

Plain  
Talk  
About  
Babies

# Birth Records

Name \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Time \_\_\_\_\_

Birth date \_\_\_\_\_ Time \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Time \_\_\_\_\_

Birth date \_\_\_\_\_ Time \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Time \_\_\_\_\_

Birth date \_\_\_\_\_ Time \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Time \_\_\_\_\_

Birth date \_\_\_\_\_ Time \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_

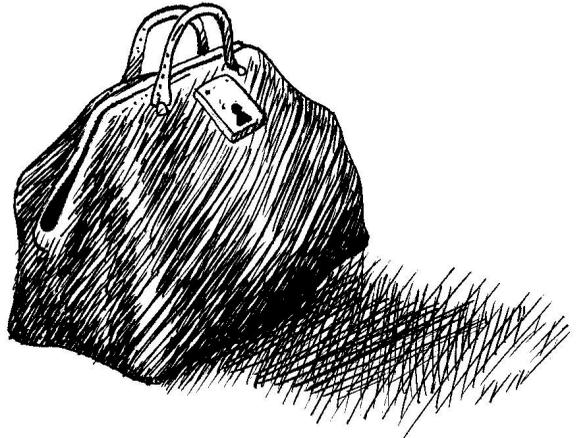
Weight \_\_\_\_\_ Length \_\_\_\_\_

Dear Mothers,

This book was written from the voices of midwives that serve many Amish, Mennonite and other plainclothes families in Wisconsin. We were inspired by the women we work with to write this booklet. Many mothers told us they had trouble finding information about pregnancy, birth and new babies that was easy to understand, reliable and practical. Families who had problems that could have been prevented often said, "If only someone would have told me, I would have done things differently".

Babies can be born safely in your home, at a birth center, or in a hospital with a midwife, nurse-midwife, or doctor. Because most of the families we care for are planning a home birth with a midwife, we have written this guide from that point of view.

This booklet was written especially for you and other women in communities like yours, near or far. We hope that the information in the following pages is clear, helpful and respectful to all of you.

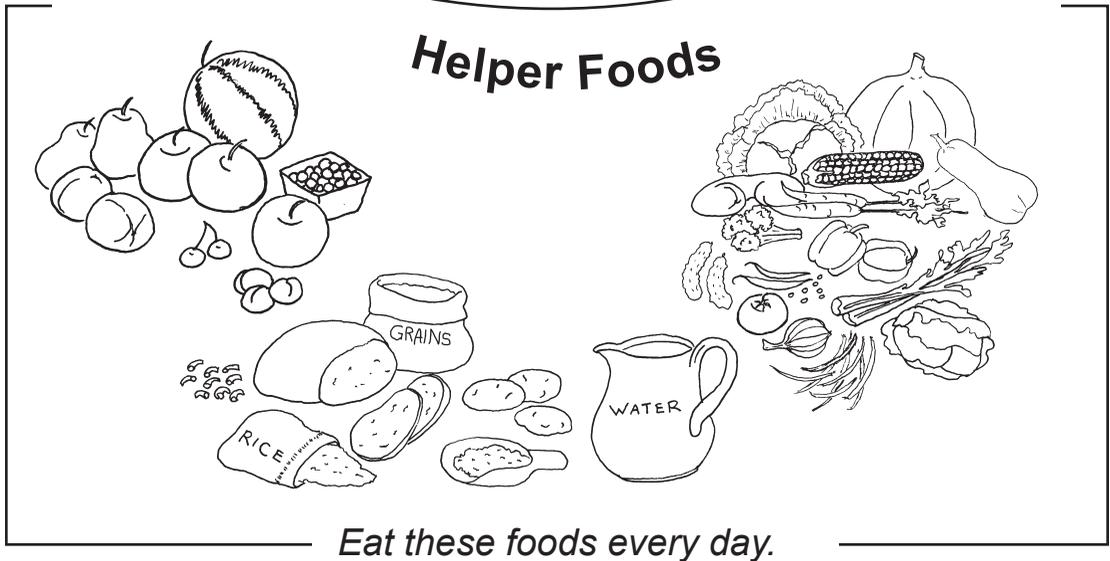
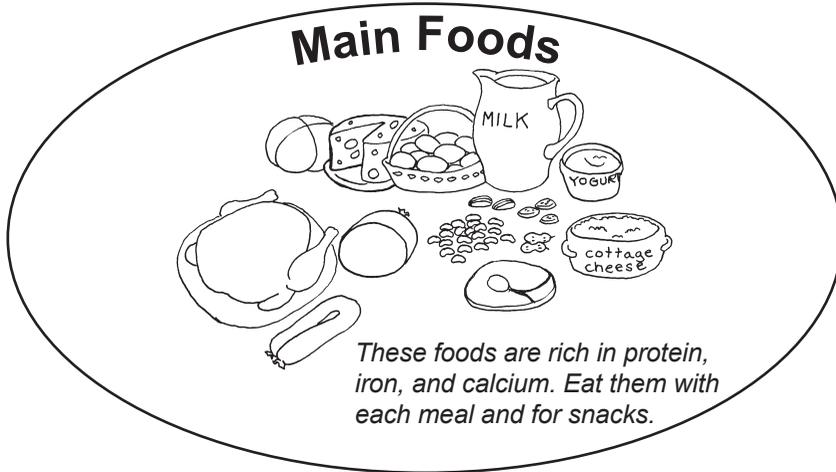


# Before the Baby



# Healthy Meals and Snacks

Even before you know you are pregnant there are steps you can take for the health of your baby. Eating a variety of foods and taking helpful supplements are very important for you and your baby.



