

Also review the “Actions” sections of these charts for some ideas on how to cope with labor and how your birth partner can help you. Try some of our tips, and think of other ways to help you to cope during labor.

### Stage 1

	Physical Changes	Cervix	Feelings	Actions
<b>Pre-labor</b>	<ul style="list-style-type: none"> <li>• Contractions without progress</li> <li>• Cervix ripens</li> <li>• Cervix may efface</li> <li>• Cervix may dilate 1 to 2 cm</li> <li>• Blood or mucus may come out of vagina</li> </ul>	1 cm	<ul style="list-style-type: none"> <li>• Anxious</li> <li>• Looking forward to birth and baby</li> </ul>	<ul style="list-style-type: none"> <li>• Start or continue nesting</li> <li>• Pack your bags for the hospital</li> </ul>
	<ul style="list-style-type: none"> <li>• Contractions becoming regular</li> </ul>		<ul style="list-style-type: none"> <li>• Excited</li> <li>• Impatient</li> </ul>	<ul style="list-style-type: none"> <li>• Watch a movie</li> </ul>
<b>Early Labor</b>	<ul style="list-style-type: none"> <li>• Cervix effaces, dilates 2 to 4 cm</li> </ul>	3 cm	<ul style="list-style-type: none"> <li>• Uncertain</li> </ul>	<ul style="list-style-type: none"> <li>• Walk, change positions</li> <li>• Take a shower</li> <li>• Drink fluids and eat lightly</li> <li>• Empty your bladder</li> </ul>
<b>Active Labor</b>	<ul style="list-style-type: none"> <li>• Contractions are longer, stronger, closer together</li> <li>• Membranes may break</li> <li>• Cervix effaces, dilates 4 to 8 cm</li> </ul>	4 cm	<ul style="list-style-type: none"> <li>• Focused</li> <li>• Serious</li> <li>• Starting to get tired</li> </ul>	<ul style="list-style-type: none"> <li>• Use patterned breathing</li> <li>• Walk, change positions</li> <li>• Hydrotherapy</li> <li>• Drink fluids and eat lightly</li> <li>• Empty bladder</li> <li>• Epidural anesthesia, if desired</li> </ul>

	Physical Changes	Cervix	Feelings	Actions
<b>Transition Labor</b>	<ul style="list-style-type: none"> <li>• Contractions intense with multiple peaks</li> <li>• Very little rest</li> <li>• Cervix dilates 8 to 10 cm</li> </ul>	10 cm	<ul style="list-style-type: none"> <li>• Focused on here and now, tunnel vision</li> <li>• Difficulty stating needs</li> <li>• Sensitive to touch</li> <li>• Possible urge to push</li> <li>• Possible nausea</li> <li>• Grumpy</li> <li>• Shaky</li> </ul>	<ul style="list-style-type: none"> <li>• Use patterned breathing</li> <li>• Contractions, but no obvious progress</li> </ul>

### Stage 2

	Physical Changes	Feelings	Actions
	<ul style="list-style-type: none"> <li>• May be a lull in contractions</li> </ul>	<ul style="list-style-type: none"> <li>• Ready for birth</li> <li>• Possible renewed energy</li> </ul>	<ul style="list-style-type: none"> <li>• Use patterned breathing</li> </ul>
<b>Pushing</b>	<ul style="list-style-type: none"> <li>• Spontaneous urge or directed pushing</li> <li>• Skin between vagina and anus (perineum) may feel burning</li> </ul>	<ul style="list-style-type: none"> <li>• Tired, sleepy</li> <li>• Sweaty</li> </ul>	<ul style="list-style-type: none"> <li>• Ice chips, if desired</li> <li>• Compresses may feel good</li> <li>• Possible bowel movements</li> </ul>
<b>Birth</b>	<ul style="list-style-type: none"> <li>• Baby's head crowns</li> <li>• Baby is born</li> </ul>	<ul style="list-style-type: none"> <li>• Happy</li> <li>• Relieved</li> </ul>	<ul style="list-style-type: none"> <li>• Push baby out</li> <li>• Focus on baby</li> </ul>

