eyeglasses and contacts (if needed)
- Birth Plan
- Loose, comfortable clothing
- Books, magazines or playing cards
- Bathrobe
- Pillow
- Night gown
- Sports bra
- Nursing Bra
- Breast pads
- Socks and slippers
- Music
- Hair ties
- Massage lotion
- Toiletries
- Hairbrush
- Lip moisturizer
- Insurance card

### For Partner
- Cell phone and charger
- Directions or map to hospital
- Camera
- Snacks
- Mints or gum
- Basic toiletries
- Change of clothes
- Laptop

### For Baby
- Car seat
- Onesies
- Going home outfit
- Socks and hats
- Blankets

Pacifiers are not recommended for breastfeeding babies. If you choose to use a pacifier, please bring one with you.
Comfort Measures for Labor and Delivery

We offer wide range options, from completely natural birthing techniques to epidural anesthesia to help women manage their pain. Our physicians and nurses are here to support your choices and help you experience birth in your own unique way.

The Birthing Center offers comfortable, private rooms to labor, deliver and then care for your baby.

Experienced nurses care for you throughout your stay.

It is helpful to be open to different methods to help manage your pain. Many women find their needs change as their labor progresses.

Options during Labor include

- Walking about and changing positions
- Birthing balls
- Relaxation and breathing support
- Epidural anesthesia
- Warm and cold therapy
- Birthing stools
- Medications to help you relax
- Music

Labor and giving birth in water

Warm water from a shower or tub can help you relax and can reduce your pain and pressure during labor. In addition, water’s buoyancy in a tub can help you more easily adjust your position to stay as comfortable as possible during labor. Water birth has been a safe and non-traditional method of delivery that is supported by local obstetricians and pediatricians.

Women have had water births at MCH since 1992. MCH was the first hospital in New England and the fourth in the United States to offer women this option. The hospital is known nationally and internationally for the use of water as a comfort measure for labor and birth.

If you are interested in water labor and/or water birth, we encourage you, prior to your delivery date to talk to your doctor about the benefits and risks of both of these options.
Breathing Patterns for Labor

All breathing patterns are flexible and are meant to be changed to suit your comfort. Do what feels right to you. Some women choose to not do any breathing patterns and just breathe how they feel like breathing and let their bodies guide them.

Why do I need to learn breathing patterns?

- They provide a distraction from labor
- They provide a point of focus
- They help you relax into each breath
- They help provide you a measure of control
- They help to ensure adequate oxygen for the baby and mother
- These are only done during contractions

Cleansing Breath
This is a nice, easy deep breath inhaled through the nose and exhaled out slowly through the mouth. This should be done at the beginning and end of each contraction. It helps to define the contraction from start to finish. It can help to release tension from the previous contraction.

Slow Chest Breathing
This is very similar to the cleansing breath, just not as deep. This can be done early in labor when a woman finds the need to focus and begin to concentrate on labor. Slowly inhale deeply through nose. Exhale slowly through mouth. Exhale slightly longer than inhale. Inhaling through the nose helps to keep the mouth form getting too dried out and also helps to slow the breathing.

Shallow Breathing
This is a light, quiet breathing at a slightly faster pace and not as deep as the previous pattern. This should be done as labor gets more serious and slow chest breathing doesn’t feel comfortable anymore.

Transition Breathing
This is for the last phase of labor when contractions are very intense. It is all mouth breathing. Short, shallow inhale and then exhale. Say HEE as you exhale. Do this 3 times and then on the 4th exhale say HOO. 3:1 HEE, HEE, HEE, HOO. This feels very silly, but many women find this helpful. Remember to always inhale before exhaling.

The most important thing to remember is to breathe and not hold your breath.
Possible Effects of Pain Medication and Anesthesia

Pain medications and anesthesia in labor have been shown to have effects on labor progress, the infant, and breastfeeding

Pain medications and anesthesia in labor are associated with

- Longer labors, more interventions, higher rate of cesareans and vacuum-assisted deliveries.
- Respiratory difficulties for some babies.
- Some babies may be less alert to breastfeed and have an uncoordinated or weak suck, thus may have greater weight loss and more jaundice.
- There may be a delay in milk production and lower volumes of milk.

Research shows that staying out of bed and remaining active helps you have a quicker, easier birth

- Walking and staying active during labor helps mothers feel more relaxed and in control and helps stimulate contractions.
- Being upright and out of bed causes gravity to help bring your baby down.
- Sitting on the birthing ball or stool, rather than the bed, takes pressure off your tailbone and lets your pelvis open wider for the baby.

There are many ways to help you through labor without pain medications and epidurals. In fact, these methods will optimize labor progress, infant health, and breastfeeding success

- Have a helper who is experienced with childbirth. This may be a friend, family member, or a doula.
- Using the shower or tub is relaxing, helps labor progress, and helps relieve pain.
- Take a childbirth class where you can learn about labor, breathing, and relaxation techniques. Increased knowledge decreases fear.
- Stay at home in early labor as long as possible, and call your provider before you come to the hospital.
- Attitude is important: look at your labor not as something that happens to you, rather it is the work you do to deliver your baby!
- Playing music and having a calm, dim environment may help with relaxation.
- Relaxing and accepting what is happening to your body during labor will help your labor to go faster.
- What you think about during labor can really help you through it: each contraction brings you closer to your baby; labor is a normal, healthy process; your body is well-designed for this amazing process; you are bringing a new person into the world!
Possible Effects of Pain Medication and Anesthesia

Pain medications and anesthesia in labor have been shown to have effects on labor progress, the infant, and breastfeeding. These effects include:

1. Prolonged labor.
2. Decreased blood pressure, giving your baby less blood flow; this lowers his oxygen levels, and could lead to fetal distress.
3. Difficulty urinating
4. Decreased infant alertness, ability, and readiness to feed.
5. Difficulty with baby’s breathing.
6. Disorganized infant suck.
7. Depressed infant reflexes including sucking.
8. Delayed milk onset.
9. Decreased milk volumes.
10. Shortened duration of breastfeeding.
11. Increased infant weight loss.
13. More likely to need forceps or vacuum extraction.
14. More likely to need Pitocin augmentation of labor.
15. Greater incidence of fever in labor, which may lead to antibiotics
16. Greater incidence of your baby being born with a fever, getting blood tests, IVs and antibiotics.

Research shows that non-interventive birthing practices accomplish

17. Faster, easier births
18. Healthier, more active and alert mothers and newborns
19. Easier breastfeeding for mother and baby

There are many things that help in labor besides pain medications and epidurals. These methods help your labor go faster and give the baby the best start in life: stay active, use breathing and relaxation, & have helpers! These help labor progress, infant health, & breastfeeding success.