# Ideas for Healthy Meals

## Breakfast

homemade grapeenuts  
canned fruit without the juice  
1 cup milk

2 eggs & 1 sausage patty  
whole wheat toast  
1 cup milk

cornmeal mush  
scrambled eggs  
plain yogurt

## Lunch

sandwich with meat & cheese,  
lettuce & whole wheat bread  
carrots and 1 cup milk

bean soup  
apple slices  
1 cup milk

leftover pork & beans  
cucumber slices  
1 cup milk

## Dinner

ham & potato casserole  
green beans  
1 cup water

meat loaf  
peas & carrots  
1 cup milk

chicken & mashed potatoes  
broccoli  
1 cup milk

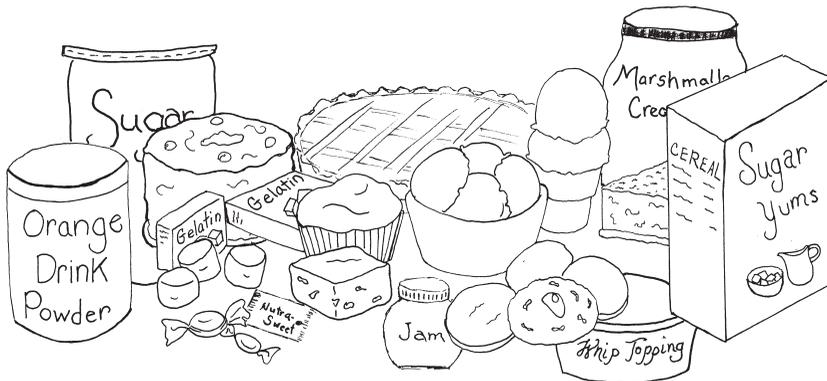
## Snacks

For snacks try a handful of peanuts, plain yogurt and fruit, a slice of cheese, celery with peanut butter, or carrots.

## Water

Drinking 2 or more quarts of water each day will help prevent headaches, leg cramps, constipation, swelling, and irritable contractions. If your water comes from a well, it should be tested for bacteria and nitrites.

## Sweets



### **These foods contain empty calories.**

They can cause extra weight gain and tooth decay.

Have them only once in a while-not every day.

Save them for special occasions.

## Supplements

During pregnancy it's difficult to get all the nutrients you need from foods alone. For a healthy pregnancy most care providers suggest taking either a prenatal vitamin or these supplements:

Most midwives recommend **folic acid** for all women from marriage through the change of life. This small inexpensive vitamin **can prevent these serious birth defects**: anencephaly: a skull abnormality that can cause the baby to die, spina bifida: an opening in the spine that causes a child to be paralyzed.

**1000 mg of calcium**  
500 mg magnesium  
15-400 mg Vitamin E  
85-500 mg Vitamin C  
**800 mcg of folic acid**  
Omega 3 fatty acids  
(fish oil or flax seed oil)  
**Iron supplement**

Calcium comes in several forms. Some mothers feel that calcium carbonate is hard on the stomach. You may get more benefit from: calcium lactate, calcium citrate or amino chelated calcium.

Foods that are rich in iron include red meats, green leafy vegetables, and molasses.

**Beware** of new supplements that are sold as “cure-alls”. Often they are sold by a salesperson that travels from town to town, offering a list of testimonials about restoring health for all sorts of diseases. Some are selling vitamins that come in bottles and look like water, but no information about the amount or the source of the vitamin is given. Juices of plants that you have never heard of or expensive liquids that promise “miracle results” should also be considered with caution. Liver and parasite cleansing products should be avoided in pregnancy. Talk to your care provider about any new product you are considering, especially during pregnancy.

## ***Choosing a Care Provider***

Families make many different choices about who will care for them when they are expecting a baby. It is very important for every family to be cared for by a health care provider who has the experience, training and equipment to provide safe care during pregnancy, at birth and in the days after the baby is born. As you read this booklet, if you find there are things that your care provider does not discuss with you, you may want to ask them to help you get those services. If they are unable to help you get the things you need to feel safe, you may want to consider finding a different care provider.

## ***Prenatal Check-ups***

Most midwives advise women to have prenatal visits at least once a month beginning in the first 3 months of pregnancy. Prenatal visits are helpful even if a woman is feeling fine. Midwives may be able to make suggestions at an early visit that can prevent problems from developing or help a woman feel better and have more energy during her pregnancy. Regular visits all through pregnancy are important because new concerns can arise at any time. A problem that is found early can often be handled with rest, diet, supplements, or even home remedies, thus preventing expensive complications.

Ideally, at the first visit your midwife will take a little extra time to talk with you about you and your family's medical history. It is important to understand the history of any problems that you, your husband, your parents, brothers and sisters, grandparents, aunts and uncles or cousins have experienced. She will want to know about any disorders with the blood, bleeding problems, children born with unusual conditions, twins, depression, or other health issues. This information can help her take better care of you and your baby and possibly prevent complications. Most midwives also like to do a brief physical exam to determine if you have any health conditions that could affect your pregnancy.

### **At each prenatal visit, your midwife will:**

- Ask about your physical and emotional well being
- Check your baby's heartbeat, growth and position
- Weigh you
- Check your blood pressure & pulse
- Obtain a urine sample
- Look for signs of anemia
- Check hands and face for swelling



# Tests during Pregnancy

## Blood Tests

When a woman is expecting her first baby more tests are recommended than for her following pregnancies.

### first pregnancy

Complete Blood Count

Blood Type

Rh factor Antibody Screen

Rubella Titer

Hepatitis Screen

Blood Glucose levels

### following pregnancies

Hemoglobin and Hematocrit

Antibody screen, if Rh negative

Blood glucose levels



Sometimes things happen during a pregnancy that your midwife can do something about. She may recommend other blood tests based on your medical and family history or conditions that develop during your pregnancy.

## Group B Strep (GBS)

This is a simple test that is done by taking a special swab and rubbing it on the skin near the birth canal. From this test it is possible to see if a woman has an infection that, in rare cases, might be passed along to her baby during the birth. About a third of all women have GBS but are healthy and have no signs of infection. Only a few babies (about 1 in 1000) get sick, but those that do can become very ill or die. If the test finds that a woman has these bacteria on her skin near the birth canal, special care and IV antibiotics during labor are recommended to protect her baby.

## Urine Culture

A urine culture is a test that can detect a urinary tract infection even if you do not have any signs of one. This test may be helpful for women who have frequent bladder infections or who have had a baby born earlier than expected.

## Ultrasound

An ultrasound is a test that uses sound waves to check the well being of your baby. It can detect twins, help to determine when a baby is due, reassure you that your baby is in a proper position to be born, find the location of your placenta and find some birth defects. If there is a question or concern during prenatal care, discuss the need for an ultrasound with your midwife.



