

Tool Kit for New Parents



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Introduction

Becoming a parent is one of the most important events and responsibilities in a lifetime. And wanting to become a healthy, happy family is a common goal.

As you begin the parenting journey, you will naturally bring your own personal experience of how you were parented. By reflecting on your personal experience, you can make decisions about what things you might want to repeat or change.

When two parents are involved, there will likely be differing experiences. Discussing these experiences together can help to form a united philosophy in how parenting will look in your new family.

Here are some topics you may want think about:

- What are some things about the way you were raised that you would like to incorporate into your family?
- What are some things about the way you were raised that you would like to change?
- What holidays will you celebrate and how will they look?
- What sort of religious/spiritual values do you want to instill?
- Do you feel as if you can “spoil” a baby? If so, what does that look like to you?
- What kind of discipline will you use?
- What will be your rules around screen time. How will you implement them?
- How will you divide parenting/household duties? Especially in those early weeks but also going forward.
- Where will baby sleep, and for how long?
- Who would you choose as a guardian?
- Fast forward 18 years. What would you like to hear your child say about the kind of parent you’ve been? What can you do to make that happen?

Temperament

During the month following birth, baby tries to regain his sense of organization and fit into life outside the womb. Birth and adaptation to postnatal life bring out the temperament of the baby, so for the first time he must do something to have his needs met. He is forced to act, to “behave.” If hungry, cold, or startled, he cries. He must make an effort to get the things he needs from his caregiving environment. If his needs are simple and he can get what he wants easily, he’s labeled an “easy baby;” if he does not adapt readily, he is labeled “difficult.”

– Dr. William Sears

Temperament is how your nervous system is hard wired. It is expressed in how that nervous system responds to external conditions or surroundings (environmental stimuli) across similar situations.

Researchers believe that each person starts life with an inherited set of 9 traits. The specific combination of traits that people have puts them into one of 3 temperament profiles. These profile types are flexible, active or feisty, and cautious.

Rarely does a person fit neatly into one type. Most people share some aspects of all types with an emphasis on one. Personality is gradually developed through a combination of temperament and life experiences. As parents, how we interact with our child’s temperament will help to shape their personality.

Knowing our own temperament, as well as our child’s, can help us respond more appropriately to meet their needs. It is not unusual for a parent and child to have different temperaments. This may, at times, require us to adjust our natural inclinations and responses to better fit with our child. This is referred to as “goodness of fit.”

Some aspects of temperament may be noticeable in your baby right away. It may take until the completion of the fourth trimester or longer before all traits are recognizable. Traits may also shift and evolve in their intensity over time as your child develops.

Take time to identify your own temperament as it relates to the 9 traits. Later, do this with your baby. Look for how you may be alike, how you may differ, and how you may need to adjust your responses to meet baby’s needs.

9 temperament traits

Where do you fall along these ranges?

Activity level Low Moderate High

This refers to the amount of activity you have on a daily basis. Are you always on the move engaging in physical activity, or do you prefer more quiet activities?

Regularity Irregular Variable Highly regular

This refers to the predictability of our basic body functions of sleeping, eating, and eliminating. Do you sleep and wake, feel hungry and eat, and have bowel movements at the same time each day?

Initial Reaction Introvert Variable Extrovert

This refers to your initial responses to new persons, places, events, and ideas. Are you the outgoing life of the party, willing to try new things? Or do you resist trying new activities and attending parties with strangers?

Adaptability Slow Variable Easy

This refers to the amount of effort it takes to adapt or accommodate to a new person or situation after your first reaction. Do you “go with the flow” and easily integrate new concepts, routines, and expectations into your life? Or do you struggle with these kinds of changes?

Intensity Low Medium High

This refers to the strength of your responses, both positive and negative, which may be demonstrated outwardly or experienced inwardly. Do you feel and/or express your emotions (happiness, sadness, nervousness, etc.) strongly, or do your emotions come and go while you maintain a fairly even keel?

Mood Positive Variable Negative

This refers to the overall quality of your emotion throughout the day. Do you see the glass as half full, putting a positive spin on things, seeing problems as challenges? Or is your glass half empty, more critical of how things are?

Distractability Low Moderate High

This refers to your ability to concentrate and focus without letting thoughts or things in the environment interfere. Do you focus so deeply that you are unaware of what is happening around you, or are you distracted by noise, activity, or your own musings?

Persistence Short Medium Long

This refers to how long you can stick with a task regardless of difficulty. Do you continue with a task even when it proves to be very difficult? Or do you move on to something else when things get too challenging?

