

BABY'S NATURAL & SCIENCE-BASED BIRTH PLAN RECOMMENDATIONS

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EDUCATE yourself and your partner about baby care, breastfeeding, and how to keep baby safe.

SEEK out good sources of information:

- your obstetrician, midwife, pediatrician, family doctor or nurse
- websites such as healthychildren.org and vaccines.gov
- a baby care book (see below).

MAKE a checklist so you are ready for the baby.

CHOOSE a good provider who takes your insurance and shares your parenting philosophy.

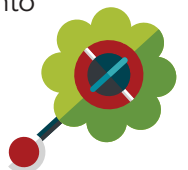
OBTAIN a car seat and install it in your car before baby comes!

Below are some baby care tips to help you be informed. Always feel free to discuss these issues or other concerns with your baby's nurse or doctor.

Plan your village. Traditionally, many family members helped mom and baby get a good start after birth. Some mothers want lots of support in the hospital and others want quiet time with just one or two support people. Think about how many people you want in the delivery room and who can help you once baby is born. Limiting visitors while you are in the hospital is a good idea because privacy and rest time is important while you are recovering from delivery and learning how to care for your new baby.

Enjoy the golden hour. Hold baby skin-to-skin after delivery for at least an hour, or at least until baby feeds for first time. Most procedures can be delayed until after this important time. Wait to dress your baby until heading home so that you can easily do skin-to-skin throughout the hospital stay. This also makes the nursing and provider assessments easier without fully waking your sleeping baby. Hospitals will provide swaddle blankets which can be used when not holding baby skin-to-skin.

Breastfeed! It's the best nutrition, immune protection, and bonding opportunity all wrapped into one activity. Bringing baby to breast early and often is the best way to get a good start to breastfeeding. If your baby doesn't latch right away, express colostrum and give your baby those very important first drops. For the first few months of life your baby will only need breastmilk and vitamin D, which your doctor will prescribe before you go home.



Leave the pacifier at home. Babies do not need to suck on pacifiers for the first weeks and should spend all that sucking energy on the breast.



Delay cord clamping. This has become the recommended way to make sure baby gets enough blood from the placenta. At birth the placenta still has a lot of baby blood in it. When baby is born and takes that first big breath their lungs will fill with oxygen and the heart needs to fill with blood from the placenta. Most hospitals now will wait for a few minutes to clamp the cord as long as baby is doing well. However, if your baby is not breathing, your doctor or midwife might have to clamp the cord quickly before giving your baby extra help.

Let the cord dry naturally. We have learned that alcohol or other disinfectants are not needed to keep the umbilical cord clean. It will dry up and fall off quicker if left to dry naturally. You can get it wet in a tub bath and then just dry it off. No need to wait on bathing until after the cord falls off despite what grandmother says. Also, there is no evidence that strapping or placing a coin over the area will prevent an umbilical hernia. It is best to not wrap or bind the belly button to avoid irritation. Developing an 'outie' has nothing to do with the way we care for the cord and a lot more to do with genetics. For babies with dry skin consider coconut oil or Vaseline rather than a product with chemical additives.

Use vitamins to prevent bleeding. Vitamin K is recommended to prevent bleeding in the newborn. In the old days 1 out of every 100 babies had bleeding from their belly button, rectum, mouth, or in their brain. It was a terrible problem, and we have learned that although a low vitamin K level before birth may be beneficial (probably so they don't clot their umbilical cord), a low level afterwards can be dangerous. The shot we give is almost pure vitamin K and sits in the leg muscle, slowly releasing over the weeks after birth until baby has enough good bacteria in the intestines to make vitamin K. There is no oral vitamin K that is FDA approved in the US for good reason; it is not nearly as effective as the injection.

