

# **Creating Sweet Dreams**

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## **Introduction:**

### The creator's own experiences as a new Mother:

Rachelle Gershkovich is a married, Mother of four, and like many other Mothers, she loves her children more than anything in the world and works hard to provide them with a life that is full of love, support and everything they could possibly need. Long before Rachelle had her children though, she was interested in child care and development. As the second to youngest of five siblings, and the daughter of a widow, Rachelle grew up in Colorado, taking care of her younger — by eight years — brother. She describes him as having been “her baby”, and credits this care, in part, for the start of her interest in caring for young children and babies.

It wasn't until 2002 however, that Rachelle began what was to become her life long career in child care and nutrition, by beginning her work as a night nanny. It was also this work, coupled with several nursing classes and her certification as a CNA, that lead Rachelle to the realization that nutrition is absolutely key in the development of a child, and really helped to further stimulate and fuel her desire to work and care for children. Because of all of this, Rachelle then decided to go to college to get her degree in Human Nutrition and Dietetics from Metropolitan State University of Denver, in order to learn all there was to know about how exactly nutrition affects the body and can be manipulated to help the body thrive.

By the time Rachelle was in school however, she had already had her first daughter, who she describes as being a fairly difficult although very sweet baby, and was working to figure out the world of parenthood for herself. Rachelle says the single largest factor in her success with her first baby was the fact that she was surrounded by overwhelming support and love. All of her family and friends made it clear they were there for her to help in whatever way she may need. Additionally, she had her own Mother and sisters there with her, and they were able to offer extensive advice and support in situations where Rachelle just felt totally unsure or unprepared for what to do. Rachelle describes the support she received as feeling as if she was in the center of a sort of tribal based community, and confesses life as a new parent would have been much more difficult without this group around her. Despite this support however, Rachelle explains that things still felt very difficult for a long time; for the first five months of her daughters life, nobody — including her daughter's doctors — knew that she had been born with urinary tract infection. This then lead her daughter to cry and scream often for no clear reason and was unable to be soothed or comforted. Because of this, Rachelle became used to being extremely attentive to her daughter, meeting her every need and learning to recognize her baby's cues quickly. After her baby was finally diagnosed, however, things calmed down and Rachelle was finally able to really focus on the total wellbeing of her child without such stress.

Rachelle had her second daughter however, while she was in school getting her degree, and she describes this birth as being very, “by the book”; her daughter was full term, the labor was seamless and her new baby came into the world as healthy as could be. Additionally, Rachelle already had experience with how to take care of an infant, (both because of her previous experience as a nanny and having already had a baby of her own), and had almost as much support as she had had the first time

around, and hence the entire experience of transitioning into her home environment with her new baby was much easier than it had been the first time around. This time though, Rachelle tried a few new things as well; she tried to follow much of the advice given to her, not by her family or close friends, but by books and established doctors and specialists in the field.

The thing about this however was, while much of the advice proved good and helpful, Rachelle began to notice that often what was suggested seemed to go against her natural instincts for what to do in the care of her daughter as a parent. Additionally, she noticed that many of the techniques offered by said doctors or specialists, or in the books she read, didn't actually work. Hence, when it came time to try to sleep train her second daughter, and Rachelle chose to attempt to implement one of the most traditional and popular methods, it was no surprise to her that, not only did the training itself not work at all — and in fact seem to cause additional problems — but also that it seemed to make her feel absolutely awful in the process of trying to implement it. This method suggested using techniques to attempt to sleep train her daughter that went against all of her natural instincts as a Mother, (i.e. not coming to her baby when she cried, and more). So, Rachelle began to look for alternatives.

After struggling with this, and other, ineffective methods of sleep training for a few weeks, and looking at possible alternatives, Rachelle — still in school and studying nutrition — began to wonder what would happen if she were to incorporate her baby's metabolism into her attempts to try to sleep train her daughter, (instead of just working with behavior as the current method she was using was attempting to do). So, Rachelle began taking extra care to make sure to give her daughter all the calories she needed during the daytime and not to give her calories in the night. It was at this point that Rachelle claims what happened next was just like magic. She asserts that, as soon as she started working with her daughter's metabolism, instead of her behavior, sleeping through the night became a matter of time, and the initial effects were almost immediate.

Taking this new found discovery, Rachelle then ran with it. She knew she had walked into something that went far further than luck or something that just applied to her own child; she knew she had found a new way to both care for and sleep train a baby, that was going to change the field itself. First though, Rachelle had to finish school, which she did, and refine her discovery into both specific steps and a philosophy that would hopefully, eventually, be able to something that resonated with all the people it touched.

Now, almost ten years later, Rachelle has established a solid and proven effective method of caring for and sleep training babies, which she teaches to others via classes she offers through the Infant Sleep Institute (i.e. a course Rachelle created in order to certify sleep trainers in her methods). Additionally, Rachelle founded her own company (Maternal Instincts, LLC/Denver Night Nannies), in 2009, which acts as a resource for parents who wish to sleep train their own children via Rachelle's methods to turn to for help. Parents who are interested in the methods but would like help on actually implementing it, can contact Maternal Instincts and hire a night nanny who, trained by Rachelle, specializes in these specific methods and who will come to their home to work with them to help them succeed in — among other various care aspects — the sleep training of their child.

As far as Rachelle's method itself goes, she has created a method of sleep training and care that not only is developmentally appropriate, (unlike so many other sleep training methods out there), but also works with a baby's biological functions. In addition, Rachelle has only uses facts that are evidence based, so there is never any guesswork involved and one can rest assured that everything she teaches has been proven as true. Furthermore, while creating the method itself, Rachelle worked both with science, (via her schooling as a dietician), her instincts as a mother herself, and all her previous experience as a care provider, to devise a system that would not only be effective, but would also incorporate proper soothing techniques and appeal to what a parent's natural instincts for care are.

What's more, Rachelle herself has actually continued to implement her own methods over and over again, both in her own life and in her career. This is because she believes that too many people will create a method they believe is superior to all the others that have come before it, then preach on it's benefits and explain in detail how to implement it into one's life, however, will then fail to follow through on actually practicing it for themselves, thereby loosing out on valuable insight into and information on their own methods. This is why, since she founded Maternal Instincts, Rachelle has worked, hands on, to help sleep train and care for multiple hundreds of babies and has used her methods, not just on said babies, but also on both the children she has had since the founding of her company.

Wonderfully, every single baby Rachelle has ever worked with has taken to her methods, and she knows they will continue to. This is because Rachelle not only knows that her methods are more effective and safer for babies and their families, but also because she clearly practices what she preaches, and therefore knows exactly what works and what does not. She has seen every situation possible and has trained her team (as well as those who go through her classes), on how to cope and respond to each situation that may arise with a child and their family. It is then because of all of this, that Rachelle is able to offer the kind of advice and insight that can only come from hands on experience in a field for years on end — the kind of advice that no other leading sleep specialist can currently offer. She has truly mastered her skills as a care provider and sleep specialist and is now offering this help to you.