- Attitude is important: see labor not as something that happens to you, rather it is the work you do to deliver your baby!
- What you think about during labor can really help you through it: each contraction brings you closer to your baby; labor is a normal, healthy process; your body is well designed for this wonderful process; you are bringing a new person into the world!
- Stay out of bed and upright, walking, standing and showering. Use gravity to help bring your baby down!
- Telemetry monitoring: this type of monitoring allows you more mobility.
- Off the monitor: brief checks of your baby’s heartbeat allow you freedom to move! Walking keeps you upright plus stimulates your contractions. It also keeps you off your tailbone, which opens more space for your baby to come out.
- Use a birthing ball to sit on or lean over. This helps relieve back pressure, helps you stay upright, allows your helpers to massage your back, and helps your pelvis open for the baby.
- Use the rocking chair and change your position often.
- Use the shower. Use of water in labor reduces pain. If you have back discomfort, point the shower spray over your back. If you want to sit while in the shower, you may use the ball or shower chair. Use the birthing tub. The motion and warmth of the water lessens pain. Warm water also helps you tissues stretch so there’s less tearing. It makes a comfortable transition for the baby and can speed labor.
- Have a doula. A doula is a person trained and experienced in helping women through labor; she’ll give you support and guidance. Your nurse can call one for you. Having a doula has been shown to shorten labor, decrease complications, and increase breastfeeding success.
- Take a childbirth class with your partner so you can learn and practice breathing, relaxation, and other techniques to help in labor. Have a coach to help and encourage you. Practice these things before labor.

REFERENCES

2. JAOA 106(12)Dec 2006
3. AmJObstetGyn2002(186)
4. J Hum Lact 15(3)1999
5. JPerinatal 2003;5
7. Birth 2001
10. Anesthes 2005;103(6)
12. AmJObstetGyn 2002;186:S31-68
13. JAMA1998;280:2105-10
16. ACOG 2002 (100)1
18. Cochrane 2004(2):CD000111
Suggestions on how to support your partner in labor and birth

You are there to support your laboring partner. It may be that she needs different things at different times throughout her labor. Below are some ideas of ways to encourage, comfort, relax, reassure, and pass time with her while she moves through her labor and birth.

Try different techniques every hour or so, as she progresses into stronger labor. What works at one stage might not work so well at another.

Be flexible and try hard to not take it personally when suddenly what you are doing isn’t meeting her needs anymore; simply try something else.

Ask her for feedback.

Stay with her and enjoy the journey. It is truly a memorable experience. The following are suggestions to help encourage her through each stage of labor.

Early labor: Encourage your partner to

- linger in a shower or bath
- take a walk
- watch a movie
- nap
- rock in a rocking chair
- eat light frequent meals/snacks
- play games/cards together

You can:
- make pet or childcare arrangements for later on
- refill her drink glass and encourage sips
Suggestions on how to support your partner in labor and birth

Active labor: encourage your partner to

- listen to relaxing music
- sit on a birthing ball and rock
- change positions often

You can:

- let her know how much you love her
- let her know how beautiful she looks
- let her know how strong she is
- massage in places that feel tight or painful
- slow dance with her
- remind her to breathe in and out
- count out loud for her through the contraction
- hold cool wet cloths to her forehead

Pushing stage

- stay close and stay engaged
- hold her hand, shoulder, neck, as needed
- smile & make eye contact
- encourage change of position hourly
- remind her to try to urinate hourly
- hold a mirror for her to watch the progression
- feed her ice chips
- give verbal encouragement in a quiet confident voice
- support her decision concerning pain medications
- Remember to breathe and take care of yourself too!

This will be worth it!!!!
Visitor Information

- All visitors must sign in at Main Desk before entering the Birthing Center.
- Fathers, partners, siblings and grandparents are welcome to visit anytime.
- Recommended visiting hours are 4:00-8:00 PM.
- Please limit visitors to no more than four (4) at a time.
- Hospital staff is not allowed to share any health information with family or friends without the mother’s permission.
- For privacy and safety of all, please do not gather in the hallways.
- When a mother has a long labor, visitors are advised that sleeping overnight in the family lounge is not recommended. The lounge is for all visitors and not solely for one family to occupy the space.

Golden Hour
The first hour after a baby is born is a very special time for parents and a baby to bond and get to know each other. This is called the “magical or golden hour.” New baby and parents need this time alone. Others visiting during this time is not recommended. Please be respectful of this new family’s need for this private and important time. Please wait in the lounge until you are invited in by the new parents or the staff.

Nap Time (2-4 PM)
New babies tend to stay awake a lot at night. During this time, we encourage mothers to rest and spend quiet time with their new babies. This helps babies and mothers to adjust their sleeping patterns to cope with night time feeding and awakenings.

Siblings
Siblings may be present at the birth. Siblings under the age of 12 will need to have a responsible adult (other than the mother’s support person) with them who will provide supervision, explanations, and be with them at all times. In an effort to help mothers get the rest they need to care for and feed their baby at night, it is suggested that siblings not stay overnight at the hospital.
Infant Security

Keep your baby safe!!!

We encourage you to “room in” with your baby, keeping him or her with you at all times.

Feel free to inquire about routine nursery procedures, visitation hours and security measures.

Never leave your baby unsupervised. If you plan to take a shower or leave your room, please call the nurse and let her know your plans. When using the bathroom, wheel the bassinette over to the bathroom door and leave the door open enough that your baby is in full view at all times.

Become familiar with the staff that cares for you and your baby. The only staff that are allowed to take your baby from your room are Birthing Center employees with hospital identification badges.

Ask questions when your baby is taken from your room.

We can provide you with details of all procedures, including the location of your baby, who authorized it, and how long your baby will be gone.

You are always welcome to accompany your baby.

Outdoor decorations such as balloons and wooden storks may no longer be recommended.

Continue to safeguard your baby after you leave the hospital. Take at least one color photo of your baby.
Infant Car Seats

Car seat safety is an important part of preparing for your baby’s arrival.

We strongly encourage you to

• Purchase the car seat for your baby before your delivery date
• Test the car seat in your family car
• Read all the instructions that come with your car seat

After your delivery, the Birthing Center nursing staff may review points on how a car seat should fit your baby:

• The correct height of the shoulder straps
• The correct level of the chest clip
• The tightness of the fit of your newborn in the car seat

It is important for you to be familiar with how the car seat fits in your car, whether a tether is used, and how the car seat and your car’s seat belts fit together.

If you have any questions, or would like your car seat checked for proper installation, please contact your local police department. They can advise you where there are staff who have attended the NH State Injury Prevention Program on Car Seat Safety.

Below are some online references for car seat safety.

http://buckleupnh.org

National Highway Safety site
http://www.nhtsa.gov/

AAP site for car seat safety
http://www.healthychildren.org/
NH Child Passenger Safety Law

New Hampshire law RSA 265:107-a requires all individuals under the age of 18 to be restrained while traveling in a motor vehicle.

A child must use an approved child safety restraint until the child is 6 years of age or 55 inches tall (whichever is reached first).

Steps for Babies

Step 1 – Rear-Facing

For the most protection, keep infants in the back seat in rear-facing child safety seats as long as possible. Always read the child seat instruction manual.

Infant only seat
This is often an infant carrier with a base. Most can be used without the base. These seats are convenient to carry the infant around into and out of the vehicle. Many can be used to snap into strollers. Weight and height limits vary ranging from any birth weight up to 35 lbs.

Convertible seat
This type of seat can be used rear-facing and then can “convert” to a forward-facing seat. Weight limit for using convertible seat in a rear-facing mode can be up to 45 lb. rear-facing for a child until a child is at least one year old and is a minimum of 20 pounds.