Sensitivity Low Medium High

This refers to the amount of stimulation you require before responding. Do you easily pick up on things in the environment, such as others’ moods, temperature, texture of clothing? Do you easily laugh or cry? Or does it take more to get a response from you?

It is important to not give any of these traits a value judgment. They just are. All of them can be advantageous or challenging in any given situation. If you remain neutral about them, so will your child.

Being aware of your child’s traits will help you tailor your parenting techniques to bring out the best in your child. By tuning into your child’s natural inclinations, you can help guide them through areas that may be challenging for them, as well as provide experiences in which they excel – even if your temperaments are different.

The fourth trimester

Human babies are born immature compared to other mammals. Their greatest tool for survival is their brain. In order for their large brain to get through the pelvis and birth canal, they have to be born when it is only partly developed (about 26-29%).

From day one, your baby's brain will be busy making neural connections based on new environmental stimuli. Some of this is driven by the primitive brain's need for survival, food, warmth, etc. Other stimuli are provided by parents, comfort, socialization, and learning. This represents that perfect combination of nature and nurture.

The shift from womb to outside world is quite abrupt. In utero, all of baby's needs were met in a seamlessly organized manner. Now, suddenly, they have to "do" something to get their needs met. As you care for baby in these early weeks, keep in mind the environment they are familiar with and how you might help ease them into this new one.



WOMB ENVIRONMENT	OUTSIDE WORLD
Confinement – security, constant touch	Open space – times of no touch, exaggerated body movements
Darkness	Bright light
Elimination – unaware, no poo	Elimination – bowel movements, wet diapers, uncomfortable
Passive eating – no hunger	Sucking and swallowing – hunger, digestion, gas
Passive oxygenation	Breathing
Temperature – stable, warm	Temperature – fluctuating, hot/cold
Sound – constant, noisy	Sound – periods of silence, noises shrill and random
Sleep and wake – timeless	Sleep and wake – time bound
Motion – almost constant	Stillness – unless intentionally moved
Buoyancy	Gravity – feeling of being pushed against a surface or downward, which they must overcome to move
Moist	Dry
Skin sensation – fluid, soft	Skin sensation – clothing textures, hard
Smells – few	Smells – all sorts of aromas

Reading baby cues

Wouldn't it be wonderful if our new babies could just tell us what they need? Although they are very much nonverbal, our babies do try to communicate with us.

Being hardwired for survival, they use whatever means they have to get their needs met. These are their basic physical responses that include facial expressions, body language, and crying.

When we are alert to these cues and respond, our babies feel like competent communicators, and can trust their needs will be met. This helps to promote secure attachment to their caregiver. It also lays the foundations for self-regulation and resilience.

Our babies do not expect us to get it perfectly right every time, and will sense when we sincerely try. Some of baby's cues are quite potent and obvious. Other are more subtle and difficult to recognize. Sometimes, cues come in clusters that can be particularly meaningful. It is helpful to see what these cues look like. Go to [YouTube.com](https://www.youtube.com/watch?v=ve7yXXRaYT8) and search for "newborn cues 2015 narrated," or use this URL – [youtube.com/watch?v=ve7yXXRaYT8](https://www.youtube.com/watch?v=ve7yXXRaYT8)

Here are some common baby cues that occur in the early weeks, and how we can respond:

ENGAGEMENT CUES	▶ RESPONSE
Bright, wide open eyes	Talk to and play with baby
Brow raising	Show them things
Turning toward caregiver	
Studying face, eye contact	
Relaxed body	
Smooth movements of arms and legs	
Focus attention on stimuli	

HUNGER CUES	▶ RESPONSE
Open mouth and turning head to search for a nipple	Feed baby, preferably before they cry
Diving for a nipple	
Sucking on anything they can reach	
Tongue thrusts	
Lip smacking	
Fidgeting, squirming	
Flexed arms and legs	
Clenched fists over chest and tummy	
Fussing	



FULL CUES (most reliable after 4 weeks)



RESPONSE

Sucking slows or stops
Lets go of nipple
Turns head away
Satisfied look
Sleepy
Groggy
Relaxed limbs and hands
Looks "milk drunk"

Stop feeding

GASSY CUES



RESPONSE

Squirming
Creaking noises
Grimacing
Pulling legs up
Fussing

Burp baby
Lie on back, bicycle legs

POOP CUES



RESPONSE

Thoughtful expression
Pursed lips
Furrowed brow
Grunting

Put in poop position

SLEEP CUES



RESPONSE

Yawning
Dull glassy expression
Staring into distance
Droopy eyelids
Rubbing eyes and ears
Whiney sounds
Burying face in caregiver's chest/shoulder