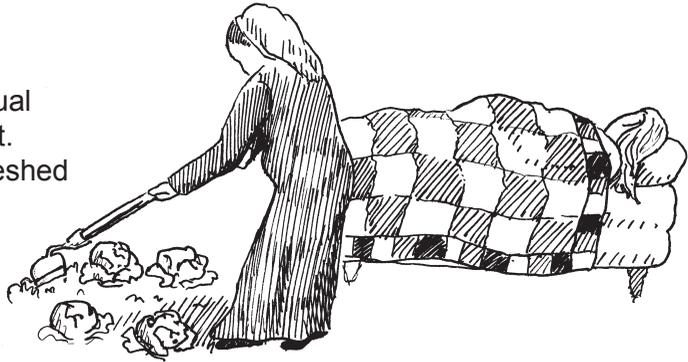
## Measles and Pregnancy

Rubella (sometimes called German measles) can have serious complications for the unborn baby. If a woman gets rubella during the 12<sup>th</sup> to the 29<sup>th</sup> week of her pregnancy, she is at risk for miscarriage and stillbirth, or having a baby with birth defects, such as deafness, blindness, heart defects or slow development. A simple blood test called a rubella titer can tell if a woman is immune to rubella. It is best to get this test done before a woman's first pregnancy, so she can get a vaccine that will keep her from getting rubella during her pregnancy. Women who find out that they are not immune to rubella when they are already pregnant can have the vaccine after the delivery to protect their next baby.

# ***Things to Consider***

## ***Activity and Rest***

It is healthy to continue your usual activities while you are pregnant. Regular rest helps you feel refreshed and makes it easier to care for your family.



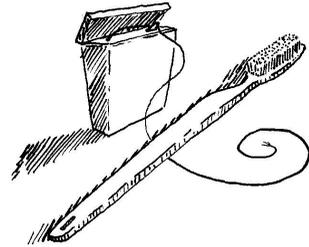
## ***Preterm Labor***

Labor before the ninth month is called preterm or premature labor.

Signs of preterm labor can include regular uterine contractions (labor pains), blood-tinged mucous, backache that comes and goes every few minutes, heavy pelvic or downward pressure or leaking fluid. Contact your midwife right away if you have any of these signs, especially if you have had a baby come early in the past. There are things she can do to keep the baby from being born too soon.

## ***Oral Hygiene***

Brushing teeth twice a day, avoiding sweets and seeing a dentist keeps teeth and gums healthy. This can help prevent premature babies.



## ***Transport Plan***

Make a written plan that includes the location and phone number for the nearest hospital and ambulance service. It is used if there is an emergency during a labor or birth at home or in a birth center.

## ***Seat Belts***

Pregnant women should wear seat belts anytime they are riding in a truck or car. Some women worry that the seat belt may harm the baby, but in an accident your baby is much safer if you are wearing a seat belt. The part of the belt that goes across your lap should be underneath the belly.

## ***Preparation for Labor and Delivery***

If you are a first-time mother, your midwife will explain what to expect during labor and delivery. She will visit your home in the last month so she knows how to get there and to make sure that your home is prepared for a safe delivery. Your midwife will check that cell phones work at your home and if they don't, she will want the number and location of the closest phone.

## ***Supplies***

Your midwife will give you a list of supplies to have on hand for your baby's birth. These items will be needed during your delivery and the days following. If you are planning to have your baby at home ask your midwife about supplies.



## ***Caring for Mother and Baby after the Birth***

All families should have a plan for who will help them after the baby is born. The last section of the booklet covers the care you will need right after the birth and in the early weeks of your baby's life.

# Things to Avoid During Pregnancy

## ***Avoid these herbs:***

Angelica  
Blue Cohosh  
Ginseng  
Herbal Laxatives  
Lobelia  
Pennyroyal  
Rhubarb Root  
Shepherd's Purse  
Rue

## ***Avoid these products:***

Alcohol  
Cigarettes/Tobacco  
Farm Chemicals  
Cat Litter  
Oil based paints  
Oil based varnishes  
Pesticides  
Herbicides  
Paint and Varnish removers

## ***Avoid until the last month of pregnancy:***

Black Cohosh  
Borage Oil  
Castor Oil  
Cotton Root  
Evening Primrose Oil



Avoid Aspirin (unless prescribed by a doctor)

Avoid Ibuprofen also called Motrin or Advil  
(use only as directed)

Avoid any medication that is not specifically prescribed  
by your health care provider.

*These herbs are okay in foods or tea but avoid in tincture or capsule form:*

Cayenne (hot peppers)

Ginger

Sage **Avoid sage when you are nursing as it can dry up your milk.**

***Show all the supplements, herbs and medicines  
you are taking to your care provider.***

## Special Circumstances

### **Rh Negative Blood:**

It is VERY IMPORTANT for women who are Rh negative to receive additional care when the father of the baby is Rh positive. These women need a blood test called an antibody screen. This test looks for proteins that your body may have made that can harm your baby. If this test shows you do not have these proteins, a shot of a medication called Rhogam is recommended in the 7th month of pregnancy. Rhogam keeps you from making the proteins that attack your baby's blood during pregnancy. After delivery your midwife will collect blood from the cord to find out the baby's blood type. If the baby is Rh positive you will need another Rhogam shot within 72 hours of the baby's birth.

**THIS IS VERY, VERY IMPORTANT:** If a Rh negative mother does not get a Rhogam shot after the birth of an Rh positive baby it could cause any future babies that are Rh positive to become very sick or die before they are born. Home remedies are not a substitute for Rhogam.

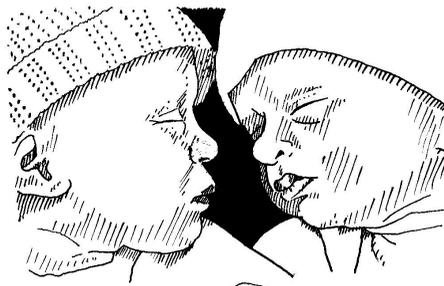


If the antibody screen shows that the mother has the proteins in her blood she will not get Rhogam. Instead her pregnancies require the special combined care of a midwife and a doctor who has been trained to deal with this special situation.

## ***Twins***

Before ultrasounds, 40% of twins were born without the mother, midwife, or doctor expecting to see two babies. If your midwife finds that you are growing faster than expected, having unusual weight gain, or showing other signs she may recommend an ultrasound. If you are having twins, special arrangements will be made.

Having twins requires extra care during pregnancy and special planning for the birth. Many twins can be born normally, but with two babies there is twice as much to plan for and twice as many things that can require the attention of a doctor or midwife at the delivery. Your midwife will want to talk with a doctor when she knows that you are carrying more than one baby.