### Stage 3

	Physical Changes	Feelings	Actions
<b>Deliver Placenta</b>	<ul style="list-style-type: none"> <li>• Placenta is delivered</li> <li>• May have contractions, after-pains</li> <li>• Tear is stitched</li> </ul>	<ul style="list-style-type: none"> <li>• May have shakes</li> <li>• May feel cold, chilled</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on baby</li> </ul>



## **A BABY'S FIRST STEP IN LIFE A NEWBORN SCREENING GUIDE FOR PARENTS**

### **WHY DOES MY BABY NEED NEWBORN SCREENING?**

Most babies born in the United States are healthy, but there are some babies who may seem fine at birth that have a serious unseen disorder. If detected early, some of the problems, such as illness, developmental delay, poor growth or death can be prevented.

### **HOW WILL YOU TEST MY BABY?**

After your baby is at least 24 hours old, the hospital will collect a small sample of blood from your baby's heel. If your baby is born at home, it is important to make arrangements to have the screening done with your baby's health care provider after 24 hours of age.

### **WHAT DISORDERS ARE INCLUDED WITH NEWBORN SCREENING?**

The Illinois newborn screening panel currently includes the following disorders:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| • Adrenoleukodystrophy            | • Galactosemia                      |
| • Amino Acid/Urea Cycle Disorders | • Lysosomal Storage Disorders       |
| • Biotinidase Deficiency          | • Phenylketonuria                   |
| • Congenital Adrenal Hyperplasia  | • Organic Acid Disorders            |
| • Congenital Hypothyroidism       | • Severe Combined Immune Deficiency |
| • Cystic Fibrosis                 | • Sickle Cell Disease               |
| • Fatty Acid Oxidation Disorders  | • Spinal Muscular Atrophy           |

More information about each of the diseases or disorders included in the screening panel can be found on the fact sheets provided on the website.

### **WHERE DO I GET MY BABY'S SCREENING RESULTS?**

Results of the screening are sent to the hospital or clinic where the sample was collected. Ask your doctor any questions you may have concerning the results or the newborn screening process.

### **WHAT IF MY BABY NEEDS A RETEST?**

If your baby's initial results were unclear or abnormal, the newborn screening may need to be repeated. If necessary, it is important to make sure that this test is repeated as soon as possible. Your baby's doctor will talk with you about what steps need to be taken.

### **ADDITIONAL INFORMATION**

Illinois Department of Public Health  
Genetics/Newborn Screening Program  
535 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761  
217-785-8101

<http://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening>

## When You Go Home

### Building your milk supply:

- Feed early and often, at the earliest signs of hunger.
- 8-12 feedings per 24 hours is expected, although these feedings may not follow a regular schedule.
- Avoid pacifiers or bottles, at least in the first 4 weeks.
- Frequent feeds, not formula: Only use formula if there's a medical reason.
- Sleep near your baby, even at home. Learn to nurse lying down.

### Feed at the earliest signs of hunger:

- Hands to mouth, sucking movements.
- Soft cooing, sighing sounds, or stretching.
- Crying is a late sign of hunger: don't wait until then!

### Watch the baby, not the clock.

- Alternate which breast you start with, or start with the breast that feels most full.
- Switch sides when swallowing slows or infant takes himself off.
- It's OK if baby doesn't take the second breast at every feed.
- Help baby open his mouth widely: If you're having trouble with latch, get help promptly.
- If the baby is sleepy: skin-to-skin contact can encourage feeding:
  - ▲ Remove baby's top and place him on your bare chest.