The American Academy of Pediatrics recommends babies be kept in rear-facing seats until they reach the maximum weight and height allowed by the manufacturer of the car seat. This could be until the child reaches 35 to 40 lbs.

Step 2 – Forward-Facing

A convertible seat or a forward only facing seat can provide protection for a child who has outgrown the rear-facing seat. Forward-facing seats can be a convertible seat or a combination seat. Combination meaning it can also be used as booster.

Use a forward-facing seat once the child reaches the maximum height or weight limit for rear-facing. Academy of Pediatrics suggests forward facing only for children 2 years olds and older. Use forward-facing for a child who is at least 1 year old weighing over 20 lbs.

Many forward-facing seats have harness systems which have a weight limit up to 65 and over. A harness system provides protection for the child by keeping the child secured.
Infant Feeding Philosophy

Monadnock Community Hospital is committed to improving the health and well being of our community. We believe breastfeeding plays an essential role in that goal by providing the best form of infant nutrition. Our philosophy promotes the normal process of breastfeeding. We want to support all families and supply them with the information needed to make healthy decisions for a lifetime.

To accomplish this goal we:

Provide breastfeeding information to all pregnant women

Ensure infants are ‘skin to skin’ until their first feeding, which should occur within the first hour of birth and then skin to skin as much as possible in the first few days of life

Encourage infants to remain in their parent’s room unless separation is necessary for medical procedures of either the mother or infant. This encourages bonding, security and the best start to life

Teach mothers to feed their infants according to behavioral feeding cues

Encourage mothers of healthy, full-term newborns to care for and feed their own babies

Provide education to any breastfeeding mother that requests pacifiers or bottles

Offer all breastfeeding mothers education for hand expression of breast milk and teach mothers to hand express or pump milk if their baby is not effectively feeding at the breast

Provide only breast milk as nutrition to all breastfeeding babies unless other nutrition is medically indicated

Offer all breastfeeding mothers assistance by Registered Nurse Lactation Advisors, Certified Lactation Counselors or Internationally Board Certified Lactation Consultants

Uphold the World Health Organization (WHO) International Code of Marketing of Breast-Milk Substitutes by offering education promoting breastfeeding. We do not accept or distribute products or services subsidized by the infant nutrition companies. We do not promote the use of breastmilk substitutes, artificial nipples or infant feeding bottles.

Protect mothers from the promotion of breastmilk substitutes and other efforts that undermine an informed feeding choice

Educate our healthcare team on this philosophy and all aspects of supporting optimal infant nutrition to achieve the highest level of health and well being
Infant Feeding decisions and the risks of Formula Feeding

Deciding how and what to feed your new baby is a big decision. It is important that you have all the information that you need to make the best decision for your baby. Infant feeding experts agree that breastfeeding is the healthiest way to feed your baby. Please read the information below to help you make the best decision possible for you and your baby.

Infants who receive formula feedings are also at a higher risk for these illnesses:

**Acute otitis Media**  
(ear infections) 100 percent higher among exclusively formula-fed infants.

**Asthma**  
A condition of the lungs that causes problems with breathing

**Diabetes – type 1 and 2**  
A problem in controlling the body’s sugar levels

**Eczema**  
An itchy condition of the skin

**Lower Respiratory Tract (lung) Infections and Leukemia**  
Risk of hospitalization for lower respiratory tract disease in the first year of life is more than 250 percent higher among babies who are formula fed

**Obesity**  
Being overweight

**Sudden Infant Death Syndrome (SIDS)**  
Infants who are never breastfed have a 56 percent greater risk

In addition, exclusive breastfeeding and longer duration of breastfeeding are associated with a decreased risk of breast and ovarian cancer in mothers who breastfeed.

If you choose to formula feed your baby or are unable to breastfeed, written information is available from the Birthing Center or your baby care provider to make feeding your baby as safe as possible.

**References**


Centers for Disease Control and Prevention (CDC)
Benefits of Breastfeeding

A gift for a Lifetime

Breastfeeding benefits babies
Breastfeeding gives your baby all the nutrition, growth factors, and disease protection needed for normal growth as well as lifelong disease protection.

Formula provides no disease protection. Formula comes from non-human sources such as dairy or soy and this can lead to allergies and diabetes.

Breastfeeding protects against obesity.

Breastfeeding is comforting.

Babies who are breastfed have higher intelligences scores.

Breastfeeding benefits mothers
Women who breastfeed have less breast and ovarian cancer, diabetes, osteoporosis, rheumatoid arthritis, and depression.

Women who breastfeed return to pre-pregnant weight more quickly.

Breastfeeding saves time and money
Formula costs more than $1700.00 for a year, plus supplies. Formula takes time to buy, mix, and prepare for feeding. Formula is harder for your baby to digest.

Breastfeeding is free!
Benefits of Breastfeeding

Breastfeeding promotes your baby’s growth and development. Breastfeeding protects your baby against disease

- Breastfeeding gives your baby the comfort of being close to you as well as the comfort of sucking.
- Breastfeeding can help you and your baby feel more relaxed.
- Breastfeeding decreases stress hormones in you and your baby.
- Breastfeeding has pain-relieving properties for your baby. (Pediatrics 2002;109;590-593)
- Breast milk contains everything your baby needs to grow and develop the healthiest body possible. Your breast milk changes as the baby grows to give baby the nutrition he needs! Since the nutrients come from a human source, it perfectly matches the baby’s digestive system and is digested rapidly and easily.
- Formulas come from a cow or soybean source, which are harder for your baby to digest. These foreign proteins may lead to allergies, diabetes, ear infections, and intestinal bleeding.
- Your breast milk has many proteins that fight bacteria and viruses, and may reduce ear infections, respiratory infections, gastrointestinal diseases, colds and flu, while formula has no disease fighting or protective components.
- Breastfed infants receive protection that lasts a lifetime: lower incidence of sudden infant death syndrome (SIDS) and serious diseases such as cancer, diabetes, and heart disease.
- Formula fed infants have a greater incidence of ear infections, diarrhea, respiratory illness, gastrointestinal illness, cancer, heart disease, obesity, and SIDS.
- Breast milk contains enzymes and hormones that help baby’s digestion, and promote healthy growth.
- The milk of mothers whose infants were born prematurely has more protein and other nutrients specially needed to meet the growth needs of the premature baby.
- Breast milk contains important fats that help your baby’s brain grow. Breastfed babies have higher intelligence scores. These important fats also make your baby have better vision and digestion the rest of his life.
- Breastfeeding saves you time and money
  - Formula costs over $1700 a year, not including supplies. Plus it takes time to buy and mix formula, and wash and prepare bottles.
  - Breast milk is always fresh, free, and ready to feed!
  - Since breastfed babies get sick less, it means less money spent on doctor visits, medicines, and hospitalizations. Less time lost from work to stay home with a sick baby.
- Breastfeeding benefits your health
  - Women who breastfeed have decreased rates of breast and ovarian cancer, diabetes, osteoporosis, rheumatoid arthritis, and depression.
  - Breastfeeding will help you lose more weight and reduces postpartum bleeding.
Only Breast milk for the first 6 months

Unless your baby’s doctor tells you otherwise

Breast milk is all your baby needs for the first six months of life
Babies need no other food or fluid, including water.
Introducing other food or fluids can cause problems for
breastfeeding and your baby’s health.