Furthermore, Rachelle believes, and wants to spread the knowledge that, when it comes to parenting, when you are on the right path, you know it. When following methods that align with a baby's nature, things just seem to fall into place. Parent's shouldn't feel like they are walking on coals to get to an end destination, nor should they have to fight to get to where they want to be. Instead, if they are listening to their baby and their own instincts, then with a bit of guidance, they should experience success in all they attempt to do with their baby. This is what Rachelle firmly believes and teaches; if there is something a book or advisor tells you to do that does not feel right, listen to your instincts and don't do it. Your instincts are some of the most powerful tools you have as a parent; they have been passed down to you though evolution, over thousands of years, and are there to support you in your efforts in rearing your child. Therefore, surpassing these is an entirely ridiculous notion and should be discarded.

Rachelle not only picked up on how ridiculous this notion is, but took it and ran in the opposite direction of it; she created a system which parents can follow that will give them the results they want, without going against their natural instincts. She understand

how horrible it feels not to be able to do what her body is naturally telling her to do, and hence, wants to share her method with as many as possible. Her hope is to see a world in which her method is not only wide spread and accepted, but also a world in which parents are able to have a more perfect bond and connection with their baby because of the method they choose to use.

#### Why this book was created:

This book was written in an attempt to help families to have a better understanding of exactly what it is they are being thrown into in bringing a new baby into their family. All too often parents are either over looked, simply being told that their lives are going to change, they are going to be tired all the time and life is going to get rough, or they are given advice that usually proves less effective or helpful than they had hoped for. Then they are sent off, with a pat on the back and a “good luck”, being left to figure everything else out about their new baby and their new roles as parents for themselves. This then, can — and often does — lead parents to feel extremely frustrated, exhausted and overwhelmed.

Needless to say, feeling in such a way is — at the very least — unhealthy, unproductive and detracts from the true joys of being a new parent, and at the worst can cause a parent to act out in irrational and potentially harmful, (both to themselves and their baby), ways. This coupled with the fact that postnatal postpartum depression is at an all time high, is why this book was written. It is important that parents realize they are not alone in their frustration and struggles, and that it is okay to feel this way sometimes. However, they also need to know that these feeling of exhaustion, frustration and feeling totally overwhelmed are not simply a cross that they are doomed to bare as parents. Instead, families should be feeling a sense of joy during this time of growth and change. *Creating Sweet Dreams* is a book dedicated to helping cultivate, foster and enhance said feelings of joy, as well as feelings of community, comfort, support and well-being, upon parents as they return home with their new babies from the hospital. This is done by offering new and effective ways of understanding and embracing all the various aspects of your new child's life, including your own personal instincts. Furthermore, those at *Creating Sweet Dreams* firmly believe that, apart from listening to your own instincts, one of the best way to raise a child is to position one's self within a small “tribe” of people who know what they are doing and are there to help, and through creating this book, we are now able to offer information on both how to do this as well as offer the additional opportunity to families who opt not to have outside help come into their homes, (or have less support than they'd like from family and friends), have all the expert advice they may need right in the ring of parenthood with them.

As the parent/child relationship is arguably one of the most important relationships that exist — but because of a lack of communication and loss of the passing down of knowledge from mother to mother, as well as help for new parents in general — this relationship has begun to lack in many ways for many parents and children, all over the world. Therefore, it is important that parents are provided with a new source for this valuable information that is necessary both to know and understand in order for both parents and their baby to thrive. This is what *Creating Sweet Dreams* offers; a road that



is little less scary, a little more friendly and a lot more stable, to finding the joys of parenthood.

Consequently, *Creating Sweet Dreams* offers its readers information on all things baby, including, but not limited to: what to do when you bring your baby home for the first time, how much to feed your baby and how to store breastmilk, what to expect as your child grows and develops and, most importantly, how to train your baby so that they regularly sleep through the night. Additionally, *Creating Sweet Dreams* only offers valid information, adhering firmly to the idea that all information provided within this book must be strictly evidence based. This means, as the reader, you can rest assured that any information obtained within these pages will prove true, solid and effective across the board. Thus eliminating the need for one to go through parenting book after parenting book, looking for solid, undisputed, information on the best ways to handle raising your child.

#### What makes this method different and more effective?

*Creating Sweet Dreams* focuses on methods that are age and developmentally appropriate, proven effective and follow closely the idea of a **baby created schedule**, (i.e. a schedule in which the baby determines when they are ready to move to the next stage of development — whether that be when to start rolling, when they are ready to start sleep training, etc. — instead of being forced into it). *Creating Sweet Dreams* does this because we understand that, at such a young age, babies are physically incapable of controlling their own behavior, (due to the brain not being fully developed yet). Hence we opt to work with a baby's body, training the baby's biological functions and cycles so that they learn, among other things, how to sleep through the night.

It is by all these things — working with the baby's different bodily systems (specifically the digestive system), avoiding attempting to train a baby's behavior, (which many books and other types of postnatal help providers attempt to do), and teaching the idea of letting the baby signal to you when they are ready for the next stages of development — that *Creating Sweet Dreams* is able to bring forth a method that will be far more effective and healthy for the baby's development and the parents mental well-being.

Additionally, as stated briefly above, *Creating Sweet Dreams* will never bring false or unreliable information into the home of a new parent. With so many different controversial and unproven self-help books on parenthood, myths on do's and don'ts and just a general underlying sense of confusion on the matter being out in the world so prevalently, the fact that *Creating Sweet Dreams* guarantees only the highest quality of information, becomes critical to the movement of helping parents cope correctly with their new roles, understand their babies and fostering healthy growth and development of the child, itself.

Therefore, by following the guidelines and advice of *Creating Sweet Dreams*, parents can then become able to train their baby's bodily functions and cycles in a way that helps them to improve multiple aspects of the parent/child relationship via detailed and researched knowledge, information and specially designed training programs for children as they grow.

#### What you should be able to take away from this book:

As stated previously, this book has been written in order to provide parents with factual and helpful information, designed to help them navigate their new roles as parents and the world of having a new baby. So, from this book you should be able to take away a new found sense of understanding surrounding what exactly it is your baby is going through, what your baby needs and wants, how to handle different and difficult situations, how to understand your baby's cues and more.

After reading this book, it is the hope of those at *Creating Sweet Dreams* that you will develop a much stronger sense of confidence in your abilities as parents, feel you have direction and understand that you are not alone. This book is designed to help you out with all things baby, from what to do when bringing your baby home for the first time, to what to expect as your baby grows and develops, and even how to best sooth your child.

#### How you should read this book:

This book can be read in several ways. Reading this book from cover to cover is certainly an option, and by doing this, you are sure not to miss any of the helpful tips or bits of information inclosed in the pages within. However, this book can also be read in pieces, as it has been broken down into sections with clearly labeled titles that you can go to when in need of more specific help. There are also multiple case studies that have been included that absolutely should be read, as they offer both examples of the text as well as valuable information on various circumstances that can arise.