## ***Breech Position***

Sometimes it is hard to tell what position a baby is in and your midwife may recommend an ultrasound. If your baby is in a breech position, meaning the feet or bottom of the baby is coming first, this requires careful planning. It is good to ask your care provider if they have experience with delivering a breech baby. Most breech babies are delivered by c-section, which means the baby is removed from the uterus (womb) by surgery. There may be complications with babies in a breech position. They will be explained in detail so you can make a safe decision about delivering a breech baby. Your midwife will talk with a doctor if your baby is in a breech position near your due date. If it is discovered only after your labor begins that your baby is breech, it is very important to have an experienced provider present. Breech babies are usually slower to deliver and your provider should explain the risk and help you to understand if you have time to consider other options for delivery. If it is your first baby the risks of having a baby in the breech position are even more critical.

Some babies in the breech position can be turned so that they can be born head first.  
Ask your care provider about external cephalic version.

## ***Overdue Babies***

If you are a week past your due date a visit with your midwife is recommended. Your midwife may ask you to do kick counts, because the way a baby moves becomes significant when you are overdue. If your baby is moving much less or very differently than you are used to, contact your midwife or doctor. If your baby has not been born two weeks after the due date, most midwives will want to talk with a doctor. The doctor or midwife will usually recommend that you have a non-stress test to help decide if it is alright to wait for labor to begin on it's own. If you are waiting to go into labor, it is very important that your midwife do a check-up and listen to your baby's heartbeat at least every three days.

## ***Vaginal Birth After C-section (VBAC)***

Women who have had a previous c-section (where the baby is delivered by surgery) may still be able to have a baby naturally. This is a special delivery and requires extra care and planning. It is helpful to know the kind of cut that was made in the uterus and the reason for a surgical birth. If you have had a c-section your midwife will explain possible complications with you so you can make a safe decision about having a vaginal delivery. Your midwife will want to talk with a doctor if you have had a c-section and wish to plan a homebirth.

## ***Miscarriage***

Miscarriages occur in about 1 out of 5 pregnancies and usually happen in the first 3 months. Most miscarriages begin with mild cramping and light bleeding or spotting and progress to more bleeding and heavy cramping until the pregnancy passes. Women who are soaking a pad in 30 minutes, bleeding continuously, or feeling faint, should go to the hospital without delay. It is possible to lose a dangerous amount of blood during a miscarriage. Women with fever, abdominal pain, and strong smelling discharge after a miscarriage may have an infection and need to see a doctor or a midwife. Women who are Rh negative need to have a shot of Rhogam after every miscarriage to protect future babies. It is common to experience bleeding like a normal period tapering off as time passes for 2 to 3 weeks. The first week after a loss should be treated like the week after birth, with rest, fluids and good food. Most women will feel good enough to go back to work after a week. Women who continue to feel very tired or weak after a miscarriage should see their midwife or doctor. Many women experience a range of emotions in the weeks following a loss. For some mothers this can last and become a lingering depression. It is important to seek help from your midwife or doctor if this happens to you.

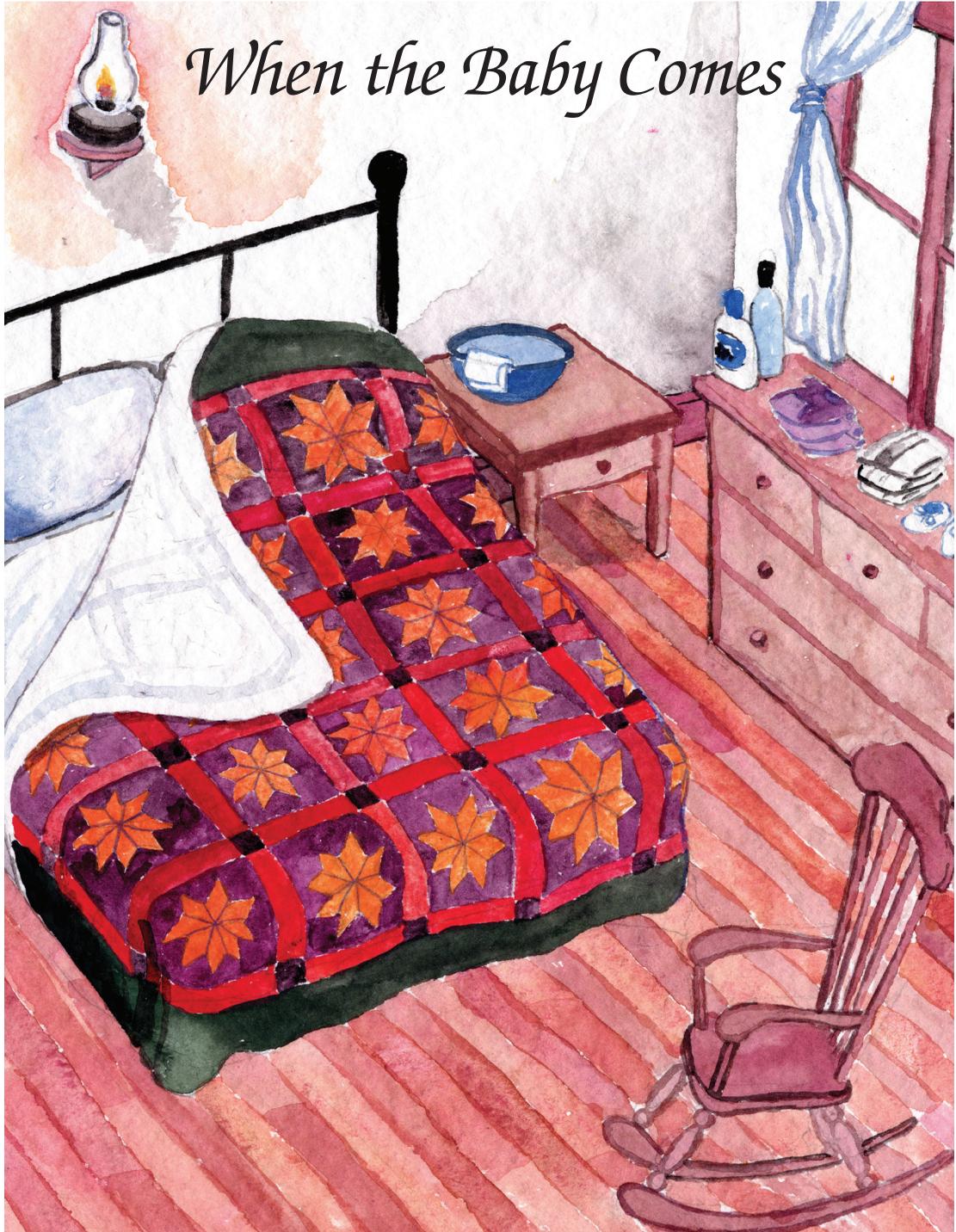
### **Contact your care provider right away if you experience:**

- Bright red bleeding
- Severe headache or altered vision
- Abdominal pain
- Vomiting that won't stop
- Baby not moving normally
- Chest pain or difficulty breathing
- Fever over 101.0 (oral)
- Cramping, backache or pelvic pressure before 36 weeks
- Leaking fluid
- Pain/swelling in calf or groin
- Swelling in hands or face
- Skin rash over a large part of your body
- Loss of feeling in hands or feet
- Severe depression
- Signs of a mental breakdown like excessive worry, anxiety, sleeplessness or wanting to sleep all of the time.