### Look for signs of milk transfer:

- You can hear the baby swallowing or gulping.
- There are no clicking or smacking sounds.
- Baby no longer shows signs of hunger after a feed.
- Baby's body and hands are relaxed for a short time.
- You may feel milk let-down:
  - ▲ You may feel relaxed, drowsy, or thirsty, and you may have tingling in your breasts.
  - ▲ You may feel some contractions in your uterus, or your other breast may leak milk.
- You should feel strong tugging, but NOT persistent pain. Proper latch prevents pain:
  - ▲ "chin-to-breast, chest-to-chest"
  - ▲ "flip lips for a sip:" baby's lips flare outward
  - ▲ wide open mouth: baby's mouth covers most of the areola (dark area of breast)—not just the nipple.
- Baby has adequate weight gain: follow up 2 days after you get home. and again at 2 weeks.

### What goes in, must come out. Look for:

- At least 3 poops per day by day 4.
- Poops change from dark black to green/brown to loose yellow as your milk comes in.
- At least 6 heavy/wet diapers after day 4.
- Urine should be pale yellow as your milk comes in.

### Over time:

- All babies have days when they nurse more frequently.
- Breast swelling normally lessens at about 7-10 days and it is NOT a sign of decreased milk supply.
- Your milk may look thin or bluish, but it contains plenty of nutrients.

### If you choose to share a bed with your baby:

- Keep the bed away from walls on both sides so the baby won't get stuck.
- Avoid heavy blankets, comforters, or pillows.
- Avoid soft surfaces such as waterbeds, couches, and daybeds.
- Neither parent should be under the influence of alcohol, illegal drugs, or medications that would affect the ability to wake up.
- As with sleeping separately, put the baby to sleep on his back.
- Do not allow the baby to sleep alone on an adult bed.
- Do not allow anyone except the baby's parents to share a bed with the baby.
- Because the risk of Sudden Infant Death Syndrome is higher in children of smokers, parents who smoke should not bedshare, but may sleep with the baby nearby.

### Tell your hospital what you think:

- Let your hospital know if you had a good or bad experience with breastfeeding. Suggest they become Baby-Friendly®. You'll be helping other moms!

**If you have questions, persistent pain, or can't hear swallowing, ask for help right away!**



**Massachusetts  
Breastfeeding  
Coalition**

254 Conant Road, Weston, MA 02493  
[www.massbreastfeeding.org](http://www.massbreastfeeding.org)

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# SAVE YOUR LIFE:

## Get Care for These POST-BIRTH Warning Signs

Most women and postpartum people who give birth recover without problems. But anyone can have a complication for up to one year after birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Trust your instincts.  
ALWAYS get medical care if you are not feeling well or have questions or concerns.

**Call 911**  
if you have:

- ☐ **P**ain in chest
- ☐ **O**bstructed breathing or shortness of breath
- ☐ **S**eizures
- ☐ **T**houghts of hurting yourself or someone else

**Call your  
healthcare  
provider**  
if you have:  
(you only need one sign)

(If you can't reach your  
healthcare provider, call 911  
or go to an emergency room)

- ☐ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ☐ **I**ncision that is not healing
- ☐ **R**ed or swollen leg, that is painful or warm to touch
- ☐ **T**emperature of 100.4°F or higher or 96.8°F or lower
- ☐ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

**Tell 911  
or your  
healthcare  
provider:**

"I gave birth on \_\_\_\_\_ and  
(Date)

I am having \_\_\_\_\_."  
(Specific warning signs)



Scan here to download  
this handout in  
multiple languages.

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy, vaginal tear, or C-section site may mean an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher or 96.8°F or lower**, bad smelling vaginal blood or discharge may mean you have an infection.
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

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## Is Help Available?

Postpartum Depression (PPD) can be treated successfully. The type of treatment will depend on a careful diagnosis of the type and causes of PPD in each woman. PPD can be treated with medication, psychotherapy or both. Women with PPD may benefit from going to support groups to talk with other women who are going through the same thing.

Different medications affect breast feeding babies differently. Your doctor can take that into account when determining whether medication is the best treatment for you, and if so, what type and dose of medication would be best.

## Remember...

Any woman can develop PPD during or after pregnancy. It is nothing to be ashamed of. Talk with your physician or a knowledgeable mental health professional if you have any questions about PPD or its treatment.