However you decided to read this book though, know that it can absolutely be kept and used as a reference, both for your first child as well as any children to come. The methods and practices of this book are detailed enough to be very helpful, while also taking into consideration that each child grows and develops at their own pace, and hence is a great resource that can be used for rearing all different types of children.

#### Disclaimer:

This book, while based solely on evidenced based research and facts, is not a medical book. The advice within this book is simply that; great advice, used successfully by many, designed to help parents succeed in taking care of their children.

## **Section One: Feelings, Roles, Family, Special Circumstances and More**

### How you can generally expect to feel emotionally, and ways to cope with it:

As a new parent you are going to be going through a lot of new transitions and experiencing a lot of different emotions. You may feel, at times, as if too many things are changing, you aren't yourself, you don't know how to cope, etc. Basically, you can count on feeling totally overwhelmed at some point. Understanding then, that this will be an emotional time for both you and your family, and also understanding that that hormones are running high, can really help you better understand what is happening with yourself and your family. This can then, in turn, lead to a better understanding of where each of you, (each family member, including yourself), may be coming from in various situations.

Also, simply knowing in advance that there will inevitably be tension in your home (no matter how large your family), can be very beneficial. Things that are likely to cause tension in your home could involve anything; one parent having a bad day and bringing that day home, a lack of sleep which in turn makes you grumpy, sleep training causing a lot of frustration and tension if one isn't quite sure what their doing, a lack of patience, or feeling as if things will never change and never get better, a lack of communication in regards to who takes care of the baby and when, who's turn it is to change a diaper, or get out of bed, etc. All of these things and more can make it so being at home with your family sometimes is less than enjoyable. However, knowing how to cope with the tension before it happen can be the key to decreasing it's effect on all of your family member's lives, including your own.

Several great coping mechanisms that you might want to consider for such tensions include: having a better understanding of how your child sleeps, eats and functions, so you can approach you child's needs in the most effective way. Also coming up with a plan that both you and your partner, together, can stick to and execute consistently, as far as scheduling, morning and bedtime routines, responsibilities, etc. go can really help. Additionally, having a more thorough understand of all the different aspects of your baby's growth and development helps to ensure a smoother execution and understanding of what sort of soothing techniques a child needs, when they need to be soothed, and why they might need to be soothed as well, (i.e. in regards to the baby's nervous system, as will be seen later), which can help to ease tension in the home as well.

Another method of coping you may want to seriously consider is seeing a professional counselor or therapist. It is going to be extremely important that you, as the parent, have a person to talk to, someone who is not in the trenches with you so-to-speak, (so not your partner), because this person will be able to give you an outside, unbiased perspective on your situation. Additionally, this person will be able to help you understand many of the new emotions you are experiencing, help you sort through your thoughts and just generally be a great resource for support when you most need it. Furthermore, if you feel too overwhelmed to set aside time to actually leave your house to see one, many will do phone sessions with you. This is great for you because you don't have to worry about what you will do with your new baby, having to get ready, etc.

Additionally, most councilors will do thirty minute free sessions with you, to see if it is the right fit. Don't disregard this, as finding the right counselor is just as, if not more

important than, having someone to talk to about your situation, period. The right counselor can make you feel strong, supported, brave and as if, “maybe things really are going to be okay”. A counselor who is not right for you however, can end up just costing you money and time without actually benefiting you much, and as a new parent, both of these resources (time and money), are precious and shouldn’t be wasted. When choosing a counselor therefore, it is important that you feel a connection, just as you would with a new friend. It is also extremely important that you feel safe in the environment they create for you, whether that be a physical environment and/or a psychological one. You will get the most from talking to a counselor if you are totally open and honest with them, and this works best if there is an established level of comfort and trust.

Lastly, it can also really help to decrease stress and tension if you compile a list of resources for you and your family to refer to in times of anxiety, confusion, worry and more. A few people to consider having on your list are: a local pediatrician, a lactation consultant (or an IBCLC), a good local OB/GYN, various local doulas, a Certified Sleep Specialist (i.e. Maternal Instincts), etc, (be sure to check out list of resources for parents in the back!). Having these resources listed out before a situation where they are needed arises, can really help to decrease whatever tension already exists because of the situation itself; why add the task of finding a pediatrician you trust, to the worry if something happens to you child and you find yourself in need of a pediatrician? Planning ahead is key!

### Postpartum Mood Disorders:

Unfortunately, sometimes a mother’s experience with extreme sadness, anxiety, stress and/or mood swings cannot be helped by the above suggestions alone, although these suggestions should be considered before considering an alternative. In these cases, a mother may be experienced a postpartum mood disorder. Therefore, it is going to be important to be at least aware of the different, (most common) possible postpartum mood disorders that exist. With that said, just because you may be experiencing some of the symptoms of one (or more) of the listed disorders below, that by no means, means you actually have the disorder yourself. Many women experience a myriad of emotions after birth and it is almost certain that you will experience some level of several of the symptoms listed below yourself.

### The “Baby Blues”

That said, the first postpartum mood disorder to aware of is what has been termed, the “Baby Blues”. This disorder is extremely common among all new parents (including men). In fact, 50-75% of all new parents will experience this disorder to some extent within the first three days after birth. The Baby Blues can however, begin after the 3 day mark, usually last for around 2-3 weeks, (though it can last slightly longer), and are know to come on suddenly. Additionally, people who experience the Baby Blues tend to have a difficult time sleeping and become irritable and impatient with situations and people around them. They also will cry for no apparent reason, have mild but noticeable random mood changes, and usually experience extended restlessness and

mild anxiety. Officially, the Baby Blues have been defined as: experiencing feelings of great letdown after the extremely emotionally charged experience of birth.

With that said, the Baby Blues are *not* Postpartum Depression, and should not be misconstrued as such! Baby Blues are fairly normal part of bringing a new child into this world, and if you are experiencing them, know that you will be okay and the extreme emotion should end shortly. If however, you become concerned about what you are experiencing, make sure to talk with your counselor and/or doctor; they should be able to help calm you and figure out what is going on. Note however, that even if you take your concerns to a professional, they will not even consider diagnosing you with Postpartum Depression until at least six weeks after birth, because a) the Baby Blues are so common, and b) the big red flags of Postpartum Depression don't actually begin to show until six weeks after birth.

### Postpartum Depression:

So then, with that all having been said, what is Postpartum Depression? To start to try to understand this, let's look at two of the significant differences between Postpartum Depression and the Baby Blues. As stated above, those who experience the Baby Blues will have experiences of mild mood swings and sadness for several weeks. People who suffer from Postpartum Depression however, tend to experience much more significant and crushing feelings of depression, which last for extended periods of time, (months to even years). Also, Postpartum Depression may occur up to a year after the child in question is born, (although it will usually start much earlier than this), while the Baby Blues will almost always occur within the first week of a baby's birth.

