Teaching baby care classes can be confusing with all the new evidence. Do we teach swaddling to help parents soothe their newborn, or promote skin to skin? Do we show them the 5 S’s, or teach parents about the crying curve and infant development?

Presented by an educator and postpartum doula who learns from babies and families every day, this webinar will share insight on newborn care and provide tips on how to educate parents about becoming competent and confident as they welcome their new babies.

You Will Learn:

- The latest evidence in newborn care
- Tips on teaching parents how to keep their babies happy and fulfill their innate needs
- Ways educators can become more baby-friendly and promote breastfeeding, while still supporting parents and giving them the competence (and confidence) to do their best
- New options for the care of infants
- And much more!

Meet Your Presenter:

**Kimberly Bepler, IBCLC.** Certified Postpartum Doula and Doula Trainer (CAPPA), Certified Postnatal Educator (ICEA), Infant Massage Instructor, CST Practitioner, and mom of two, has spent the last 12 years serving families (approximately 800 of them) in their homes with their newborns.

In addition, Kimberly also teaches teaching baby care classes and facilitates moms groups. Caring for many infants, parents, and parents-to-be, Kimberly offers new techniques that help parents make the best possible choices for their families.
Secrets from a Postpartum Doula and Educator: Newborn Care & Soothing Techniques
Kimberly Bepler, IBCLC, CPD, ICPE, CST

Modern Newborn Care...
How do we educate parents to make the best decisions on how to care for their babies?

Approaches to infant crying and soothing vary. What do we focus on?
How do we educate and equip parents for soothing their infants, while helping them keep their infants safe and thriving?

- Teaching practical skills to soothe baby
- Give anticipatory guidance about the crying curve and Abusive Head Trauma
- Allow time in class to practice under pressure

Don’t Leave Out the Tools!

Crying Curve
Teaching Both Approaches

Introducing the “Melting Baby Hold”

Baby Yoga Hold
Tummy Pressure Holds

Here’s another great idea…

Use the exercise ball for soothing… much more effective
Use the exercise ball for soothing… much more effective than rocking!

Teaching a mama a new skill builds her confidence in her own competence.

While You Wait

I teach families about safe babywearing

Wearing babies bridges the gap between baby’s needs and parents’ needs…

This sling was recalled in 2010 for reports of infants being suffocated. What do could go wrong here?

What’s Correct?
1. Baby is in holding position
2. Chin off chest
3. See baby’s face
4. Baby’s spine is straight
5. Baby is high and tight
6. Product is designed for safety (no recalls)

U.S. Consumer Product Safety Commission

Introduce New Techniques

Back to Sleep, Tummy to Play! How?
“Tummy time is hard!”
“My baby doesn’t like it.”

Using a bolster encourages baby’s range.

Naked (or Diaper Off)
Early Goal: Skin to Skin

Best Toy for Brain Growth? YOU.

How much sensory input?

Supporting Breastfeeding-Friendly Practices for Soothing

Consider Risks of Swaddling.

In the early weeks when parents need to put baby down after a feeding, teach swaddling with hands out so babies can cue for feedings.

Baby who still needs to be swaddled for sleep but needs both hands up?

When babies are feeding well and parents need more rest, teach swaddle with hands in, but arms bent across chest vs. arms straight down. (Typically used between 2 and 6 weeks)

When babies can get out of their swaddle, graduate to an arms down position (like the ‘bat wings’).

We also need to provide examples of safe swaddles that insures freedom of hip movement to avoid hip dysplasia. www.hipdysplasia.org

Baby Rolling Over?

Interpreting Newborn Movement:

3 Zones of Movement/Reflexes-
Feeding, Burping, Digesting

• Divide baby’s body into thirds
• Where is movement, pressure or noise coming from?

Top Third:
Feeding Movements

Feeding zone can include sucking for soothing, as well as,
feeding cues.

Middle Third:
Upper Torso-Burping Zone
They may fuss when breaking off the breast, but usually will be much happier after a burp. This position is less traditional, but very effective.