The early months of your baby’s life are essential to her or his long-term development
Breastfeeding gives your baby the body-building components that are particularly suited to his or her health and development.
Milk from animal and plant sources do not contain the bodybuilding components particularly suited to the human body.

The first milk is colostrum
Colostrum is concentrated milk that your breasts produce beginning in the middle months of your pregnancy. Colostrum gives your baby protection against disease that no formula can provide. The amount of colostrum is small during the first few days so the baby’s stomach will not be overfilled. This is important while the baby is learning to coordinate sucking, swallowing, and breathing. The baby’s stomach is very small at birth, about the size of a marble, and your milk is produced in that amount! On the 2nd day, the baby’s stomach is about the size of a thimble, then the next day a walnut. By the time your baby’s stomach has expanded, the milk has changed so that it has more water and volume. This occurs about the third day after your baby is born.

Babies are born with extra body fluid
This extra fluid is used over the first few days while their stomach is too small to accommodate much fluid.
The weight loss babies normally have in the first few days is simply loss of this “water weight.”
Exclusive Breastfeeding
Only Breast milk for the first 6 months

Breast milk is the only food your baby needs for the first 6 months of life. Breast milk has all the nutrition and fluid your baby needs for the first 6 months, even in hot weather. Breast milk is better for your baby than any other food or fluid. Giving other foods or fluids may decrease your baby’s desire for your breast milk.

Giving your baby only breast milk for the first 6 months is best for your baby’s health. Your baby’s body has iron stores that were obtained from your body during pregnancy. Your breast milk has a protein that enables your baby’s body to use these iron stores. If your baby is given other food or liquid that has iron, the special breast milk protein cannot work. The baby then may become anemic. Babies who have only breast milk for 6 months have fewer illnesses than babies who eat or drink other foods or fluids. Breastfed babies have fewer colds and other respiratory illnesses. They also have fewer intestinal diseases, fewer ear infections, and fewer allergies.

Babies are not ready to take other foods until 6 months of age. For the first 6 months, your baby’s intestine has small pores in it, like a net. If given other foods, nonhuman proteins can go through the pores into your baby’s body and cause allergies. Around 6 months, the pores in your baby’s intestine close up. Your baby can then eat other foods. Around 6 months, baby is able to sit up. A baby must be able to sit up to swallow food properly. Around 6 months, baby’s tongue can move in to accept food, unlike during breastfeeding when the tongue pushes out. By 6 months, the baby’s mouth cavity has deepened. Your baby can then eat spoonfuls of food. Before 6 months, a special protein in your breast milk helps your baby fight off disease. At 6 months, your baby’s body produces this protein.

Breast milk should still be baby’s main source of nutrition during your baby’s first year. Breast milk is better than any other food for nutrition and disease protection. You may, however, begin to introduce solids after 6 months so baby will learn to eat different foods. It’s important to keep breastfeeding beyond 6 months. Breastfeed prior to each meal of solids, as the “first course.” You also can keep your baby breastfeed by gradually increasing meals, such as: one meal of solids a day at 6 months, then 2 solid feedings a day at 7 months, 3 meals a day at 8 months, then 3 meals plus snacks at 9 months. Breastfeed before each meal and before and after sleep periods. Important fats found only in breast milk help build the brain, eyes, and digestive system.
EARLY SKIN TO SKIN CONTACT

What is “Skin to Skin”?
Skin to skin means your newborn baby is placed naked, except for a diaper, onto your chest, against your skin, and under a blanket or your clothing. This is suggested immediately after birth and as often as possible while your baby is young.

Why do we recommend “Skin to Skin”?
• Comforts your baby and decreases crying.
• Stabilizes your baby’s temperature and vital signs.
• Helps to regulate your baby’s oxygen and blood sugar levels.
• Stimulates your milk production.
• Causes your uterus to contract and bleed less.
• Promotes feelings of closeness and protectiveness between you and your baby.
• Provides the best opportunity to get breastfeeding off to a good start.

How does “Skin to Skin” help breastfeeding?
• Baby can smell colostrum at birth. Amniotic fluid has a smell similar to colostrum, so baby is drawn to the breast by the familiar smell.
• Left undisturbed between your breasts, your baby may nuzzle down to the breast by himself and latch on unassisted.
• Baby has more opportunity to feed and gains weight better.
• Baby is more eager to feed.
• Baby breastfeeds better and longer overall.
EARLY SKIN TO SKIN CONTACT

“I’m home!”
Those are words you’ll hear several years from now, but that is also the expression that best states your baby’s desire right after birth: to be next to you! You were his “home” for the past nine or so months; the place of warmth, feeding and comfort. The best way to bring baby back into this place of comfort and warmth with you is called “skin to skin.”

What is “skin to skin”?
Simply put, the baby is placed bare-skinned onto your skin, on your chest. Any assessments or procedures that are done routinely for your baby can either be delayed for this important time together, or performed while the baby is on your chest.

What will result from having “skin to skin” time?

Happier Baby
Babies are comforted by being placed skin to skin with their mother right after birth. They are calmer and cry less. Being skin to skin is also pain-relieving to the baby, such as during an injection or heel-stick procedure.

Healthier Baby
When babies are placed skin to skin, they warm up better and learn to stay warm faster. Skin to skin helps baby’s respirations, heart rate, and blood sugar stay normal and their oxygen levels are highest when skin to skin. So you see, you are the best “recovery room” for your new baby!

Happier Mother
Being skin to skin helps lower your stress, and makes you feel closer to your baby. This is a great time for both of you to get to know one another. The bonding that takes place during skin to skin time lasts long after birth.

Healthier Mother
The movement of your baby’s body on your body stimulates hormones that cause your uterus to contract and therefore bleed less.

Better Breastfeeding
When babies are placed undisturbed on their mother’s chest, between the breasts, they often will crawl towards the mother’s nipple and latch on unassisted. Babies are able to smell the colostrum in their mother’s breasts. Since amniotic fluid is similar in smell to colostrum, babies are therefore naturally drawn to the breast. In addition, babies’ hand movements at the breast, as well as their sucking, cause the mother’s body to release milk-making hormones. Infants who have been placed skin to skin gain weight better and breastfeed better and longer. Babies need to be close to the breast to learn to breastfeed. This first skin to skin time is the best opportunity to begin breastfeeding.

The Benefits Continue
Even after your first skin to skin time, continue to place your baby skin to skin over the next several days. If baby is fussy, this will help calm him. If baby is too sleepy to nurse, this will stimulate and arouse him to breastfeed. Skin to skin time continues to help make baby warm and comforted. And it continues to help make breastfeeding successful and enjoyable.
FEEDING ON CUE

Feeding on cue simply means feeding your baby whenever he/she shows feeding cues. Feeding cues are signs of hunger.

Feeding cues are: mouthing movements, tongue protruding, rooting, hand to mouth movements, hand-sucking.