Soothe toward sleep

DISENGAGEMENT CUES



RESPONSE

Glassy eyes
Averting eye contact
Frowning or grimace
Wrinkled forehead
Jerky movements
Turn away
Push things away

Stop stimulating baby
Take a break
Allow baby to decide if and when they want to re-engage

OVERSTIMULATED CUES



RESPONSE

Stiff body
Back arching
Tight muscles
Pushing away
Jittery/jerky movements
Grinding cry

Reduce stimulation with swaddling, repetitive motion, white noise

PURPLE crying

The Period of PURPLE Crying is a way to help parents understand this normal part of every baby's development. It was developed by the National Center on Shaken Baby Syndrome. The name is not because the baby turns purple while crying. It's an acronym that is a meaningful and memorable way to describe what parents and their babies are going through.

P	Peak of crying	Your baby may cry more each week, the most in month 2, then less in months 3-5.
U	Unexpected	Crying can come and go and you don't know why.
R	Resists soothing	Your baby may not stop crying no matter what you try.
P	Pain-like face	A crying baby may look like they are in pain even when they aren't.
L	Long lasting	Crying can last as much as 5 hours a day or more.
E	Evening	Your baby may cry more in the late afternoon or evening.

The first rule for soothing is this: Some things work some of the time, but nothing works all of the time.

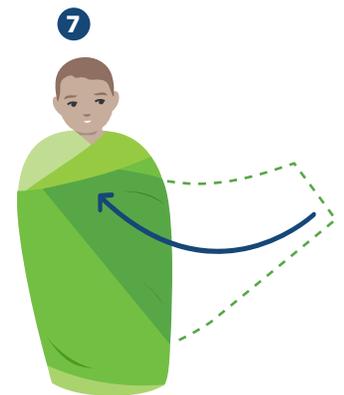
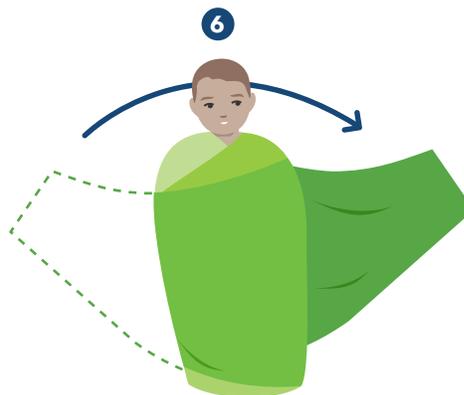
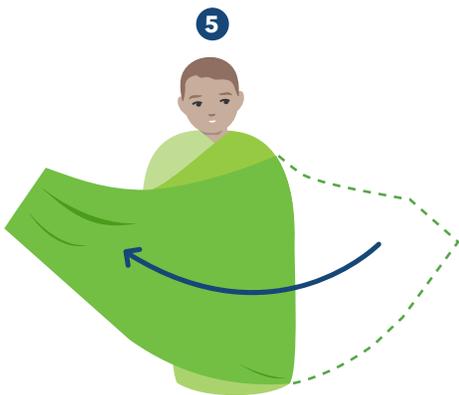
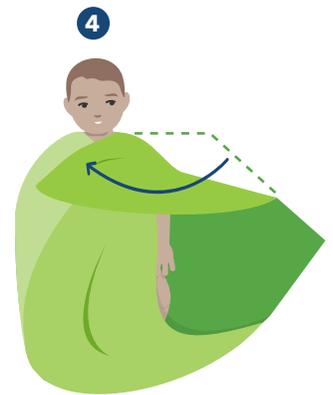
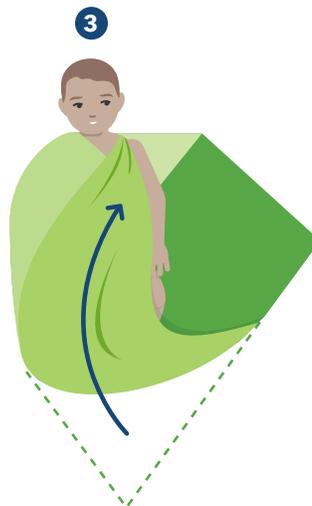
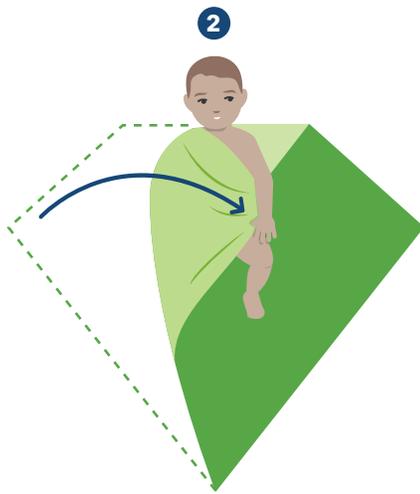
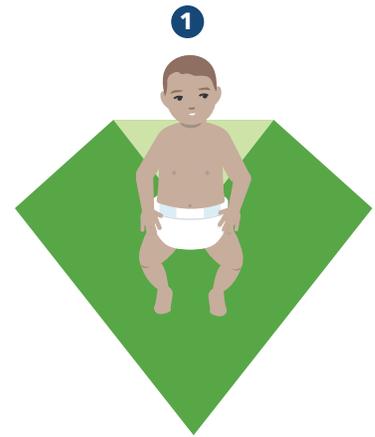
The second rule is: Research has shown that soothing can work preventively if the soothing activities are applied when the infant is not crying.