Additionally, those who experience Postpartum Depression will usually experience a plethora of symptoms, and regardless of which of these symptoms one experiences, there is also an increased range in which these will be felt, ranging from mild to severe. With that said, some of these symptoms include: sluggishness, fatigue, exhaustion, sadness, depression, hopelessness, appetite and sleep disturbances, poor concentration, confusion, memory loss, over-concern for the baby, uncontrollable crying, irritability, lack of interest in the baby, guilt, inadequacy, worthlessness, fear of harming the baby, fear of harming one's self, exaggerated highs and/or lows and a lack of interest in sex. It is also important to be aware that not every woman experiences every symptom, (each woman's experience is different) and also that Postpartum Depression, while significantly less common than the Baby Blues, is still present in over 15% of new parents.

### Postpartum Anxiety and/or Postpartum Panic Disorder:

Another mood disorder to be aware of is: Postpartum Anxiety and/or Postpartum Panic Disorder. These disorders are characterized as an intense anxiety and/or fear within a new parent, (specifically a new mom), and are actually a specific form of anxiety. People who experience these tend to have a strong foreboding that something bad is inevitably going to happen. Other symptoms of these disorders however, can include: disturbances in sleep and appetite, racing thoughts, constant worry, chest pain, inability

to sit still and physical symptoms, (such as: dizziness, hot flashes, rapid breathing, fast heart rate and nausea).

What usually happens if a person experiences Postpartum Anxiety/Postpartum Panic Disorder, is they will feel very nervous and have recurring panic attacks. During these panic attack, one will then usually experiences the shortness of breath, chest pain, claustrophobia, dizziness, heart palpitations and numbness and tingling in the extremities, as listed above. Finally, these panic attacks will then come and go in relentless waves. What is important to know about these attacks however, is they will *not* actually harm you; you will be okay, and the attacks will pass!

#### Postpartum Obsessive Compulsive Disorder (OCD):

Postpartum Obsessive Compulsive Disorder (OCD) is an additional mood disorder that is common enough to be aware of. This is a type of postpartum distress that includes obsessive-compulsive features. The interesting this with this disorder is, it does not matter if you have never experienced OCD before in your life; after giving birth, it is totally possible (although not extremely likely), that this mood disorder could occur in you. In fact, 3-5% of all new mothers will suffer from this disorder. However, if you have had previous experienced any sort of OCD and/or have a standing history with it, your symptoms are, unfortunately, likely — although not guaranteed — to intensify.

Symptoms for Postpartum OCD include (but are not limited to): Intrusive and repetitive thoughts, (including thoughts of harming the baby), compulsions, (i.e. the you may do things obsessively or be compelled to re-check, re-clean, re-organize, etc, in an attempt to alleviate fear), avoidance behavior (i.e. avoiding the baby to alleviate intrusive thoughts), fear of being left alone with the baby, over-protecting the baby to and extreme, anxiety and depression. Note however, that if you are experience these thoughts, you will likely realize your symptoms are bizarre and not act upon them.

#### Non-birthing parent mood disorders:

It is also important to know that, as was briefly stated above, non-birthing parents can also be affected by various postpartum mood disorders, such as the Baby Blues, Postpartum Depression, Anxiety, etc. Non-birthing parents who experience any of these will have similar symptoms and experiences as well as timelines for experiencing them. If, as a non-birthing parent, you feel you are suffering from one of these mood disorders, it is equally important for you to talk with your doctor and a counselor as well. Additionally, there are a lot of sites out there that are dedicated to helping non-birthing parents who experience distress after their babies are born. Two great sites you might consider checking out are:

[www.postpartumdads.org](http://www.postpartumdads.org)

and

[www.postpartummen.com](http://www.postpartummen.com).

Regardless of if you are the birthing parent or not however, if you are experiencing any of these, it is important that you know it is not your fault. You are by no means the only person to feel this way, nor are you the only one currently experiencing it. Additionally, you are absolutely not alone in your struggle, and apart from talking to your counselor and doctor, great ways to work through some of these issues are: seeing a physical therapist or a chiropractor, (both for adults and ones that employ the Webster technique for your baby), seeing an acupuncturist, a massage therapist, etc. There are also a lot of resources at the back of this book that can be great tools for support online as well. Note however, that any person you go to for help, should specialize in parent/infant relationships, as this will really help to increase your bond with your baby and decrease the anxiety, sadness and stress.

### The Postpartum Family:

While yours and your partner's own personal mental health is vital to the success of both your baby as well as your relationships with the baby, the postpartum family as a whole is also extremely important to the development of new babies as well. Each family member must therefore learn to adapt to the new baby and discover their new roles within the family and within relation to the baby for themselves. However, tensions can run high in the home while this is occurring, which can in turn cause issues with a) your own personal mental health as well as the mental health of your family members, and b) your baby's actual development (for reasons we will see later). So, it is important to, again, try to ease the tension and keep the peace within your home.

Therefore, apart from planning things out (as was mentioned above), some good ways to ease this family tension are by doing the following. Try to engage your family in calm conversations with each other about how they are feeling; really encourage open communication with this and try implementing a "talking stick", (or something along that vein of thought), so that a person can talk and speak about what they are feeling without interruption. Also try explaining to your family why it is so important to keep the family united, (we will discuss the reasons for this in more detail in the sleep training section later on, however, it is crucial that your family remain united while sleep training, as your baby is going to need constant and completely, unwavering, regularity in order for the sleep training to properly take effect, and this cannot happen without the complete cooperation and coordination of the family). You can also ask each of your family members how they feel they can all help each other out, and encourage your family to sit down and make a plan and continue open communication with each other. Additionally, really attempt to discover yours (and your partner's), new roles with your baby, and really work to listen to your natural instincts, as these are often the best tool you, as a parent, will have. Finally, really try to connect with your baby, encourage your partner to do the same, and remember that, a group effort is really going to make the difference between success and frustration in regards to the development of your baby and the sleep training.

As far as connecting with your baby goes there are plenty of different ways to do this. One of the best ways is by doing what is called **Kangaroo Care**. This is basically just skin on skin touch, and is truly essential to bonding for both parent and baby. Kangaroo Care can be done by placing your baby (in only a diaper), straight onto the bare

chest of you or your partner, making sure that your baby's back is also covered by a blanket of some sort. This will then also help your baby in numerous ways — apart from just increasing the bond between you two — including: helping your baby to gain weight better, increases the chances for successful breastfeeding, increases your baby's brain development, decrease the amount of time a baby will spend crying and more. Additionally, one of the most important things that kangaroo Care will do is reset your baby's nervous system. This is because the person who is holding the baby has a dominant and developed nervous system, and when one holds their baby close to them, the baby's system then syncs up with yours, (or whoever the adult holding them is), resetting it. This is important because an infant can't reset their own systems yet, (we will discuss other reasons the resetting of the nervous system is important later on).

Other important ways to connect with your baby also include smelling your baby right after birth. By smelling your baby right after they are born — before all the birthing fluids are washed off — you are bonding with your baby on a whole new level, as smell is an extremely powerful connecting factor. This is also one of the best ways to help the bond of a non-birthing parent to their child.