Crying is a late hunger sign.
Feed your baby whenever your baby wants, for as long as your baby wants.

What are the advantages of “Feeding on Cue”?

Since sucking and emptying the breasts determines milk supply; feeding the baby as often and as long as the baby wants means you will make as much milk as the baby needs.

Frequent feeding in the first few weeks after birth builds up milk-making tissue in your breasts, assuring a good milk supply for months to come.

Most new babies will feed 10 – 12 times over 24 hours.

Baby latches and feeds better when you catch his early feeding cues such as tongue movements and rooting. If you wait until he is crying, it may take more time to calm him before feeding.

You bring comfort and pain relief to your baby when you feed on cue. Nursing is for comfort as well as nutrition. Babies cannot be held “too much”.

Newborns are used to constant closeness and feeding. Frequent feedings helps them feel safe and cared for.

Babies gain weight better.

Babies have less jaundice.

Mothers have less engorgement.

The overall duration of breastfeeding is longer.

This is important for both breast and formula fed babies.
FEEDING CUES

How do you know when your baby needs to nurse?
Feeding Cues: mouthing movements, tongue protruding, rooting, hand to mouth movements, hand sucking. These signs mean it is time to put your baby to breast. Crying is a late hunger sign. Try to feed baby before he/she gets too fussy. Calm baby down to get baby to latch better.

How often and for how long should your baby nurse?
Let your baby nurse whenever he wants. That way, you will supply all he needs. Milk production functions in a cycle that starts with the baby: sucking and emptying the breasts calls in the order for milk. Your body responds to the baby by producing enough milk to satisfy the baby’s needs. Frequent feeding causes your body to produce more milk.

It is helpful to think about life from the baby’s perspective. When you were pregnant, your baby was fed and carried all the time. He heard your voice and heartbeat. He felt your motion and your warmth. After he is born, he is not ready to go several hours without feeding, or be content to be by himself. Nursing is comforting to your baby; more than just obtaining food! Babies feed frequently because they are growing a lot, their food is rapidly digested, and they need the closeness for comfort.

During the first two weeks after delivery, your breasts are developing milk-making tissue. Frequent feedings make your body produce the hormones that increase this milk-making tissue. Developing a lot of milk-making tissue during this time will assure a good milk supply for many months to come.

After the first two weeks, regulation of milk supply is solely based on supply and demand. Your body will make as much as your baby needs, so continue to feed according to baby’s cues. Babies go through growth spurts when they will feed very frequently for a day or two, then your supply increases to meet his demand. These may occur at two weeks, six weeks, 3 months and 6 months. The more you nurse your baby, the more milk you make!

Let your baby nurse as long as he wants, and finish the first side first.
At the beginning of the feeding, the baby gets the watery protein portion of the milk, called foremilk. Toward the end of the feeding, the baby gets the fat part of the milk, called hindmilk. This fat helps the baby feel full, gain weight, and sleep better. By letting the baby finish the feeding, you know that she got the fat-rich hindmilk. Baby is finished when she pops off the breast or falls asleep. Burp baby, then offer the second side.

Baby may not take the second breast as long. Start on this breast at the next feeding. The first side should be dinner and the second side dessert— and always offer dessert!!

There’s nothing like Mom: Avoiding pacifiers and bottles will help you have a better milk supply.
Breastfeeding
Latch and Positioning

Place your baby’s bare body on your chest after birth. This helps your baby become familiar with life outside the womb and start breastfeeding. The amniotic fluid covering your baby at birth smells like colostrum. Your baby is able to smell your colostrum when he is held close to you. After spending some time skin to skin with you after birth, your baby may ‘crawl’ his/her way to your breast and latch on by him/herself.

The first three days after birth
Babies are alert for the first few hours after birth. This is the best time to start breastfeeding. After this wakeful period, babies typically sleep for much of their first day. During the next two days, babies tend to wake up and spend a lot of time at the breast, getting nourishment and building your milk supply. Babies can get over stimulated from all the sights, sounds, and activities of their new world. This time of being close and feeding frequently facilitates bonding and releases hormones that make milk in your body.

You can help your baby learn to latch onto your breast.
Hold your baby close, with baby’s tummy facing your tummy. Bring baby up to the level of your breast by putting a pillow under the baby. Have one hand support baby’s neck and have the other hand support the breast well behind the areola. Have baby’s chin pressed into your breast with your nipple just opposite baby’s nose. Tickle the baby’s upper lip with your nipple to make his/her mouth open wide, Then bring baby to your breast quickly. Baby’s mouth should be wide open to latch the areola, not just the nipple. This will enable baby to get more milk, and reduce the likelihood of developing nipple soreness. If you feel discomfort during nursing, baby may not have enough breast in his/her mouth. Insert your finger between his/her jaws to break suction, press down on nipple to remove baby from breast; then relatch.

Learn different positions and have the nurses help you with breastfeeding. You can nurse with the baby across your chest, under your arm, or lying down. Lying down is a great position for breastfeeding. Baby can feed while you rest!
Latch and Positioning

Learn about breastfeeding and find support
Consider taking a childbirth class. Prepare a list of people you can call or talk to that have breastfeeding experience. This can be family, friends, the La Leche League, or your clinic. The hospital will provide a list of contacts, including lactation consultants that you can call.

Ask for help from the hospital staff
The nurses are specially trained to assist you and your baby in learning to breastfeed. You and your baby learn to breastfeed together!

The first few days

Day of birth
Place your baby on your chest right after birth, with his skin next to yours. Baby may crawl to your breast and attach with very little assistance! After the first few hours, the baby may be sleepy. Take this time to sleep yourself!

Day one: Baby will be more alert and want to nurse often. This time of frequent feeding gives you lots of practice with nursing. Frequent feeding also stimulates your body to produce hormones, which trigger milk production.

Day two: Baby may want to be at the breast very frequently. Simply feed as often as he wants.

Day three: may notice your breasts getting fuller and the milk changing to be more fluid in nature. Let your baby end the feeding by falling asleep or detaching himself. Let baby finish the first breast first, then offer the second breast.

Breastfeeding positions
Crosscradle: Hold baby tummy to tummy. Hold your forearm along baby’s back, with your hand supporting baby’s neck and shoulders. Your other hand supports the breast like a U.

Football: Baby’s body is under your arm and your hand supports his neck and shoulders. Baby’s head is under the breast, looking up at you. Your other hand supports the breast like a C.

Sidelying: You can rest while your baby feeds! Lay on your side, baby tummy to tummy with you. Use your upper arm to support your breast in a C hold. When baby’s mouth opens wide, press baby onto breast with your lower hand between baby’s shoulder blades. Another way is to hold your body up on one elbow. Place baby on her back, under your breast. Use your upper hand to support the breast in C hold. Tickle the baby’s lip to get a wide gape then lower your breast into baby’s mouth. Once baby is latched and sucking, pull out your lower arm and lay down. Turn baby in toward you.
Pacifiers and Breastfeeding Newborns

What about pacifiers?
Your baby prefers you. Avoiding pacifiers and bottles will help your baby breastfeed better.