Hold off on the bath. Allow the baby's natural vernix (the white waxy stuff babies are covered with at birth) to help your baby's skin to deal with the new air environment and to develop a healthy balance of bacteria. Nature never intended for us to wash the vernix off; it is full of anti-infective properties and natural fats to help the skin not get too dry. If baby is covered with blood or meconium, this can be wiped off. The only medical reason for a baby bath immediately after birth is if mother has HIV. Hold off on bathing baby for a few days to let the skin adjust to life out of water. If baby's hair is crusty it's fine to wash it after the first day when baby has recovered from birth. Some hospitals are bathing babies soon after birth, so talk to your provider about what your wishes are. Pediatric allergy specialists tell us that food allergy and eczema may be related to overly clean babies; perhaps less frequent bathing and less use of soap are the way to go.

If you have a C-Section. Having a Cesarean Section may not be on your birth plan, but 1 in 3 babies are born this way. Sometimes it is just safer for you or the baby to deliver with surgery, so it's a good idea to at least think about what you would want if a Cesarean Section is necessary. Many institutions will allow a support person in the operating room. Some hospitals have mirrors or special drapes so moms can see their babies emerge from the belly. Ask who can be with you, and if you can put baby skin-to-skin in the operating room. Cesarean Section babies may be at risk of not getting the normal bacteria in their belly because they did not come through mother's vagina and take a gulp of her healthy bacteria on the way out. You may have heard about a study where a small number of women put a gauze pad in their vagina and after the Cesarean Section wiped it on the baby. Those babies did have a more normal bacterial balance, but there is not enough information about this practice, and we don't know if it is safe – so it is currently not recommended. Mothers' milk is full of good healthy bacteria, so we recommend focusing on breastfeeding your baby, do a lot of skin-to-skin so baby gets your normal bacteria, and hold off on the bath for a few days.

Use mom's immune system to protect baby. The Tdap and flu vaccines your provider recommends for pregnant women are really important for your baby. Before delivery any antibodies that you make pass into baby. Studies of pregnant women vaccinated before delivery found that their babies are at much less risk of influenza and whooping cough in the early months of life.

Use baby's immune system. Your baby's natural immune system responds well to vaccinations. Hepatitis B vaccine is the only vaccine we recommend before 2 months and it is safe, well tolerated by baby, and the only way to prevent a serious childhood infection. Several thousand children become infected with Hepatitis B each year in our country and up to 90% of those kids develop liver complications. Read more on vaccines.gov.

Cocoon your baby. Encourage family and friends to have the current flu vaccine, and to be up-to-date on Tdap vaccinations to protect baby. Newborns are less likely to fight off these serious infections and more likely to end up in the hospital if they get sick in the first months of life. If you have a preschool aged older child, consider keeping him or her home from childcare settings during the first month to avoid common viral illnesses, especially during flu season.

Protect your baby's vision. Antibiotic eye ointment to protect baby from gonorrhea infections is a state law in California. This infection used to be the number one cause of childhood blindness. Nowadays we are more likely to see infections from bacteria that can be found on mom's skin and in her intestines. This practice is safe and prevents many infections, some of which can lead to blindness. The one-time application of ointment to baby's eyes can be done after a few hours to not interfere with skin-to-skin time and early breastfeeding.

Don't rush home. Hospital stays of 1-4 days are generally recommended after birth. Especially with your first baby, don't rush home before you know everything is going well. Baby needs to have several good feedings, pee and poop once, have a good temperature and vital signs, and finish the routine blood tests, hearing test, and oxygen heart check we do on all newborns. With your second baby, if all is well, you can go home at 24 hours. But think about staying that second night if it is your first baby, if you had breastfeeding problems in the past, or if your baby is small or born early; it is a tough night and very important for developing a good milk supply. In the hospital we call the second night 'feeding frenzy'! Best to go through that with plenty of support and the option of a lactation visit in the morning if needed.

Safe Sleep. Remember the safest position for babies to sleep is on their back and by themselves. Infants should sleep either in a crib or bassinet with a flat, firm surface to minimize the risk of SIDS (sudden infant death syndrome) and other sleep-related deaths. Please do not bed-share as this practice can increase the risk of accidental death during sleep. It is recommended for infants to sleep in the same room as parents for at least the first 6 months or up to a year if desired. Read more on nichd.nih.gov/sts/about/SIDS/.