For information and referral  
call the Illinois  
Department of Human Services  
automated helpline:

**1-800--843-6154 (Voice)**  
**or 866-324-5553**  
**TTY/Nextalk, 711 TTY Relay**

In Cooperation With:

Illinois Department of Children and Family Services

Illinois Department of Corrections

The Illinois Department of  
Healthcare and Family Services

Illinois Department of Human Services

Illinois Department of Public Health

and

Conference of Women Legislators (COWL)

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**DHS 4661 Postpartum Depression (R-08-17)**

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State of Illinois  
Department of Human Services

is it the  
**Baby Blues** or  
something more?



Information for women  
who are pregnant or  
who have just given birth



Illinois Department of Human Services

## What is Postpartum Depression?

Having a baby can be one of the happiest and most important events in a woman's life. While life with a new baby can be thrilling and rewarding, it can also be hard and stressful at times. Many physical and emotional changes can happen to a woman when she is pregnant and after she gives birth. These changes can leave new mothers feeling sad, anxious, afraid, or confused. For many women, these feelings go away quickly, usually within about 2 weeks after delivery, and may be part of a normal experience called the **Baby Blues**. But, when these feelings linger or get worse, a woman may have what is called **Postpartum Depression (PPD)**. This condition should be treated just as you would any other illness--by seeking help from a physician or a qualified mental health care provider.

## What are the Signs of Postpartum Depression?

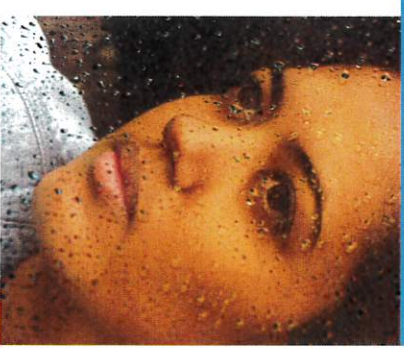
Since Your Baby's Birth, Do You Sometimes Feel...

- Restless, angry or irritable
- Sad, depressed or feel like crying a lot
- Worthless or guilty
- Afraid of hurting the baby or yourself
- Overly worried about the baby or not concerned about the baby at all.

Or Do You Sometimes Have...

- Little or no energy
- Headaches, chest pains, rapid heart beat, numbness or tingling in the hands or feet, or fast and shallow breathing
- Trouble sleeping well
- Poor eating habits (skipping meals and losing weight or over eating and gaining weight)
- Trouble focusing, remembering, or making decisions
- Little interest in things you used to enjoy, including sex

Everyone has these feelings or problems from time to time. When they occur during or after pregnancy and last for several days or weeks they could be signs of a more serious problem. If you are experiencing any of these problems or have questions, call your health care provider. A few women may have a rare type of depression (postpartum psychosis) and may experience hallucinations or suicidal/homicidal thoughts. This is an emergency and they should be seen immediately.



For help, call: **1-866-364-MOMS (1-866-364-6667)**  
Free 24-Hour Crisis Hotline

# BATHING & DIAPERING

of **BEARI**

By Michele A. Romano, MS, RN, CIMI, IBCLC

## The Dirt on Bathing

Many healthcare providers recommend sponge baths over tub baths until the umbilical cord stump has fallen off and the area has healed (within one to three weeks of life) and/or until a male circumcision has healed (which can take seven to ten days).

Babies don't really get dirty, so it's fine to bathe a newborn two to three times a week and simply spot wash his face, neck and bottom in between.

Before you begin, remove any distractions, and turn on the answering machine. You might try warming towels by placing them in the dryer before bathing (and then rolling them so they stay warm until use). Remember to make bathtime fun! Sing, play and make the most of these special opportunities to get to know your baby.

## Sponge Bath Know-How

Fill a clean sink or basin with warm water. Have your basket of supplies (see box, above) and clean clothes nearby.

Place your baby on an open bath towel. Undress him, keeping his diaper on, and wrap him in the towel.

Wash your baby's face and ears using warm water. Use a cotton ball dipped in clear water to wipe each eye from the inner to the outer corner. (Notify your healthcare provider of any odd drainage.)