All newborn experts recommend that pacifiers should not be given to healthy, full term breastfeeding newborns in the hospital. * Exceptions to this include use during painful procedures and for pre-term infants.

Recent research has shown that pacifiers can have a negative impact on breastfeeding.

Your baby may suck on a pacifier instead of effectively suckling for breast milk, which can cause your baby to receive less breast milk which can result in:

- Increased Bilirubin levels which leads to jaundice
- Weight loss
- Less bonding with parents
- Decreased feeding frequency
- Your baby will use more calories sucking on a pacifier, which may make him/her sleepier when it is time to eat

Breast milk comes in sooner with frequent feeding and takes longer when baby is sucking on a pacifier.

Pacifiers may contribute to ineffective sucking, nipple confusion or change the way a baby sucks.

When sucking on a pacifier, baby’s mouth is not wide open. When breastfeeding, the mouth needs to be wide open. Sucking on a pacifier teaches the baby to suck with his/her mouth partially open, therefore increasing the incidence of sore nipples.

Babies who use pacifiers wean earlier than babies who do not use pacifiers, which puts them at increased risk for ear infections and thrush.

We feel that it is important to educate families so that they can make the best decisions possible. If you still feel like you would like to use a pacifier for your baby, you are welcome to bring one to the hospital with you. If your baby needs to suck a lot after breastfeeding is established, it is okay to start using a pacifier after a couple of weeks.

The World Health Organization and UNICEF Baby Friendly Hospital Initiative

MCH aspires to be a Baby Friendly Hospital and supports the following recommendations from the World Health Organization and UNICEF.

Breastfeeding: The Baby Friendly Way 10 Steps

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

2. Train all health care staff in skills necessary to implement this policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within a half-hour of birth.

5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breast milk unless medically indicated.

7. Practice rooming in—allow mothers and infants to remain together—24 hours a day.

8. Encourage breastfeeding on-demand.

9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
World Health Organization (WHO) International Code of Marketing of Breast-Milk Substitutes

What is the WHO Code?

THE WORLD HEALTH ORGANIZATION (WHO) and the United Nations Children’s Fund (UNICEF) have for many years emphasized the importance of maintaining the practice of breast-feeding—and of reviving the practice where it is in decline—as a way to improve the health and nutrition of infants and young children.

The Code says health care organizations will not

Advertise breast-milk substitutes (formula) to the public

Give free samples to mothers

Give free gifts or personal samples to health care workers

Promote breast-milk substitutes (formula) products

Accept free breast-milk substitutes (formula) products or marketing materials.
Your Baby, the Night Owl

Newborn babies do not know day from night. It may take your baby a while to learn to sleep at night. This is normal. Most babies are little night owls.

Often, babies want to feed very frequently during the night. Newborn babies have stomachs about the size of a marble and fill very quickly when feeding. When your baby was inside of you, she or he was constantly fed and never hungry. Feeling hungry is new to him or her. When your baby shows feeding cues (putting hands to mouth, searching for the breast, rooting behavior or sticking the tongue out) you should latch her on to breastfeed.

Newborns often sleep between 20 minutes and four hours at a time. Usually the first 24 hours of a newborns life is spent sleeping and recovering from the birth. The second and third night, they may cry more and want to feed constantly. This is normal. This frequent feeding helps your body to produce plenty of milk for your baby.

Research has shown that babies who are separated from their mothers experience increased levels of stress and cry more. Keeping your baby skin to skin as much as possible will help to keep your baby calm and quiet. You and your baby will actually sleep better if you stay together. Your baby’s wake/sleep cycle will adjust to a more normal day/night one over a period of weeks depending on the individual infant.

It is important to rest as much as possible during the day, so you will have the energy to deal with night time feedings.

Try to think about this quiet time at night as special alone time to just enjoy and appreciate your new baby. You may rather be sleeping, but your baby needs you now. Remember this is a very short and special period in your overall life.
Rooming In

What is “Rooming In”?

Rooming in means that your healthy baby stays with you in your room throughout your hospital stay. Monadnock Community Hospital does not have a traditional newborn nursery.

This information sheet is provided to give you an understanding of why we encourage the practice of mothers and their babies staying together 24 hours a day and discourage long separation periods.

Why do we recommend rooming in?

Your baby will sleep better and cry less because it is less stressful for the baby.
Your baby will be calmer.
Your baby will gain weight better.
Your baby will develop less jaundice.
Your baby will feed more often.
You are better prepared to take care of your baby.
You begin to recognize your baby’s feeding cues.
Your milk will come in sooner.
Research shows that women exclusively breastfeed longer and continue to breastfeed longer.

What about sleep?
Research shows that mothers have better quality of sleep and more sleep when rooming in.

We suggest that you try to:
Sleep when your baby sleeps.
Nap during the day
Limit distractions and visitors.
Learn to nurse in the side-lying position so you can rest while your baby feeds

If you choose to have the nurses’ care for your baby at night, your newborn will be at the nurses’ desk and will be returned to you if the Birthing Unit becomes busy.
Rooming In

Keeping your baby with you throughout your hospital stay, or “rooming in,” has many benefits for you and your baby:

**Better Sleep for baby**
Babies who room in with their mothers sleep deeper.

**Less crying for baby**
Newborns cry less when they are with their mothers. Levels of stress hormones of infants separated from their mothers are twice as high as those of infants who room in. Being with their mother is “home” for babies.

**Better Breastfeeding**
Milk comes in sooner for mothers who room in than mothers who don’t room in. Women who room in with their infants continue to nurse their babies longer. Babies who room in are fed more often. Women who room in with their newborns have higher rates of exclusive breastfeeding. Exclusive breastfeeding, meaning babies are not fed other foods or fluids besides breast milk, is recommended for babies’ first 6 months by the American Academy of Pediatrics and many other health organizations.

**Better weight for baby**
Babies who room in gain weight better.

**Less jaundice for baby**
Babies who room in have decreased jaundice.

**Better opportunity to get to know one another**
You have more opportunities to learn about your new baby! Parents learn to recognize feeding cues when their babies stay in the same room. This doesn’t happen when you are separated. You will be better prepared to care for your infant at home. You will have more frequent interactions with your baby while rooming in. You will have more opportunity to touch, look at, and get to know one another better. Women who room in are more attached to their babies.

**What about sleep for Mom?**
Studies show that mothers get the same amount and quality of sleep when their infants room-in as when their infants are out of the room. Breastfeed in the sidelying position: baby can feed while you rest! Take the opportunity to rest during the day as well as the night. Ask your nurse to help with limiting day time interruptions and phone calls. Get your naps in along with the baby: sleep when baby sleeps!

**If your baby needs to be separated from you, due to illness or prematurity**
Pump your breasts early and regularly to provide the best medicine for your baby: your milk! Be with your baby as much as possible, and as soon as your baby is able, begin breastfeeding!
Safe Sleep for Your Baby

We recommend a firm, flat and separate surface for your baby to sleep. Please discuss safe sleep with your baby’s care provider.