This does not mean your baby will never cry, but they may spend less time doing so. Most babies respond to soothing techniques that re-create their familiar womb environment. These include swaddling, motion, white noise, closeness to caregiver, caregiver's voice, moderate temperatures, and nonnutritive suckling.



Swaddle instructions

Stop using the swaddle for sleep once baby is able to roll over.



The Five S's

The Five S's method was created by Harvey Karp, MD. He is a pediatrician who wrote *The Happiest Baby on the Block*. It promotes ways to calm newborns and help them sleep.



The Five S's are:

- Swaddle
- Side or stomach position
- Shush
- Swing
- Suckle

Sleep

Sleep facts

- Newborns sleep an average of 16-18 hours for the first 6 weeks of life. These hours tend to be distributed evenly over 6-7 periods with awakenings in between.
- After 6 weeks, the average sleep for baby is 14 hours. Some sleep as little as 9 hours and some as much as 19.



- Newborn sleep cycles are about 50 minutes in length. They are divided evenly into 2 types: active (light, dream), when brain processing occurs and arousal is easy, and quiet (deep), which is restorative and arousal is difficult.
- Newborns need these longer, more frequent active phases for brain development and getting their biological needs met.
- By 3-6 months, babies will begin to develop circadian rhythms. They have longer periods of quiet sleep, and may sleep for 5-hour stretches at night.
- Adult sleep cycles last around 90-100 minutes. The cycles repeat 4-6 times a night and are 80% deep and 20% light.
- Infant and adult sleep cycles conflict in that infants often disrupt adult restorative sleep.

Safe sleep for baby

- Always place baby to sleep on their back.
- Do not use commercial positioners and alarms; they have not been shown to be effective.
- Place baby on firm, flat surfaces only.
- Make your baby's sleep space clutter free – no blankets, pillows, bumpers, stuffed animals, cords, etc.
- Don't let baby sleep in products that are not designed for sleeping, such as car seats, infant loungers, etc. Make sure all sleep surfaces and products have been approved by the US Consumer Product Safety Commission.
- Stop using a swaddle for sleep once baby can roll over.
- Do not overheat. Keep the room temperature a moderate 68-72 degrees. Dress baby in one layer more than what you are wearing.
- Sleep in same room as parents for first 6 months or so.
- Do not allow smoking around baby, or let baby be against the clothing of anyone who has smoked.
- Nurse your baby, if possible.
- Use a pacifier when sleeping. Try not to use during the first month if nursing. Don't force baby to take a pacifier if they don't want it.
- The American Academy of Pediatrics, among others, does not recommend bed sharing with baby. The reality, though, is many parents do, either as a regular practice or from time to time. Please learn the safety rules for bed sharing before doing it and understand any potential consequences. See resources at the end of this booklet.