To wash the hair and scalp, hold your wrapped newborn with your hand at his neck, supporting his head. Securely hold him over the basin/sink, and cup your opposite hand to pour water on his scalp. Add a small amount of baby shampoo, and use a gentle circular motion all over, including behind the

## BATHING & DIAPERING PREP

Fill a portable supply basket with:

2 soft washcloths	diapers
cotton swabs	cotton balls
mild bar or liquid baby soap	baby shampoo
soft baby hairbrush	cold-pressed vegetable oil
mild commercial baby wipes	petroleum jelly
small box of tissues	

This basket can be used for bathing, diapering and other care needs.

ears. Use a cupped hand again to rinse and a second towel to dry.

Place your infant back on the table. Squeeze a small amount of soap into the water. Continue to wash him, exposing, washing and then drying with the second towel each individual body part, working from tip to toes. As you wash each area, keep the rest of his body covered for warmth and security.

Remove his diaper and clean the area, including groin creases, well, using baby wipes or a separate washcloth.

Now turn the baby over. Washing his back will offer some tummy time. Dry, diaper, dress and cuddle.

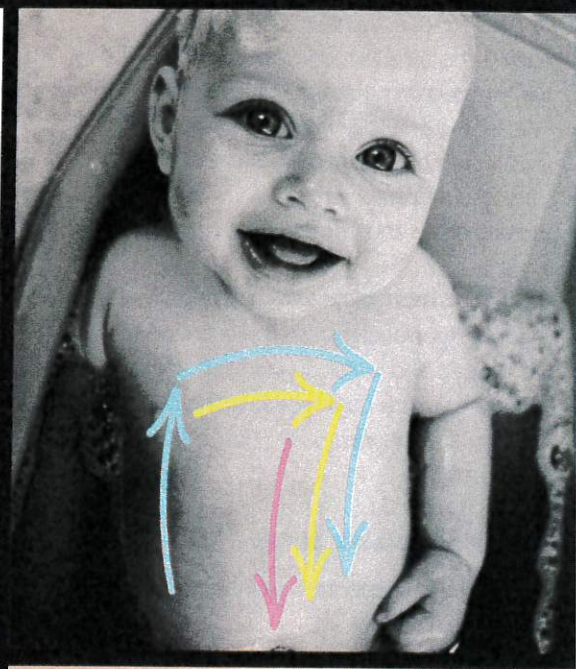
## Tub Bath Know-How

Use an infant bathtub or a small sink. Place your supply basket, warmed towels and clean clothes within reach. Sing as you bathe and end with time for play.

Place your baby on an opened towel and remove clothes and diaper. Clean the diaper area with wipes or a washcloth dipped in soap and water.

Wash your baby's face with a clean washcloth and clear water. Then place

(continued on back)



## BATHS: NOT JUST FOR BATHING

Here are some games for during and at the end of the bath.

- Play "This Little Piggy" with toes or fingers.
  - Wring the water from a washcloth onto your baby's tummy and watch the response.
  - Use plastic cups to show him how to fill and pour once your baby is able to sit.
  - Demonstrate a loving touch by drawing the letters "I," reversed "L" and "U" on your baby's tummy while saying, "I love you."
- See photo above.

**1** I **2** LOVE **3** YOU

## UMBILICAL CORD CARE

The umbilical cord stump falls off between the first and third week of life. Keep the cord area dry; any drainage may be cleaned with a cotton swab dipped in water. (Alcohol or ointment are unnecessary.) Dab the area gently with a dry cotton swab, and fold the diaper down to position it below the cord area.

Call your healthcare provider if the area around the cord, including the skin, is red or swollen, or if there is a foul-smelling discharge.

**HUGGIES®** brand knows the little things that can make all the difference. Like diapers with a U-shaped umbilical cord opening that offer the most gentle protection for your newborn's sensitive belly button. Baby wipes for a newborn's delicate skin. Baby wash, lotions and disposable washcloths that make bath time a little thing that's easy for you and your baby.