Spending time together with your baby is also going to be a key in bonding. With this said, it is important that neither you or your partner let the baby out of your site, especially within the first 24 hours after your baby is born. However, sometimes this is unavoidable. If this is the case, it is important to meet your baby with all their needs, wherever they are taken. If this means you need to move to go to them, then do it. Go to wherever your baby is (if possible) and be with them. Additionally, if possible, your baby should not be washed for the first 24 hours after birth either, as olfactory sense helps produce breastmilk. Spending copious amounts of time with your baby is not just vital at the hospital however, spending lots of time together (you and your baby, and your spouse and their baby), upon returning home is also extremely important. Basically, it is just very important that both you and your partner be totally present when with your baby, otherwise you may lose the connection and your baby will be able to sense this. Also note and be aware of the fact that your baby, at a relatively young age, knows who its primary caregivers are, and will in turn form close attachments to these people.

#### Physical symptoms to be aware of as a New Mom:

It is going to be important to learn to recognize critical signs that you as a Mother may exhibit after birth, which indicate larger issues and are not always commonly recognized. This is important so that you can catch it early if something is wrong so as to prevent further harm, and also important because if you do not take care of yourself, your baby in turn will suffer. So, some of the warning signs that something may be wrong and that you should be watching out for while recovering are: bleeding excessively, (although note, you will bleed more than you are used to; be sure to ask your doctor how much is normal and what would count as excessive), complaining of/experiencing excessive pain, having painful nipples after day 10 of breastfeeding and having cracked and/or bleeding nipples at any point, (if nipples are bleeding, milk will likely have a pink-ish or rust colored tinge to it).

Note that being able to recognize when there is damage to the nipples is extremely important; recognizing that something is wrong and then taking appropriate and



immediate steps to remedying this, (ideally within 24 hours of noticing the problem itself), is going to foster the better health and development of your baby as well as your own recovery. If left untreated, conditions will only worsen. In addition, continuing to feed your baby breastmilk that has been contaminated by blood can lead to digestion issues in your baby, as well as infection and permeate damage to your own nipples. Therefore, it is critically that you get help before damage gets too severe. Additionally, it would be smart to talk to both a pediatric dentist and/or Ear, Nose and Throat doctor. This is because these people will be able to diagnose if there is something wrong with your baby's mouth that is causing the harm to your breast(s). These people can also treat and diagnose tongue and lip tie (which we will talk about a little bit more, later).

Apart from these general warning signs to be aware of, there are also warning signs specific to both vaginal and cesarian section births. If you are a Mother who is recovering from a vaginal birth, make sure you are watching for bleeding that is heavier than your normal menstrual cycle as well as bleeding that continues and/or gets worse. Also be on the look out for pain or redness that doesn't go away or gets worse [this could be from an episiotomy or **perineal tear** (i.e. a tear that happens between the vagina and rectum)], vaginal discharge that smells particularly bad, pain or burning when you go to the bathroom, a fever over 100 degrees and/or persistent pain in abdomen or pelvis. If you are a Mother who is recovering from a Cesarean Section, make sure you are also watching for pain or redness that doesn't go away or gets worse, (this could be from an infection from a C-section incision), a fever over 100 degrees and severe and/or persistent pain in abdomen or pelvis. Warning signs for both a vaginal birth as well as a birth from Cesarean Section need to be taken seriously. If any of these symptoms occur, contact a doctor right away. However, if your temperature rises above the 100 degree mark, you will just need to go straight to a hospital. Also please note this is not an exhaustive list of all things that can occur while recovering or all the things you need to be aware of. If you become concerned about an issue that is not listed here, call your doctor immediately to get proper medical advice and guidance.

### Dealing With Special Circumstances:

It is an unfortunate reality that often times babies are born with special needs. Babies can be born with birth defects or special needs, prematurely and more. Make sure to check out our resource list in the back of this book for places to go for help with many different special circumstances that may arise for you, your baby and your family. With that said, two relatively common special circumstances are having a premature baby, or having twins.

#### Premature Babies:

Having a premature baby is actually a relatively common occurrence; one in every eight babies are born premature. However, this doesn't make the matter any less scary. Therefore, it can be good to make yourself aware of what having a premature baby might look like, just in case this situation happens to you.

If your baby is born as a preemie they will be taken to the NICU (Neonatal Intensive Care Unit) after birth. This is because they are at an increased risk of medical com-

plications and underdeveloped organs, although please be aware that being taken to the NICU doesn't necessarily mean that your baby is in extreme danger. In some situations it is simply a precaution. Once at the NICU however, your baby could remain here for several days, all the way up to a couple of months depending on how early they were born.

Although being born premature does increase a baby's risk of various serious medical complications, it is important to note that most babies who are born premature will go home. However, typically a premature baby will not be released from the NICU until they are at least 4 lbs and can eat, suck and breathe normally on their own. Additionally, premature babies are typically sent home needing the average 500 calories a day, (which again, we will discuss later), but this will vary from baby to baby. Just make sure to communicate with your baby's doctors so that you know exactly what it is that they need. Also make sure you understand which feeding method your doctors have prescribed for your baby, and if you have any questions or are unclear on any of the procedures your baby will need on a daily basis upon bringing them home, be sure to ask; the doctors are there to help. Although note that before you are allowed to bring you baby home, you will likely have to sit through a course (given at the hospital), on all the details — all the ins and outs — of how to take care of you baby properly, and address all their medical needs on your own. Also know that pretty much all decisions of care for your premature baby need to be totally led by their doctor, and make sure that you are extremely aware of any move you make because pretty much everything you do is going to effect them (your baby).

In addition to all of this, you need to know that if your baby is born premature, their nervous system and sensory skills will likely be delayed in development, and because of this, combined with the fact that a premature baby spends much of their time laying down, (and less time being handled in general, than a baby who is not born premature), it is important that you help to simulate their senses for them. This means your baby will need to be touched, (after the Doctor has given the go ahead). The best way to do this is to rub their ears, cheeks and face so they get used to these feelings, but before you do this, make sure to talk to your baby in a calm, gentle voice, to let them know you are there. You do this so as not to not startle them upon engaging with them.

Apart from all of this, the ways your premature baby tells you if they are happy or unhappy and need their situation changed, are a bit different than that of a full term baby's cues. Ways to tell if your premature baby is happy include: if they seems alert and makes "coo-ing" sounds, if their face, arms and legs seem relaxed, if they attempt to look at either objects or people, if they try to smile while their eyes are open, if they hold onto your finger, (note some preemie baby's may be too sick to be held or touched when first born, so be sure to ask their doctor if it would be okay for your baby to hold your finger before doing so), if they hold their own hands together (this prevents them from waving around), if they appear to be in a light sleep (this lets your baby shut out sights and sounds and rest without being in a deep sleep) and if they suck on their hands and/or fingers, (this is a soothing technique that they will use; if your baby has a hard time bringing their hands to their mouth but appear to be trying to, it is okay to help them, so long as the doctor has given the green light for them to be touched). Ways to tell if your premature baby is unhappy or needs their situation changed include: if they look as if they are saluting you, if they are clearly spreading their fingers apart, if they

are frowning, if they make a grimacing face or grunts at all, if they yawn, sneeze or hiccup, if they make an arch with their back and/or neck and pushes away, if they continuously looks away and if they cry.