Lower Third:
Belly, Legs, & Bum - usually indicates a digestive struggle that needs some support.
Legs tucked in and bicycled is effective; cycle first, then hold in for 10-15 sec.

Pooping Position!
The angle and support of this hold allows the baby to release bowel pressure...have a diaper handy!

Tummy time with legs tucked in can also be helpful for releasing gas--and other surprises!
This baby also had a pretty nasty diaper rash.

Some Babies Can’t Multitask
• 4th trimester - reflexes over cognitive movement
• “Value Packaged Brain” all the parts in place without development of some of the higher thinking
• Pressure in the body can affect baby’s desire and ability to feed well
• Until the pressure is released, he cannot continue to feed
• Many babies outgrow this quickly, and will burp themselves after on a quick break off the breast
• Simultaneous feeding and digestion happens within a few months, otherwise, plan on a pause

Teaching the Infant Bath…
Is crying necessary?
Using a thin blanket or small towel to wrap baby in during early baths helps to regulate temperature
Keeping baby warm is the key to a cry free bath for the newborn
They are often so relaxed this way that they fall asleep
They are often so relaxed this way that they fall asleep during the bath!

Having a towel stack right near the bath area allows for a quick transition and less heat loss, which results in less crying.

“When you look back, you don’t regret the nurturing you gave your baby, but you might regret the way you neglected yourself.” -Kimberly Bepler

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RESOURCES

American Academy of Pediatrics
www.aap.org

Centers for Disease Control
www.cdc.gov
800.CDC.INFO

American SIDS Institute
www.sids.org
800.232.SIDS

National SAFE KIDS Campaign
www.safekids.org
202.662.0600

Consumer Products Safety Commission
www.cpsc.gov
800.638.2772 (product recalls)

Baby Center
www.babycenter.com
a valuable parenting website

La Leche League
www.lalecheleague.org
for help finding a local breastfeeding support group
Newborn Care: A Guide to the First Six Weeks

New Parent Handout

Newborn Appearance
Your baby will look a little different than you might expect at first. Don’t worry, these characteristics will all go away in time.

Vernix
This cream cheese-like substance coats the skin of a just-born baby.

Cone Head
The shape a newborn’s skull can take as a result of the soft bony plates coming together to help the baby’s head squeeze through the birth canal.

Milia
These are tiny white bumps on the baby’s face.

Mongolian Spot
These bluish-green or gray birthmarks are found on the baby’s lower back. It’s most common among Asians, Polynesians, Native Americans, and African Americans, and normally disappears three to five years after birth.

Stork Bites
These are temporary birth marks that look like patches of deep pink skin on the baby’s face and neck.

Hunger Cues
Look for your baby’s first signs of hunger, sometimes these can occur together or all at once!

Rooting
This is when a baby turns his head towards your chest as he searches for a breast.

Open Mouth
Baby will open his mouth when you touch it with your finger.

Sucking Motions
Baby makes smacking sounds or sucking movements with her mouth.

Sticking Tongue Out
Baby will thrust her tongue out many times as she is rooting.

Hand to Mouth
This is when baby brings his hand to his mouth to suck on.

continued →
Breastfeeding Holds

There are many ways to hold your baby when you breastfeed. Try them out, and see what works best for you and your baby.

**Cross Cradle**
Support your baby’s upper back and shoulders with one hand, keeping your fingers low behind his ears. This hold is good because it supports newborns’ weak necks.

**Side-lying**
Lie on your side with the baby tummy to tummy. This restful position is also good if you had a cesarean, but may be easier with an older baby.

**Football**
Hold your baby along the side of your body. This is a good hold if you had a cesarean.

**Cradle**
Support your baby’s head in the crook of your arm. Use this position when the baby has more head control.

**Laid Back**
Recline comfortably at a 45 degree angle. Position your baby so that he lies with his tummy on your torso. This hold allows gravity to help baby latch on and feed.

**Skin to skin**
Breastfeed your baby skin to skin (with no clothing or bedding between you) whenever possible.