**HUGGIES** BRAND

## PENIS CARE

If you have questions regarding the necessity of male newborn circumcision, you'll find excellent information on [www.medem.com](http://www.medem.com) and the American Academy of Pediatrics' web site, [www.aap.org](http://www.aap.org). What follows is the most up-to-date care information for both the circumcised and uncircumcised penis.

**An uncircumcised penis** does not require special care. Clean the diaper area with soap and water during each bath and with wipes or a dampened washcloth at each diaper change. Never forcibly retract the foreskin.

### A circumcised penis

- Use clear water to clean the penis during healing.
- Your healthcare provider will advise you on any special diapering techniques, depending on the circumcision procedure.
- If you notice signs of infection, such as swelling or severe redness, or if the circumcision bleeds, call your baby's healthcare provider.

## ABOUT THE AUTHOR

Michele A. Romano, MS, RN, CIMI, IBCLC, is an expert in newborn care and a certified infant massage instructor.



the baby in the tub.

Wash his hair by wringing a wet washcloth over it. Apply a small amount of shampoo, and gently massage his scalp in a circular motion. Use the damp washcloth to clean behind his ears. Wring a wet washcloth onto his hair until the soap is gone; avoid splashing your baby's face. If you notice a dry flaky area—cradle cap—on the scalp, gently massage in a small amount of cold-pressed vegetable oil and brush through before washing your infant's head. Call your healthcare provider if the flakes are reddened or persist.

Add a small amount of bath soap to the washcloth and continue to wash the neck, arms, armpits, chest, tummy, legs, back and buttocks.

After playtime, open a warmed towel, place your baby on it and dry thoroughly. Diaper, dress and cuddle.

## Bathtime Tips

- Never leave an infant unattended for even a moment on a surface of any height (table, counter, bed, changing table) or in a sink, tub or tub seat!
- For a tub bath, place your baby into the tub feet first. A rubber suction bath-safety mat or towel placed at the bottom of the sink or tub may make the surface less slippery.
- Always cleanse the genital area from front to back to avoid bacterial infection.
- If your baby becomes upset or overwhelmed during the bath (fussy, arms and legs flailing), wrap him snugly or offer him his hand to suck. Comfort him by holding him close to your heart, and gently rock him. Continue with the bath once he's settled.

## Diapering Know-How

Gather your supply basket (see box, over) and place your baby on the changing table (always use the restraining straps) or another mutually comfortable place. If diapering on the floor, place your baby on a folded bath towel or a soft pad.

Remove the soiled diaper by releasing the tabs. Gently swipe the diaper through your infant's groin, bringing the front to the back, and dispose.

Using a baby wipe or washcloth, clean from front to back toward your baby's buttocks. You may need to use several wipes.

Examine your baby's skin for diaper rash or irritation. Diaper changes with each feeding reduce these problems.

Consult your healthcare provider if a rash or irritation persists.

Dry the diaper area with a tissue, and then place a clean diaper on your baby.

## Diapering is a Social Time

Diaper changes are a great time to show your baby how much you love him. Here's how:

- Use a clean diaper or small towel and play peekaboo. Peek over the top several times, and then surprise your baby by peeking around one side.
- Blow raspberries on your baby's tummy.
- Imitate some of the sounds your baby makes to have a little "conversation."

# HUGGIES

## HUGGIES Newborn Gentle Care



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# WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

The following image shows a safe sleep environment for baby.