So now that you know the different ways your premature baby will tell you if they are happy or not, what can you do to change their situation? Well, there are a lot of different answers to this, but we will try to give you a few of the most common. First, when your baby shows any of the above symptoms, you might try holding them both firmly and quietly. This should help to make your baby feel secure and provide them with some quite time to calm down. Also, when your baby seems ready to interact, start the interaction with a calm face, soft voice and/or gentle touch. If any of these seem to be too much for your baby, let your baby grab onto your finger and simply hold them quietly until they are ready to interact again. Another good tool is trying to tuck your baby's arms in close to them, or wrap them tightly in a blanket to try to calm and sooth them. You can also try laying them down in your lap before you play with or feed them so that they don't get too excited or tired. Another great method, is, holding your baby about ten inches away from your face when you are playing with them and talking softly, this way they will be better able to hear and see you and less likely to become startled. Finally, If your baby's eyes are shut but they are not sleeping, the environment may be too bright for them. Try shading their eyes with your hand and/or turning the lights down.

Twins:

With twins, it is very important to keep their schedules (and them), in sync with each other. This means no scattered feeds, identical bedtimes, more rigid sleep training schedules, etc. This is because twins really do need each other. Studies have shown that when a baby is born as part of a set of twins and then is separated from their twin — even for a very short amount of time — this baby then experiences anxiety and distress; they are used to doing everything together, sharing everything, and they know nothing else; changing this for them changes the only environment they know.

This means your babies will need to sleep together too. If however, this makes you nervous (as it makes many Moms nervous because they tend to think that the carbon dioxide that each baby is breathing out will make it harder for the other twin to breathe), just know that the myths surrounding the danger of having two babies sleep in the same crib are totally false. It is totally safe to have both babies sleep in the same crib together, as there is no real evidence that babies cannot sleep together in the same crib for extended periods of time. Just make sure they are both swaddle tightly and face away from each other. This will help to ensure more peaceful rest times for both you and your babies themselves. If however, you insists that your children sleep in different cribs, that is okay, though, at least while they are still babies, they should at the very least, be kept in the same room as each other. This applies to all other times throughout the day as well; try to keep your babies within touching distance of each other. If you can't have them touching at the current moment though, they at least need to be within sight of each other.

Additionally know that babies who are twins tend to be a lot louder than other babies, especially at night. This is because the twins talk to each other. Therefore, if you hear either of your babies call out in the middle of the night, be careful that you don't

simply rush in each time, as often times they are not calling out for help or you, but are simply communicating with their sibling. The more time you spend with your babies however, the better able you will be to hear the difference between these types of cries and noises.

As far as the development of your twins go, their functions, growth and development are very similar to that of a normal baby. However, they will most likely be underweight and slightly premature, so an age adjustment will be necessary, (we will talk about what this is later), and you can probably expect them to be slightly behind on their development. That said, twins are usually born between 32-36 weeks, and reaching the 36 week mark is considered, by most health care professionals, full term for twins. Also note that one twin is usually slightly larger than the other and this twin is often the one that trigger labor, while the other baby just goes along for the ride (so-to-speak). Furthermore, weight gain for twins will also be different depending on their gestation period. A baby's weight gain is not an exact science and this changes even further in a special circumstance such as twins.

Grief:

It is a terrible thing to ever lose a child. It can tear you apart if you let it and things may feel as if they will never get better. However, if this situation ever arises for you and your family, it will be important for you to have resources; places you can go to for comfort in your time of grief. At the back of this book there are plenty of resources listed to help you begin the process of healing. We highly encourage you to go through these, as well as seek the help and support of your family, friends and loved ones. Remember, you are not alone.

What to do if a family member or mom gets sick?

Typically breastmilk protects your baby from getting sick; it bolsters their immune system and is their first line of defense. So, if you as the Mom gets sick, (i.e. you get a cold or an upset stomach, etc.), continue breastfeeding though it, as the breastmilk is the very thing protecting your baby from your illness. However, if any other family members contract something, it is important that they stay separate from the baby. Your baby's immune system is most fragile for the first 30 days of their life, so protect it. Furthermore, if you use a daycare service, when you pick your baby up at the end of the day, go ahead and immediately kiss their faces and hands, as this will allow you to intake everything they were exposed to that day, and your body will then create immunities to these things, and then place those immunities within your milk by the next day, so that your baby's immune system is stacked positively against whatever it was they were exposed to.

Section One: Case Study One: A Normal Postpartum Mom

While at the hospital:

Mom made it to 39 weeks in her pregnancy when her new baby boy is born. She had a vaginal birth, with an epidural and was in labor for 15 hours, all normal ranges for a first time Mom, which she is. Because this is her first child, the birth was very intense for her; this is something that she had never experienced before and hence was unclear about just exactly what it was that her body could do in these teams. She feels overwhelmed by the experience, but proud of herself all the same.

Additionally, her bottom really hurts and she is bleeding a lot. This is because of the pushing as well as because of the large tear that now exists within her uterus because the placenta is no longer there. At first, she feels slightly alarmed by just how much she is bleeding, (and will continue to bleed for sometime), but she is comforted by the fact that there is a range of normal for this, and her doctors tell her she is in it. She is also attempting to decrease the amount of pain medication she is using, as she has been at the hospital for over a day, past the birth of her new baby, and knows that, while pain medication can be a helpful tool immediately after birth to help control her pain, it needs not to be relied on for pain management once she goes home.

#### Going home:

By the time Mom is ready to go home, she has already spoken to at least ten different sorts of professionals, (most of which came and visited her in her hospital room to chat while she was still checked in). Some of the people she has spoken with included various nurses, her lactation consultant, her doctor, her pediatrician, etc. She is feeling confident, has been pronounced as healthy by her doctor, (by postpartum standards), and then heads home with her new baby and lots of support from her family, friends and partner.

Once home, she begins to go through a lot of new transitions. She has an entire ray of very intense and different emotions and often feels overwhelmed. Most of her emotions border on the extreme, whether good or bad. However, despite these intense emotions, she knows that it is important that she rest and take care of herself; her body has gone through something fairly extreme and will require patients and recovery.

She is resting a lot, although recovery isn't the same as it used to be, (before she had a baby). No longer can she just disappear into her room, curl up and take care of herself; she now has another to take care of. She realizes that her new baby comes first, and therefore, she finds a way to both take care of herself and her child. This is partially where her family, friends and partner come in to play, and she knows it. She relies on them to help her through the first couple of days, as she attempts to find a balance between being totally attentive to her new baby's needs and her body's own needs for recovery.