**These symptoms could be a sign of a serious condition.**



# *When the Baby Comes*



This is a very exciting time for everyone. Call your midwife as soon as you think you might be in labor. Together you can decide the best time for her to come to your home. Your midwife may come and check in with you and then go home again for awhile if your labor is in the early stages.

If there has been a gush of fluid, the water bag may be broken. If no contractions have begun there are special actions to take: check your temperature, increase fluids, avoid tub baths until active labor begins, and do not have intercourse. Your midwife will check your baby's heartbeat every two hours. A good strong labor should start within 18 hours of the water bag breaking.

Labor is active when contractions are 5 minutes or less apart, last a minute or more and are causing the cervix to dilate (open). The cervix is the part of the uterus that must open for the baby to be born. When your midwife arrives she will talk with you to find out how the labor is going and if the water bag is broken. She will check your blood pressure, pulse and temperature. She will listen to the baby's heartbeat for at least 3 minutes before, during and after a contraction. She will also do an exam to check on the position of the baby and to see how dilated the cervix is. Your midwife will stay with you until the baby is born.

There are often questions about the use of herbal tonics or medications to bring labor on, or make it stronger. There is some evidence that the use of blue cohosh may affect the baby's heart, its use should be carefully considered. Castor oil has been used to initiate labor for many years and has varying results. In the home birth setting, no one should consider the use of the drug pitocin, injected even in very small amounts, to induce stronger labor. Pills called cytotec or misoprosotol that are swallowed or put in the vagina or rectum, are also serious medications and should be used only with a physician. The use of labor inducing drugs can have life threatening effects for mother and baby.



During labor your midwife will check your baby's heartbeat every half hour. She will remind you to drink liquids frequently and eat small amounts of nutritious foods. She will help you relax and find positions that encourage labor to progress. Your midwife will check your blood pressure, pulse and temperature every four hours. As the time of birth approaches your midwife will check the baby's heartbeat more often. She will usually check after every other contraction, as this is the time that can be most stressful for the baby.

Your midwife will encourage you to wait to begin pushing until you have a very strong urge to push that you can't resist. When your midwife sees the baby's head she may put warm washcloths on your perineum (bottom) to help stretch the skin and prevent tears. As the head passes through she may use warm olive oil to ease the passage and will coach you to push very gently or breathe the baby out.

Once the head has been delivered your midwife will watch for the baby's head to turn. She may ask you to push again for the shoulders to be born. The rest of the body is usually born soon after the head is out. If the shoulders don't come easily your midwife will work quickly, encouraging you to help by pushing strongly or changing positions. She may use her hands inside to turn the baby and help him or her to be born.

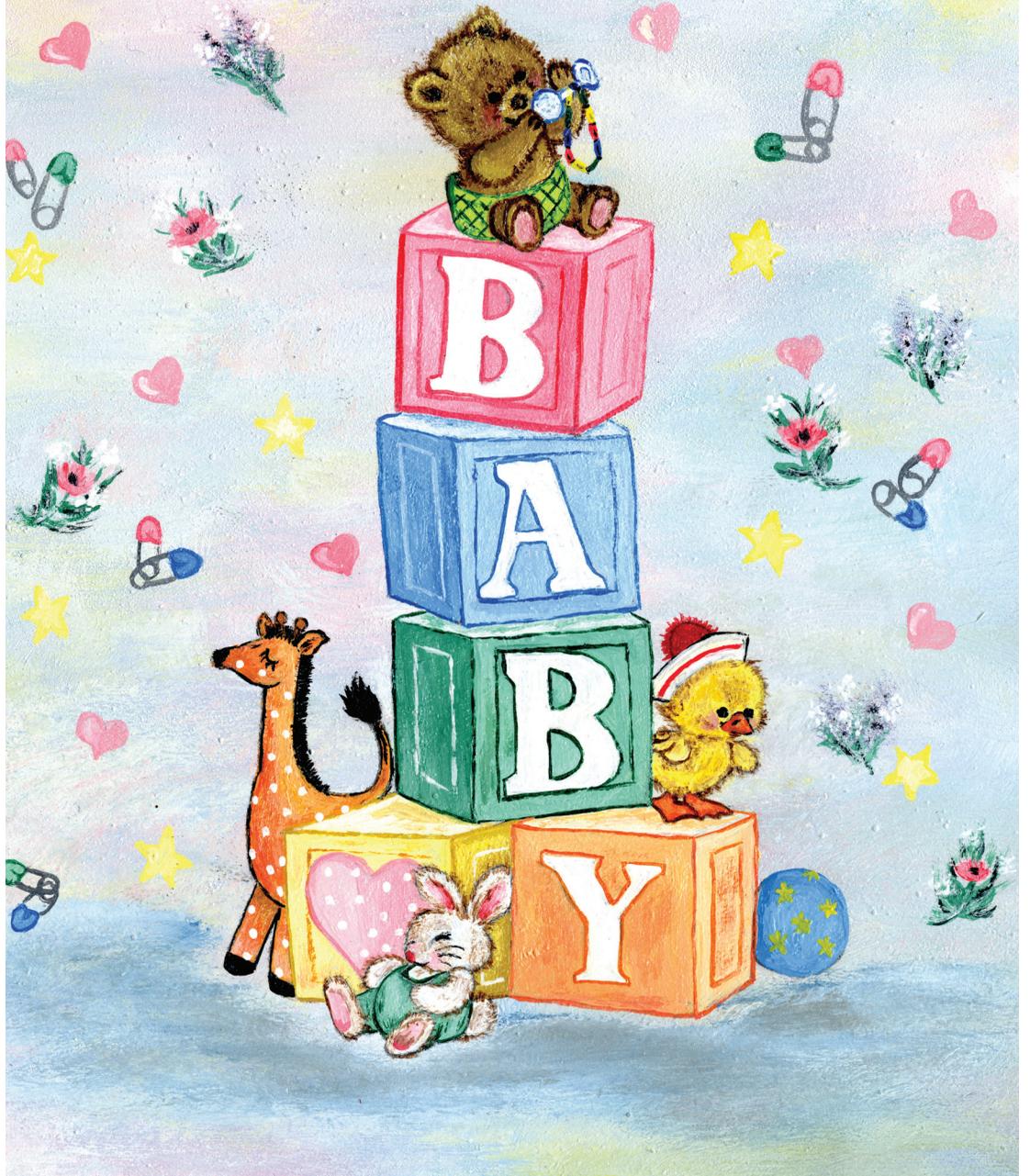
As soon as the baby is born, your midwife will make sure that your baby is beginning to breathe. She will place your baby on your tummy right on your skin and cover you both with warm blankets. Keeping the baby's skin right next to yours is very important. It helps your baby to stay warm, to have a good heartbeat, to breathe better and to get a good start with nursing.