Reconsider "natural" birth recommendations NOT based on nature or science:

Eat nourishing food. Despite all that you hear, there have been no scientific studies showing a benefit to eating your placenta. True, many mammals eat their placenta and likely in past centuries humans were malnourished and didn't waste a good meal. Spending money to have your placenta dried and encapsulated is unlikely to change your nutritional profile. There have been cases of an infected placenta causing a baby infection. Your doctor may want a formal examination of the placenta if your baby is small or ill; it can give valuable information about the baby and possibly future pregnancies. Some families choose to bury the placenta under a new bush or tree in their yard. It makes great fertilizer and you can watch the plant grow along with your child.

Cut the cord. Lotus birth is the latest rage, whereby families keep baby attached to the placenta without umbilical cord clamping. No other mammals leave the placenta attached to the baby. Though we think delayed cord clamping is a great idea, we do not recommend lotus birth because it has not been studied and may be dangerous. After birth, the placenta is dead tissue, and within hours it will become full of bacteria and smell bad. Since it is still attached to baby, it could allow bacteria to infect baby's body. There have been 2 cases of newborns with lotus births who got infected, so doctors are worried that this may be risky.



Weigh the risks and benefits of common newborn surgical procedures

Circumcision. If you have a boy, you may want to educate yourselves on the pros and cons of circumcision. Circumcision is the surgical removal of the foreskin of the penis. There are centuries of religious traditions in the Jewish and Muslim faiths for circumcision, but 100 years ago the US adopted circumcision for health benefits that are now thought to be invalid (hygiene, mental illness, masturbation). The American Academy of Pediatrics (AAP) says there are pros and cons to circumcision, and although the potential benefits outweigh the risks, there is not enough evidence to recommend that every baby boy be circumcised. The circumcision rate in California is about 50%, and somewhat lower in San Diego. Times have changed since it was performed on all boys after birth. If you do decide to have your baby circumcised, be sure to ask for adequate numbing for your son; an injection of lidocaine is the best method according to research.

Tongue and lip frenulum surgery. The fetus practices sucking before birth, and usually stretches out the normal connection between the tongue and the bottom of the mouth (called the frenulum). But some babies do not suck well before birth and are at risk of not breastfeeding well. These babies may have a short tongue, a tight frenulum, and a high or narrow palate; they may need some time to learn to feed well. While some babies that have the short or tethered tongue may benefit from a little snip of the frenulum, scientific studies have not shown that deeper cuts, repeated cuts, or any form of lip frenulum cutting has a benefit. There are many other reasons that a baby might not feed well. If your baby has feeding problems seek help early. If tongue or lip surgery is recommended you might want to have a second opinion before you have it done. There are many reasons not to do a procedure to cut a normal structure. The AAP did a thorough study of all of the evidence and does not have a recommendation at the present time. There is much controversy here as there is with circumcision, and many fierce opinions. If baby is feeding well and mother has no nipple pain, frenulum surgery is not needed – because there is no evidence that frenulum surgery helps with speech, voice, tummy troubles or prevents dental problems in the future.

Ear piercing. Ear piercing is customarily done in newborns in many countries. It might be better as with many things to give baby a chance to recover after birth and develop a bit of a better immune system. Also, the ears have to straighten out after delivery and waiting a few months is our recommendation.

You will have many more questions over this next year; a good reference book can be helpful:



What To Expect, The First Year

by Heidi Murkoff

Caring For Your Baby And Young Child

by American Academy of Pediatrics

Baby 411

by Ari Brown & Denise Fields

Happiest Baby on the Block

By Dr. Harvey Karp

DVD available at happiestbaby.com

Provided as guidance for families from the pediatricians of the American Academy of Pediatrics, California Chapter 3

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