Additionally, upon returning home, Mom realizes that some of her body functions seem a little bit strange — not the way they used to be — and that she is continuing to bleed a lot. She calls her doctor about these concerns but he assures her that she is still in the normal range and that her body has simply changed in a drastic way; it is now different than the body that it used to be and hence she must expect it to behave differently at times. While comforted by this, she still has a hard time adjusting to, what she feels is, an entirely new body; all of her previously held beliefs and ideas about her own body

image have now changed and she is trying to cope with that. Additionally she is a bit upset that her postpartum belly is still fairly large. While she knew ahead of time that her belly wouldn't actually shrink too much after giving birth, (not like the way it does in TV shows anyway), it is harder for her to see than she realized it would be. She misses her old body and is now having to learn to see someone else when she looks in the mirror.

Despite this however, she knows there are more pressing things to pay attention to. She keeps busy during the first two weeks taking care of her baby and attempting to adjust to her new situation, (although she does try not to over exert herself as her doctors have warned her not to over do it). It helps that she is on an adrenaline high that her body is producing in order to help her recover, but she takes care to use this extra energy in the right way, not abusing it and continually resting when she can, (usually consisting of cat naps she takes when her baby is also napping).

She does however, seem to struggle with eating enough. She has decided to attempt to exclusively breastfeed her baby and while she knows that she needs to eat an extra 500 calories a day (on top of her 1,800 that she would usually need throughout a day), to help her body recover, and an additional 500 calories a day on top of this in order to produce enough breastmilk to feed her baby, she tends to forget to eat, as she often feels overwhelmed by the tasks that being a new Mom involves, and hence, goes through her days, taking care of her baby's needs, in a blur, (all the various tasks blending together), no longer being able to sit down at various points in the day and eat a full meal by herself.

She realizes though, that she is not eating quite enough, and therefore looks into ways to ensure that she gets the calories that she needs throughout the day. After doing some research and asking around for advice, she decides that the best solution is to stash various snacks just about everywhere she goes in her house, (as well as in her purse and car for when she needs to go out with the baby), that way she can take a quick bite from whatever she has stashed, when near it. Additionally, she tries to implement a rule for herself: every time she breastfeeds her baby, she then too also has something to eat at that time. After a few days of enforcing this for herself she decides it seems to be working, and adopts it as her new way of eating.

Furthermore, Mom is discovering that not only are her meals now different, but that everything else has changed as well. Showers are shorter, going to the bathroom is now a different process; her baby can't be left alone and this causes even the most trivial of routine personal care procedures, to drastically change.

Another thing that Mom is going through for the first two weeks includes painful breastfeeding. For the first ten days of breastfeeding her breasts are extremely tender and when her baby latches this causes her some pain. Additionally, since this is her first baby, she has never experienced the engorged breasts, and is surprised at how rock hard they become. She knows however, that this isn't something to worry about as she has been warned this would happen and her breasts begin to become less painful as the ten day mark approaches.

Really, one of the hardest things for Mom to deal with, she is discovering, are the hormone fluctuations that she is experiencing. They cause her to be extremely happy and sad for no particular reason. She often cries without having real reason to, and also experiences hot and cold flashes that frustrate her. She really just feels overwhelmed and is trying to cope with all her life changes, but often finds it hard. When she decides

to confront her doctor about her extreme moods though, he tells her that she is experiencing a form of baby blues and that this is normal for the first six weeks. This comforts her, and her doctor tell her to hang in there. She tries to take comfort in the fact that this new and extreme way of life is not a forever situation, however, she also knows that for the time being it is her reality, so she attempts to make peace with it.

Then, three weeks after her baby has been born, her adrenaline goes away. Her body is well on it's way to recovery, but is still extremely hormonal. With this continued flux of hormones and the lack of adrenaline that has been helping to keep her going for the first two weeks, the third week becomes the hardest week she has experienced thus far. Fortunately, she was for-warned about how hard week three is for almost all moms and took precautions. She tried to limit the help she received from family and friends for the first two weeks after giving birth, (apart from the first couple of days), and instead asked for help during her third week. Additionally, she made her partner aware that this was going to be a particularly hormonal and exhausting week and asked them to take their paternity leave during this week instead. With this precautions in place, this week passes, and having set up a situation where she was able to take good care of herself while simultaneously making sure her baby was also taken care of, she comes out of week three feeling much better.

By this point (week 4 postpartum), Mom has finally started to feel a bit more like herself again. Her body is more recovered, her bleeding has gone down, the milk she is producing has started to become more regular and her hormones, while still stronger than normal, are beginning to level out just a bit. This then stays about the same for the next two weeks, and by week 6, Mom notices that her body and hormones are really leveling out and back to normal. Additionally, Mom has made it to week six successfully managing to exclusively breastfeed her baby, meaning that she is pretty much in the clear in regards to continuing to breastfeed her baby without problems for the next year, plus.

### The baby:

Mom's new baby boy on the other hand, when coming home, is extremely sleepy for the first two weeks. Often times Mom has to wake him to do a feeding, although she has been told that if he is sleeping but still latches, this is okay. Additionally, Mom notices that her baby's skin isn't quite as smooth and nice as she expected it to be. When she calls the doctor to ask about this however, she is informed that for the first two weeks of her new son's life, she can expect that his skin will feel a bit scale-like, shed and have baby "pimples", but that this is entirely normal and is just her son's way of adjusting and transitioning into his new, dry, environment.

At week three however, just when Mom is feeling her worst, her baby begins to start to wake up on his own, becomes more alert and begins to make eye contact. At this point he is beginning to figure out his environment, (although he maintains his 24 hour internal clock and need for regular feedings every two or so hours). Week three is also where Mom really begins to see her baby gain weight, and become slightly more active and vocal.

Weeks 3-9 however, are extremely gassy for her baby, which then causes him to experience pain, as his abdominal muscles are not developed, (which means he has to

actually work to pass any gas in his system). Luckily however, Mom knows this and attempts to help her son pass the gas by rubbing his belly with slight pressure and burping him for extra amounts of time after feedings. Even still, when she first hears her son scream in pain from the gas those first couple of times, it is very startling to her. Gradually however, she becomes accustomed to hearing that specific type of scream from her son.

By week 6, her baby has started to have his own circadian rhythm, (although it doesn't fully come into play for him until he reaches week 8). Additionally, he has started to smile, be less gassy, and his personality has really started to emerge as he interacts more and more with his parents and those around him.

By two months old, Mom and her son feel as if they have concurred the world and she feels a giant sense of relief and wellbeing! Although Mom is aware that if she hadn't felt like this it would have then been time to start talking about actually possibly having Postpartum Post Traumatic Stress Disorder. Luckily however, she doesn't have to!

#### Other ways Mom feels during her postpartum period:

She feels very protective of her son, as a Mom; even while knowing she needs help, she doesn't really think that other people can take care of her baby as good as she can. Additionally, she doesn't really like the way her partner does things, as they tend to do things a bit differently than the way she does when interacting with and taking care of their baby. She feels like she knows what is best for her baby; after all, she is the one who carried him for nine months, she is the one who spends the majority of time with him, she is the one who knows what his hunger cues are, etc. How could anyone else possibly be as good at taking care of her baby considering all of this? However, even though she feels like this, she knows she needs help. People have told her often enough that she can't do it on her own and she does admit that she is exhausted. So, she forces herself to find people to help her and also let her partner take an equally active and large role in taking care of their baby.