You should not sleep with your baby due to the risk of Sudden Infant Death Syndrome if:
- Anyone in the household smokes
- Your baby was born with a low birth weight or was premature
- Your baby has a fever

You should not sleep with your baby due to risk of suffocation if:
- You are using a couch or recliner
- Either parent is obese
- Either parent has used alcohol or any drug (legal or illegal) which could make parent drowsy – for example, Percocet after a Cesarean delivery or Benadryl for a cold
- Other children or pets sleep in bed with parents
- You have a waterbed, soft mattress or fluffy comforters or quilts

We understand that bringing your baby into bed with you at night often makes it easier to breastfeed. It is easy to fall asleep while breastfeeding, especially when lying down. If you take your baby into your bed, it is safest to put the baby back in a co-sleeper or bassinette to sleep after feeding.

If you choose to share your bed with your baby
- Make sure your mattress is firm and flat.
- Make sure that your baby cannot go under the covers or into the pillow.
- Make sure your baby cannot overheat from blankets or comforters.
- Do not leave your baby unattended in or on the bed because he/she can easily wiggle into dangerous positions.

Most mothers who are breastfeeding naturally sleep facing their baby. When lying on your side, curl into a position that protects the baby. This stops your baby from moving up or down in the bed (see picture). Your baby will usually lie on his side to breast feed. When not actually feeding, baby should be put on his back to sleep.

At night, while your baby is young, you may choose to wear your baby (kangaroo style) in a tube top, snug fitting shirt or camisole. Make sure your baby’s head is turned to the side.

We recommend you do not sleep with your baby if
- You or anyone in your household smokes
- You are taking any medications that would make you drowsy
- You are obese.
Support Services

Social Workers
Members of our Social Work team are highly trained, mastered degree prepared clinicians whose mission is to provide the highest quality of services to patients and their families.

- With a new baby in your family, we understand you may need additional resources or have questions.
- You may ask for a Social Worker to visit you during your stay or call you at home.
- From your hospital room – dial extension 1147.
- From home (603) – 924-4699 ext 1147

Nutrition Services:
The Bond Wellness Center offers a full range of nutrition services.

Individualized Nutrition Counseling
Through individualized nutrition counseling, Registered Dietitians trained in behavioral and clinical nutrition will work with you to guide you in achieving personalized wellness goals including:

- Weight Control
- High Cholesterol
- High Blood Pressure
- Eating Disorders
- Food Allergies
- Vegetarian eating
- Disease Prevention
- Sports Nutrition
- Childhood Nutrition
- Pregnancy and Breastfeeding

Physician referrals are recommended. For more information, or to schedule an appointment, call 924-4635.

Physical Therapy
Physical therapy is the assessment and treatment of musculoskeletal and neurological disorders with the primary goal of improving movement and function; expanding movement potential; and relieving pain.

Occupational Therapy
Occupational therapy includes the evaluation, treatment and client/caregiver consultation regarding life tasks that are meaningful to the individual. Environmental factors are assessed and modified as needed including adaptation of the home or living environment; training in the use of adaptive equipment; and the fabrication and skilled application of orthotic devices.
Online pregnancy and parenting resources

1. www.injoyvideos.com/mothersadvocate/index.htm
   This website offers free video clips and print materials that will educate and inform you how to have the birth you want for you and your baby.

2. www.healthychildren.org
   Healthychildren.org is a parenting resource from the American Academy of Pediatrics. Here you’ll find everything you ever wanted to know about caring for babies and children from the pediatric experts.

3. www.purplecrying.info
   The Period of PURPLE Crying is a new way to help parents understand this time in their baby’s life, which is a normal part of every infant’s development.

   Great online newsletter for parents from UNH

5. www.health4mom.org
   Health 4 Mom is an essential source from the leading women’s health and newborn organization with the best advice possible for a healthy life, pregnancy and family. Cutting edge women’s health and baby information that is safe and effective that you can act on right now from the experts you trust most.

6. www.text4baby.org
   A free educational program of the National Healthy Mothers, Healthy Babies Coalition. Text “BABY” to 511411 and get free messages each week on your cell phone to help you through your pregnancy and your baby’s first year.

7. www.marchofdimes.com
   Marchofdimes.com is the leading non-profit organization dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality and health education center for pregnancy and newborn parenting and care.
Online breastfeeding resources

1. www.mchbirthing.org
   Monadnock Community Hospital Birthing Center

   Stanford University website about breastfeeding

3. www.nhbreastfeedingtaskforce.org
   NHbreastfeedingtaskforce.org believes that for children of New Hampshire to be healthy and strong, they must have the best possible nutrition. Information about breastfeeding and postpartum depression.

4. www.llli.org
   La Leche League International provides breastfeeding information, support, answer pages, mother to mother forums, podcasts, breastfeeding and the law.

5. www.breastfeedingmadesimple.com
   Sometimes, breastfeeding can be more challenging than you imagined—and anything but simple. If this describes you, help is on the way

6. www.infantrisk.com
   Dr. Hale’s InfantRisk Center, a call center and website, to provide current, evidence-based information on the use of medications during pregnancy and breastfeeding.

7. www.womenshealth.gov
   The Federal government source for Women’s Health Information
Online resources for pregnancy and postpartum mood disorders

1. www.postpartum.net
3. www.postpartumdads.org
4. www.postpartumstress.com
5. www.postpartumprogress.com
6. www.jennyslight.org
7. www.ppdsupportpage.com
8. www.postpartumsupport.com
Local Resources for New Parents

Monadnock Community Hospital MOMs (Meet Other Mothers) Group
Every Tuesday, 10:00 AM-1200, (603)924-4699 ext. 4174

Monadnock Behavioral Health
603) 924-4690

The River Center
(603) 924-4800 Community Resources, Peterborough Parenting Classes and Support Groups

The Grapevine
(603) 588-2620 Family Resource Center, Play Groups, Classes

Southern NH Services, Fuel Assistance
(603) 924-2243 at River Center

MAPS Counseling
(603) 924-2240 at River Center, Peterborough

MATS (Monadnock Area Transitional Shelter)
(603) 924-5033, Peterborough

Healthy Kids Insurance Program
(603) 924-1717 Speak with Rebecca. Free or low-cost insurance with very flexible eligibility.

Home Health Care Prenatal Program
(603) 352-2253

Monadnock Family Services
(603) 924-7236 Circle of parents with support and educational programs, play groups and counseling.

WIC Food and Nutrition
1-800-942-4321

La Leche League www.lalecheleague.org
Breastfeeding support group. Contact Jen
(603) 933-3862 Monthly meetings, advice, support, peers.

Milford Young Mom’s Group
Thursdays 4:00pm to 5:30pm (603)518-4324
Contact: Sharon Snider-Muller, M.ED
Fact Sheet #73: Break Time for Nursing Mothers under the FLSA

This fact sheet provides general information on the break time requirement for nursing mothers in the Patient Protection and Affordable Care Act ("PPACA"), which took effect when the PPACA was signed into law on March 23, 2010 (P.L. 111-148). This law amended Section 7 of the Fair Labor Standards Act (FLSA).

General Requirements

Employers are required to provide “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.” Employers are also required to provide “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.”

The FLSA requirement of break time for nursing mothers to express breast milk does not preempt State laws that provide greater protections to employees (for example, providing compensated break time, providing break time for exempt employees, or providing break time beyond 1 year after the child’s birth).