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



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



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



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



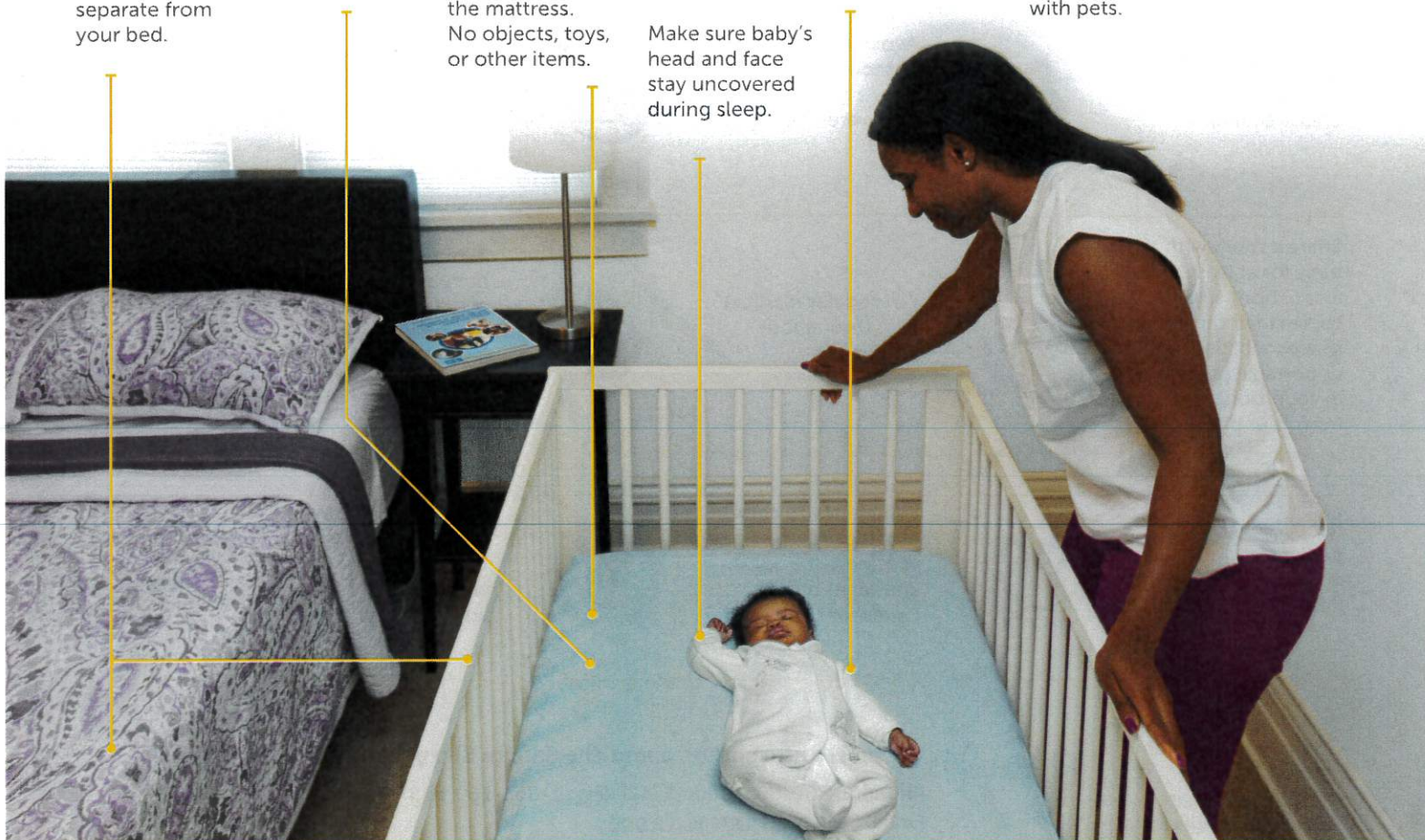
Place babies on their backs to sleep, for naps and at night.



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



Keep baby's surroundings smoke/vape free.



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



Eunice Kennedy Shriver National Institute of Child Health and Human Development



# SAFE SLEEP FOR YOUR BABY

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



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



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



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

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



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



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



**Feed your baby human milk,** like by breastfeeding.



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



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



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



**Get regular medical care** throughout pregnancy.



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



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



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



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



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



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

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947

Email: [SafetoSleep@mail.nih.gov](mailto:SafetoSleep@mail.nih.gov)

Website: <https://safetosleep.nichd.nih.gov>

Telecommunications Relay Service: 7-1-1