She is then pleasantly surprised to find out that there are in fact people out there who can do it as well as she does. She hires a part time nanny to help out and regularly lets her parents come over and take the baby to give her short breaks. Additionally, after forcing herself to trust her partner and their abilities, she discovered that not only are they just as good at taking care of the baby, but that they too seem to have their own special bond with him. Mom is glad that both she and her partner have developed their own relationships with their son and, despite being fairly tired, makes it to week eight and the technical end of her postpartum period.

#### Section One: Case Study Two: Mom Coming Home Without Her Baby

##### What happened to cause this:



Mom went into labor early — at 30 weeks — and had her baby girl prematurely. Upon giving birth, the baby was immediately taken to the NICU for care and her parents are extremely worried, but comforted by the fact that they know their baby is in good hands. After staying at the hospital for several days so Mom can recover, mom and her partner check out of the hospital and head home, as Mom no longer needs the medical attention obtained at the hospital and must leave. The couple must leave their new born baby daughter behind, to live at the hospital as she is too sick to come home.

#### What this feels like for the parents (Mom specifically) before their baby comes home:

Leaving her baby behind is the most heart wrenching thing she has ever had to do. She almost feels as if she has been evicted from the hospital itself and leaves totally devastated. Even though she knows her baby is in good hands (and takes comfort in that fact), it is instinctually against everything she knows to be right and her body screams out to be reunited with her new baby girl.

Additionally, she feels a heightened sense of anxiety and fear. Fears for her however, are not the typically fears a new Mom faces. She is not worried about getting enough sleep or transitioning into her new routine, etc, she is worried that her baby might die. This causes a totally different level of postpartum feelings in her.

Mom does however, get to take better care of herself, once home, than she would have if her baby had come home with her and her partner. She is able to curl up and take care of herself, sleep when needed and process her hormones and emotions. This however, comes at the huge price, of course, of her baby not being at home with her, and despite getting to take better care of herself, the feelings of separation, fear and anxiety are overwhelming, crushing and not even close to worth it. Again, she is totally devastated and just praying that her child will make it home safe and sound as soon as possible.

#### Concerning Breastfeeding and a Premature Baby:

Despite this being a very difficult and emotional time for her, Mom knows she needs to continue on as if her baby will be coming home any day, (most premature babies do make it home). This means that, as she has opted to breastfeed her baby, she will need to be self expressing multiple times daily in order to keep her breasts from ceasing to produce milk. She does this for the first time within an hour of giving birth, and while it is slightly uncomfortable and painful for her, as well as feeling abnormal and slightly awkward, she knows that it is very important and has the potential to increase her milk supply by as much as 50%, so she continues to do it as often as is necessary.

She is afraid however, that because her baby didn't learn to latch right away, (and in fact has been fed through tubes for her entire stay at the hospital, as her mouth is too small to latch onto anything and she hasn't yet learned the "suck, swallow, breath" that is required for successfully eating), her baby won't then be able to breastfeed later on. She tells her lactation consultant about these fears, but they assure her that just because her baby didn't latch in the beginning, doesn't mean she won't be able to later; it doesn't excluded her and her baby from possible successful breastfeeding. It just means that things are going to be a little bit different for her and her baby, as most

Mom's start at the breast and then pump, and Mom in this case is doing it oppositely, (starting at the pump and then moving to the breast).

#### Handling a premature baby when they come home:

Finally the day has come when Mom and her partner's, baby girl can come home; the doctors have deemed her healthy and strong enough to be able to start to thrive in her home environment. Mom and her partner are extremely excited and overwhelmed with the relief in knowing their baby is going to make it. However, upon picking up their baby, they find out that, while their baby has grown strong enough to come home, she is not yet strong enough to not need to be given oxygen, steroids and a few other extra things that most babies don't need when they come home. This discovery in turn, then makes Mom and her partner feel intimidated and nervous; they want to make sure they give their baby girl everything she needs and all the proper medical care, but neither of them are nurses or doctors themselves, in fact, they have both worked in fields totally unrelated to anything medical all their lives, and so the fact that they will now need to be administering life saving methods to their baby is both intimidating and scary. However, upon voicing these concerns to their doctors, they are given all the information they need to properly attend to their baby's health needs, as well as additional resources for help, and are finally able to leave the hospital with their baby — feeling slightly more confident — and bring her home.

After Mom and her partner bring their daughter home, they then realize they must do an age adjustment for her, so they mentally mark the week she comes home as her first week of life (or 40 weeks gestation), regardless of the fact that she is actually 7 weeks old already. They do this because, developmentally, they know this is where their baby is at, and while physically they know their daughter is older than this, this will help to give them a good idea of what to expect — again developmentally — over the next year.

After a few months of being home however, Mom notices that their daughter still isn't quite as far along as other babies in her same (adjusted) age range, and becomes concerned. So, she decides to consult her pediatrician about this. Upon talking to her pediatrician though, she learns that development isn't an exact science for any baby, and premature babies especially are probably going to be somewhere in between their expected development and their actual age. This helps calm and reassure Mom, and she leaves her appointment with her pediatrician happy and consoled.

#### After baby is home, how the parents (Mom specifically) will likely feel and act:

Because of the heightened emotion and fear, as well as the extended time that her baby stayed at the hospital before coming home, the postpartum period for this Mom is longer. Sure, her psychical body got to recover a lot quicker than a Mom who's baby came home right away, but she has had to emotionally draw out the postpartum period, to include both going to the hospital to visit her baby at first, and then to coming home, (and the typical eight week postpartum period after being home with the baby). These are two transitions into motherhood that Mom has had to do separately.

Additionally, Mom is much more protective of her baby than most would have expected her to be, but she knows this is because she has already had to face the fact that her child might die, and hence she wants to do everything in her power to protect her child from anything like that ever happening again. Therefore, Mom tends to be extremely cautious when any new person comes into her home — or any sort of contact — with her baby. She tends to treat her baby as if she is extra fragile and is also extremely worried about her baby's immune system, so she always takes extra care to make sure people around her baby are never sick, always wash their hands, etc. Some people find this annoying, but she doesn't care; it is the safety of her child at risk and that is not something that is up for debate.

The only time this over cautious-ness turns into a problem, is when her baby is finally old enough, and ready, to move on to other, bigger and more independent stages of development. Mom tends to have a hard time letting this happen. She is so used to being extremely protective, always needed and overly attentive to her baby at this point, that the idea of letting any of this control go really scares her. Nevertheless, after talking with her doctor, partner and counselor, she understands that she needs to trust when her baby is ready and that things are generally going to be okay. So, with great effort, she lets her baby grow, (often times this meaning letting her baby need her less), and in return, her baby rewards her by thriving!