It is very important for the cord not to be cut until it has stopped pulsing. The baby gets extra help adjusting to life outside the womb from the cord.

If your baby does not breathe right away your midwife will work quickly. Using skills she learned in a class called Neonatal Resuscitation, she will clear the baby's airways and start your baby's breathing and heartbeat.

If your baby does not begin breathing within a few minutes  
your midwife will call an ambulance to take the baby to the hospital.

*After the Baby is Born*



In the first few minutes after the birth your midwife will stay right beside you and your baby to watch you closely. She will place your baby at your breast as soon as possible after the birth so that your baby can try to nurse. She will check your baby's heartbeat, breathing, and color every few minutes.

Once you and your baby are together and getting to know each other your midwife will check on your bleeding and work with you to get the placenta delivered. If there is more than normal bleeding she will use herbs and medications to control it. If she is unable to control heavy bleeding quickly before or after the delivery of the placenta she will call an ambulance to take you to the hospital.

When the umbilical cord has stopped pulsing, your midwife will clamp and cut it using sterile scissors and clamps. She will check your perineum for tears and repair them if needed. She will also check your vital signs, look for excessive bleeding and rub your uterus to make sure it remains firm and small.

During the next hour your midwife will check on you and your baby every 10 to 15 minutes until she is sure you are both doing well.

Your midwife will also do an exam on the baby and:

- Count breathing and heart rate
- Check your baby's temperature under the arm
- Check baby from head to toe for birth marks & skin conditions
- Check reflexes
- Look and listen for unusual things like birth defects or breathing problems.
- Weigh & measure length, the size of the head, and the chest
- Offer vitamin K to prevent baby from having internal bleeding
- Offer eye ointment to prevent eye infections



Before your midwife leaves she will make sure that your baby has nursed. She will also check that you have had something to eat and drink and have been able to get up to the bathroom and empty your bladder. Someone should be in the house with you at all times during the first 24 hours to help you get up to go to the bathroom.

# ***Caring for the mother***

## ***Bleeding***

Your bleeding will be like having a heavy period for the first few days, and then slow down. A few small clots are normal and you may have one or two the size of an egg. But if you have more clots or are soaking a maternity pad in ½ hour get up and empty your bladder, rub your uterus, and nurse your baby. If bleeding remains heavy call your midwife or doctor.

## ***Rest***

You should rest with your baby for the first few days. Nap when your baby naps, because you will need to be awake at night when your baby wakes. Avoiding exhaustion prevents headaches and heavy bleeding, reduces after-pains and helps to calm your emotions. It is fine to go to the table for meals. Stretching your legs and walking around prevents blood clots in the legs.

## ***Nutrition/Fluids***

It is important to try to drink 3 quarts of fluid a day and continue to eat healthy foods. This will help you have a good milk supply.

### **At any time during your pregnancy or labor contact your care provider if you experience:**

Signs of infection

Fever over 100.4° or chills

Sharp pain in breasts

Pelvic pain

Strong smelling discharge

Heavy bleeding

Dizziness/fainting

Severe headache

Can not urinate

Sharp pain, redness, swelling or discoloration in calf or groin

Disorientation, hysteria, irrational sobbing or severe depression



# ***Caring for your baby***

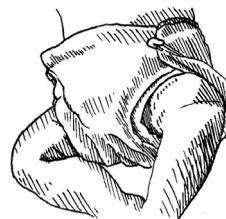
## ***Feeding***

Newborn babies need to eat often. They should be fed only breast milk. Some babies will want to eat every hour; others will go 2 to 3 hours between feedings. Short feedings do not give the baby enough milk. Most babies need to nurse at least 15 minutes at each feeding to gain weight and grow. Babies who are sleeping more than 4 hours between feedings need to be awakened to nurse. Newborns get everything they need from the rich milk called colostrum that is in their mother's breasts at the time of birth. Teas and pacifiers can interfere with your baby's ability to nurse. Most babies thrive on breast milk. If your baby is not gaining weight normally talk with your midwife before using any supplement.

Cow's milk and goat's milk do not provide the nutrition a young baby needs and should not be used.

## ***Diapers***

Your baby should have at least one wet diaper and one diaper with dark stool the first day, two the second day and three on the third day. The first messy diapers are black in color, but should gradually change to yellow by the third or fourth day.



## ***Breathing***

It is normal for babies to have an irregular breathing pattern. Sometimes they breathe fast and then seem to stop for a few seconds. Babies often sneeze and spit up mucous. They should not be gasping or have difficulty breathing.

## ***Cord Care***

Your baby's cord should be kept clean and dry. It is normal for the cord to have a small amount of drainage and a slight odor, but the skin around it should not be hot, red, swollen or painful.

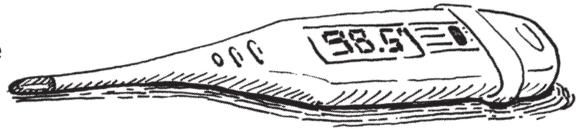
## **Color**

In the first few days it is normal for babies' hands and feet to be a little cool or even a bit blue at times, but your baby's face and chest should be pink. It is normal for babies to develop a mild yellow color (jaundice) on the third day. A baby with jaundice may be difficult to wake, eating poorly or very irritable. Nursing your baby often and allowing your baby to lay undressed in a warm place with indirect sunlight can help with jaundice. Teas are not helpful and should not be given.

If jaundice occurs before 24 hours, lasts more than 7 days or continues to get darker call your doctor or midwife.