Time and Location of Breaks

Employers are required to provide a reasonable amount break time to express milk as frequently as needed by the nursing mother. The frequency of breaks needed to express milk as well as the duration of each break will likely vary.

A bathroom, even if private, is not a permissible location under the Act. The location provided must be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother’s use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space for expressing milk or made available when needed by the nursing mother is sufficient provided that the space is shielded from view, and free from any intrusion from co-workers and the public.

Coverage and Compensation

Only employees who are not exempt from section 7, which includes the FLSA’s overtime pay requirements, are entitled to breaks to express milk. While employers are not required under the FLSA to provide breaks to nursing mothers who are exempt from the requirements of Section 7, they may be obligated to provide such breaks under State laws.

Employers with fewer than 50 employees are not subject to the FLSA break time requirement if compliance with the provision would impose an undue hardship. Whether compliance would be an undue hardship is determined by looking at the difficulty or expense of compliance for a specific employer in comparison to the size, financial resources, nature, and structure of the employer’s business. All employees who work for the covered employer, regardless of work site, are counted when determining whether this exemption may apply.

Employers are not required under the FLSA to compensate nursing mothers for breaks taken for the purpose of expressing milk. However, where employers already provide compensated breaks, an employee who uses that break time to express milk must be compensated in the same way that other employees are compensated for
break time. In addition, the FLSA’s general requirement that the employee must be completely relieved from
duty or else the time must be compensated as work time applies. See WHD Fact Sheet #22, Hours Worked
under the FLSA.

Where to Obtain Additional Information

For additional information, visit our Wage and Hour Division Website: http://www.wagehour.dol.gov
and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4USWAGE (1-866-487-9243).

This publication is for general information and is not to be considered in the same light as official statements of
position contained in the regulations.

U.S. Department of Labor
Frances Perkins Building
200 Constitution Avenue, NW
Washington, DC 20210

1-866-4-USWAGE
TTY: 1-866-487-9243

Contact Us
Window Shop

We are located behind the Main Switchboard at our front entrance

Store Hours
Monday– Thursday 10:00 to 7:00 PM  
Friday 10:00 to 4:00 PM  
Saturday 10:00 to 4:00 PM  
Sunday closed

Browse through our selection of gifts for the new baby, parents and siblings.

Breastfeeding supplies  
Baby sweaters  
Bibs and rattles  
Infant CPR Kits  
Stuffed animals  
Jewelry  
Magazines  
Games  
Cards notions  
Snacks  
And lots more!!!

Proceeds from items purchased at the Window Shop directly support the hospital and the services it provides.

The gift shop is staffed by all volunteers. Volunteers at MCH play an integral role in service to patients, visitors, and employees.

Call the Window Shop at (603) 924-4119
40 Reasons To Go the Full 40

Nobody likes to be rushed—especially babies!

Your baby needs a full 40 weeks of pregnancy to grow and develop. While being done with pregnancy may seem tempting, especially during those last few weeks, inducing labor is associated with increased risks including prematurity, cesarean surgery, hemorrhage and infection. Labor should only be induced for medical reasons—not for convenience or scheduling concerns. Baby will let you know when she's ready to emerge. Until then, here are 40 reasons to go at least the full 40 weeks of pregnancy:

Finish Healthy & Well
1. End right by starting right—keeping all of your prenatal appointments helps ensure a healthier ending
2. Savor the journey—soon you will meet your baby
3. Let nature take over—there are fewer complications and risks for both you and baby through natural birth
4. Recover faster from a natural birth than cesarean, which is major abdominal surgery that causes more pain, requires a longer hospital stay and a longer recovery
5. Birth a brainier baby—at 35 weeks your baby's brain is only 2/3rds the size it will be at term
6. Set her thermostat—baby will better regulate her temperature when born at term
7. Boost breastfeeding—term babies more effectively suck and swallow than babies born earlier
8. Delight in those kicks and flaps—marvel at the miracle of the life inside
9. Enjoy your convenient excuse for every mood swing and crazy craving
10. Nourish your body—diets don't work but breastfeeding will help you return to your pre-pregnancy size
11. Let others carry the groceries, mail, packages just a while longer
12. Indulge in “we” time before you’re a threesome or more
13. Sport your bump—as your belly increases, so do your chances of getting a great seat almost anywhere
14. Eat healthfully—indulge occasional cravings without remorse
15. Give baby’s development the benefit of time since you may not know exactly when you got pregnant
16. Let baby pick her birthday—if she decides to emerge after 37 weeks there’s no need to try to stop your spontaneous labor
17. Skip an induction—which could lead to cesarean—by waiting for labor to start on its own
18. Reduce your baby’s risks of jaundice, low blood sugar and infection by waiting until he’s ready to emerge
19. Build your baby’s muscles—they’ll be strong and firm, and ready to help him feed and flex at term
20. Maximize those little lungs—babies born just 2 or more weeks early can have twice the number of complications with breathing
21. Ignore people who say an induction is more convenient. Nothing is convenient about a longer labor and increasing your risk of cesarean
22. Respond to requests to speed baby’s birth with the facts that inductions often create more painful labors and can lead to cesarean surgery
23. Let others do the heavy lifting—and the extra housecleaning
24. Splurge on pedicures—or ask a friend to do them for you, especially when you can’t see or touch your feet
25. Relish in the fact that right now you’re the perfect mom—your healthy pregnancy habits are growing baby the best possible way
26. Finish well—more time in the womb usually means less time in the hospital

Enjoy This Time
27. Relax! Babies are usually so much easier to care for in the womb
28. Shamelessly wear comfy, stretchy clothes
29. Postpone changing the eventual 5,000+ diapers baby will use
30. Be out and about without having to buckle, unbucket, rebuckle baby into her car seat or stroller while running errands
31. Carry your most stylish purses especially the ones too small to hold diapers and wipes
32. Relish parenting—right now you know exactly where baby is and what he’s doing
33. Snooze when you can—what sleep you’re currently getting is actually quite a lot compared to the interruptions ahead
34. Massage remains a must—ask your partner to help ease the aches
35. Enjoy nights out without paying for a babysitter
36. Indulge in shopping without the added responsibilities of baby in tow
37. Redecorate your house around your nursery's theme
38. Prop up your paperback—your burgeoning belly peaks at just the right reading height
39. Make the best-possible birth experience, don’t rush it
40. Write your own healthy reason—if it gets baby a full 40 weeks of pregnancy it deserves to be on this list

The nurses of AWHONN remind you not to rush your baby—give her at least a full 40! www.GoTheFull40.com

Manage Your Risks

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POLICY REFERENCES


2. UNICEF/WHO Baby Friendly Hospital Ten Steps

3. The Surgeon General’s Call to Action to Support Breastfeeding. The US Department of Health and Human Services, 2011


POLICY REFERENCES


13. University of California San Diego, Breastfeeding Newborns policy03/09


THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within 1 hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.*
   *A hospital must pay fair market price for all formula and infant feeding supplies that it uses and cannot accept free or heavily discounted formula and supplies.
7. Practice rooming-in—allow mothers and infants to remain together—24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them, on discharge from the hospital or clinic.