## **Temperature**

Babies cannot regulate their temperature in the first few days. Babies usually like to be swaddled in a blanket. If the baby is sweating he or she is likely to be too warm. If the face feels cool the baby may be too cool. If either of these happens, check your baby's temperature. If you do not know how to take your baby's temperature ask your midwife to teach you.



### **Contact your care provider if your baby is:**

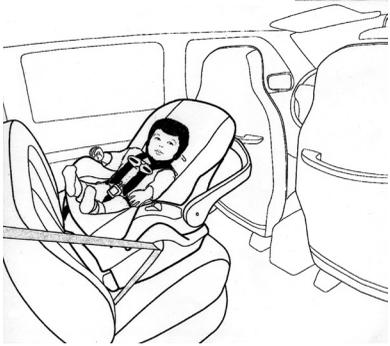
- Breathing with difficulty
- Blue or pale color
- Limp and weak
- Very sleepy, hard to wake
- Jittery or irritable
- Feeding poorly
- Not having wet diapers
- Not having messy diapers
- Very yellow color to skin
- Having swelling, redness, heat, or bleeding from umbilical cord
- Having a fever over 99.6 axillary (under the arm)
- Looking ill



If your baby was premature (born early) do not wait to get help. These little babies cannot handle any difficulties very well.



## ***Things to consider for your baby***



### ***Car Seats***

Babies must ride in an approved car seat that is correctly secured in a car or truck. Car seats more than 5 years old should not be used. Call the Wisconsin Information Network at 1-866-511-9467 (no charge) to locate a certified car seat technician in your area. They can help you find out if your old or used car seat is safe, and help you use your car seat correctly.

### ***Household Water***

If your water comes from a well, your water should be tested for bacteria and nitrites before your baby begins to drink water at around 6 months of age. Unsafe water can make your baby ill. Water test kits are available from local health department offices.

### ***Safe sleep***

Newborns should sleep on their backs on a firm mattress without soft bedding near their faces. When babies are awake they need some “tummy time” to help them develop.



### ***Shaking***

Babies should be handled gently with their necks supported at all times. Shaking or jerking a baby back and forth several times can cause brain damage. Watch young brothers and sisters carefully when they are holding or helping with the baby.



### ***Honey***

Babies under a year old should not be given honey in any form. It may contain bacteria called botulism that can make young babies very sick and can even cause death.

## ***Illness***

It is unusual for young babies to become ill. When a little baby gets sick, it can become serious quickly. Many conditions can be treated if they are caught early. Seeking medical care early can prevent costly hospital stays.

### **Any baby with the following signs of illness needs to see the doctor as soon as possible:**

- Fever over 100.4 - taken under the arm
- Frequent cough
- Limp or much less active than usual
- Nursing poorly or unable to suck.

### **Any baby with the following signs of illness needs to go the hospital immediately day or night:**

- Struggling to breathe
- Choking or gasping
- Wheezing or grunting with breathing
- Continuous very rapid breathing
- Frequent long pauses in breathing
- Very pale or blue color
- Hard or impossible to wake up
- Weak or limp
- Shaking, jerking or seizures
- Fever over 102 degrees under the arm.

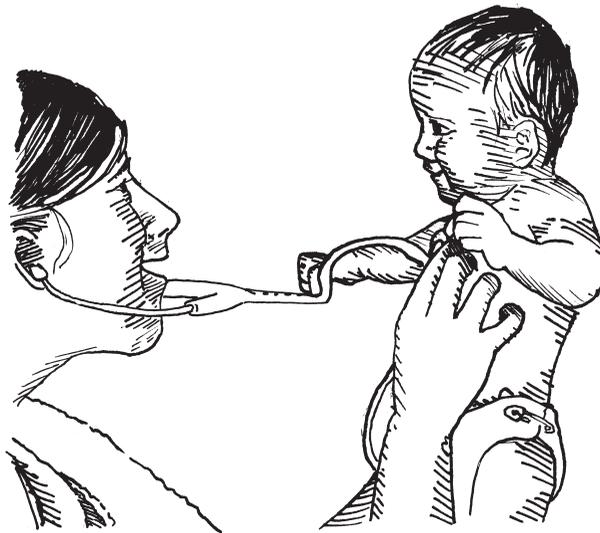


## ***Postpartum Visits***

Ideally you and your baby will have three visits with your midwife in the first 6 weeks of life. These visits should occur at 2-3 days, 10-14 days and 6 weeks after birth.

The reason for the baby's check-ups is to:

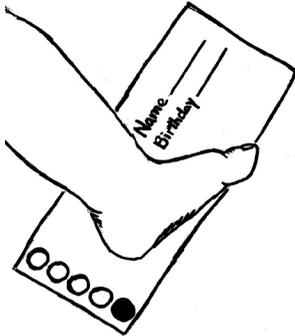
- Check your baby's physical and social development
- Measure your baby's weight, length and head size
- Check for rashes, birthmarks, or other concerns
- Check breathing rate
- Check temperature
- Check heart rate
- Check your baby's umbilical cord
- Ask about feeding and wet and messy diapers
- Check for jaundice, dehydration, infection or illness



The reason for your check-ups is to:

- Ask about your physical and emotional well being
- Give advice about sore nipples and full breasts
- Check your bleeding, uterus and perineum
- Check your blood pressure, temperature, pulse, and hemoglobin

## ***Newborn Screening Tests***



This important test is done within the first two days after the baby is born. Your midwife will make a small prick on your baby's heel and collect a few drops of blood. The test checks for hidden diseases that can make your baby very sick, cause mental retardation or even death. These diseases are called "hidden" because the symptoms may not show for days, months, or years. Early treatment can reduce or prevent the effects of these serious diseases. Even if you have many other children that are all healthy, your new baby could be affected by one of these hidden diseases.

The diseases that are screened for are genetic, that is, they are passed on from the parents to their children.

There are many genetic disorders that affect Amish and Mennonite babies. Two examples are: Glutaric Acidemia which is more common in Amish families and Maple Syrup Urine Disease (MSUD) which is more common in Mennonite families.

## ***Newborn Hearing Screen***

It is important for your new baby to have a hearing test within the first 6 weeks of life. If a baby is deaf or hard of hearing, it is very important to find ways such as hearing aids or sign language to help your baby communicate so that they do not fall behind in learning, feel left out of the family or have accidents or injuries caused from not being able to hear. If the person who delivers your baby does not offer a hearing test, make sure to ask how you can get the test done for your baby.

## ***Critical Congenital Heart Defect Screening (CCHD)***

Critical Congenital Heart Disease (a heart defect) happens in about 1 in 500 births. Many babies who have heart defects don't show any signs in the first few days, but may suddenly become very sick and die quickly during their first week of life. A midwife or doctor can do a test with a tool called a pulse oximeter to measure the levels of oxygen in the baby's blood. If the test shows signs of a heart defect, your baby will need to be seen by a doctor for more testing.

## ***Health and community services***

Many midwives offer information about services you and your family might want and where you can find them:

PAP smear: a test for cancer of the cervix, suggested every 3 years

Well-baby visits

Immunizations

Family spacing information

Post-partum support groups

Mental health services

Services for children born with birth defects who are greatly helped by early evaluation and treatment.

***There are many good people that can be helpful in the communities around you.***

Many communities or hospitals have **lactation specialists**. These women have knowledge and equipment that can help with breast-feeding even in special situations like a cleft palate or lip or feeding twins.

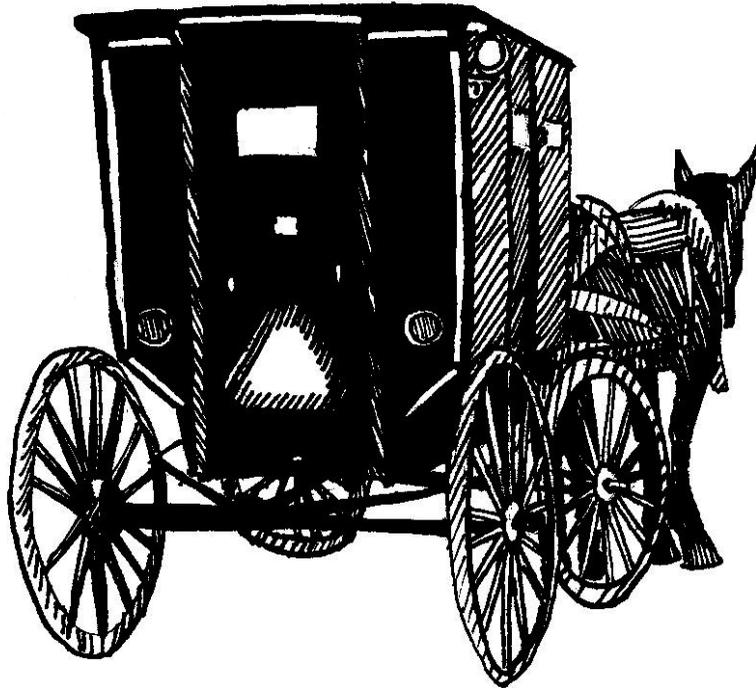
Most counties have health departments and county nurses. They provide immunizations for diseases like whooping cough and measles. There are programs that help children with special needs, such as services and equipment for children with Down's syndrome.

Some communities have free medical clinics for people with no health insurance. These clinics can provide non-emergency medical care and most medicines.



As we end this booklet we hope that we have answered some questions and given some guidance about the most important issues in pregnancy and childbirth.

We encourage you to find care providers in your communities who are able to provide you with the important services you have learned about in this book and to answer your questions in the future. We hope that this information will help you feel confident as you seek care for you and your baby.



*We wish to thank everyone who helped us with putting this booklet together. We are grateful to the Wisconsin Chapter of the March of Dimes, who funded this project through a generous grant, Sandy van Calcar, PhD, RD and the Waisman Center at the University of Wisconsin-Madison, who shared expertise and resources with us, Linda Gleason, MS RD, project coordinator, for her expertise, encouragement and tireless edits, and the many doctors, nurses and midwives who have given freely of their time and knowledge.*

*We thank Frieda Borntrager, Prairie Sundance, and Heather Gunderson for their lovely artwork.*

*We would also like to thank our reviewers for their time and insight:*

*Miriam Borntrager, Member of Amish Community  
Nancy Martin, Member of Mennonite Community  
Emma Lapp, Member of Amish Community  
Rosa Schwartz, Traditional Birth Attendant  
Edith Eicher, Traditional Birth Attendant  
Edna Schrock, Traditional Birth Attendant  
Susan Carlson, Traditional Birth Attendant  
Teresa Rakovec, Traditional Birth Attendant  
Dani Stader, Childbirth Educator  
June Meudt, RN Public Health Nurse  
Christie Reynolds Woodliff, CPM Licensed Midwife  
Lindsey Kroll, CPM Licensed Midwife  
Chris Roberts, CPM Licensed Midwife  
Gretchen Spicer, CPM Licensed Midwife  
Jane Crawford Peterson, CPM Licensed Midwife  
Ingrid Andersson, CNM Licensed Midwife  
Lisa Varnes Epstein, PA CPM Licensed Midwife  
Paul Meier, OB GYN  
Eric Stader, MD*

*The second printing of this book was made possible by generous grants from:*

*Organic Valley Cooperative  
Open Door Birth Center, Denise Doer, CNM  
LaFarge Health Clinic  
The Farm House Birth Center  
In The Beginning Midwifery Service  
Local Delivery Midwifery Service  
Footprints in Time Midwifery Service  
Pam Rhodes, Guardian Midwifery Services  
Wisconsin Sound Beginnings, Division of Family Health, Department of Public Health  
Leonard P. Rome CATCH Award from the American Academy of Pediatrics  
American Family Children's Hospital, University of Wisconsin-Madison*

*Funding for the third printing of this book was provided by the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program.*

*Most of all we want to thank all the families we have cared for who shared their stories, their wisdom and their experiences with us.*

## How to Contact Your Midwife

Families need to be able to contact their midwife when they need her. You will be given a list of phone numbers and instructions on how to reach her any time of the day or night. Keep the numbers in a couple places so they are easy to find.

Midwife: Office # \_\_\_\_\_ Urgent # \_\_\_\_\_

## When to Contact Your Midwife

Pregnancy is a time of great change in your body so it's sometimes hard to know what's normal. If you have questions of symptoms that concern you but are not urgent, leave your midwife a message and let her know how and when she can get hold of you.

If you or your baby have any of the signs or symptoms listed in one of the grey boxes in the booklet call your midwife or doctor right away.



### Important names and phone numbers:

Doctor: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Hospital Emergency Room: \_\_\_\_\_

Public Health Nurse: \_\_\_\_\_

Location of Closest Phone: \_\_\_\_\_

Number: \_\_\_\_\_



© 2007, 2012, 2014 University of Wisconsin–Madison  
Waisman Center  
Biochemical Genetics Program

We gratefully acknowledge that  
development and printing of this booklet was underwritten by  
the March of Dimes.