Encouraging sleep for baby

- After 2 weeks, start helping baby distinguish day and night. Bring baby into living space during day. Don't be concerned about household noises. At night, keep interaction at a minimum and lights low.
- Start putting a simple sleep time routine into action. Example: turn on some white noise, feed, change, swaddle, do the five S's.
- Around 2-3 months watch for sleep cues and try helping baby to sleep before they get overtired.
- Start a bedtime routine. About 30-60 minutes before bedtime, start some calming activities.
- At bedtime, soothe to sleep – swaddle, rock, sing a lullaby.
- Try a dream feed before you turn in for the night.
- Around 4-6 months, try putting baby to bed when drowsy but not asleep. If they fuss, try reassuring them. If they continue to fuss, pick them up, soothe, and try again.
- If baby wakes at night during a light sleep cycle, try to comfort and reassure them back to sleep before deciding they need something more.
- There are many methods for helping babies sleep better. Explore different options and see if there is something that feels good to you. Make sure baby is developmentally ready.

Sleep tips for tired parents

- Sleep when the baby sleeps. Household chores and entertainment can wait.
- Too wired to sleep? Lie down and rest instead. Try practicing a relaxation or meditation technique. You may fall asleep without realizing it, especially if you only manage the light sleep stage. You may not feel restored, but you will feel less tired. If you do accomplish deeper sleep, even for 3 minutes, you will benefit. Think "power nap."
- Nurse baby, if possible. One study reported that nursing parents averaged 40-45 minutes more sleep than bottle feeders.
- Have baby sleep near you. It decreases stimulation around nighttime feeds.
- If baby is asleep, don't worry about changing wet diapers. If baby can't sleep because they need a diaper change, they'll let you know.
- If you have a partner, divvy up nighttime duties.
- Let a friend or family member watch your baby while you take a nap.
- Get sunlight and avoid artificial lighting at night.
- Avoid caffeine and alcohol, as well as exercising within 3 hours of bedtime.
- Remember that things will get better. Newborns have special sleep patterns and needs. But things should start to improve around 12 weeks postpartum.

Perinatal mood and anxiety disorders (PMADs)

Perinatal mood changes and anxiety are very common. Perinatal refers to the time from when you become pregnant to one year after giving birth.

These changes are caused by a flood of hormones that increase activity in the parts of the brain that control emotions and behaviors. These changes in our brains are designed to prepare us to feel a fierce protectiveness and love for our babies.

When you add the potential of biological and external stressors, lack of sleep, and one's own expectations versus the reality of a new baby, it's not hard to imagine that a person can feel overwhelmed. Although these changes are more common in a birthing parent, it can also happen in partners and even adoptive parents.

It is important to know that if you feel distressed by your moods or anxiety, it wasn't something that you did or did not do that caused it. This can happen to anyone. Most of the time, mood changes and anxiety are temporary.

But it is important to seek treatment because these feelings can impact your relationship with yourself and your family. There are different types of PMADs. They can also vary in their severity. Treatment is based on the severity of the disorder. Treatment may be as simple as lifestyle changes. Some people may find a support group helpful. In some cases, talk therapy or medication might be needed. In rare cases, hospitalization may be required.

According to Postpartum Support International, these symptoms (as well as others) may indicate a PMAD:

- Are you feeling sad or depressed?
- Do you feel more irritable or angry with those around you?
- Are you having difficulty bonding with your baby?
- Do you feel anxious or panicky?
- Are you having problems with eating or sleeping?
- Are you having upsetting thoughts that you can't get out of your mind?
- Do you feel as if you are "out of control" or "going crazy?"
- Do you feel like you should never have become a parent?
- Are you worried that you might hurt yourself or your baby?



Types of PMADs

Baby blues

- Very common – happens to 4 out of 5 birthing parents
- Usually comes on within 48-72 hours after birth
- May include mood swings, tearfulness, anxiety or worry, irritability, feeling overwhelmed, exhaustion, trouble sleeping, difficulty concentrating
- Resolves on its own within a couple weeks

Depression

- Occurs in about 1 out of every 7 parents

Anxiety

- Panic happens to 1 in 10 parents
- Obsessive/compulsive disorder occurs in about 1 of every 25 parents

Postpartum post-traumatic stress disorder (PTSD)

- About 1 in every 11-12 parents have this
- Caused by a real or perceived trauma during birth or postpartum
- May include intrusive re-experiencing of the traumatic event, flashbacks, or nightmares
- Makes people avoid any stimuli associated with the event – thoughts, feelings, people, places, sounds, etc.

Postpartum psychosis

- Rare – only 1-2 in 1,000 and only occurs in a birthing parent
- Begins in first few days to weeks after giving birth
- Often presents with belief in something that's not real (delusions) and confusion
- Other symptoms can include hallucinations, severe insomnia, paranoia, mania, depression, extreme mood swings, agitation, aggression, loss of inhibitions, feeling disconnected from your baby

Postpartum psychosis is considered a medical emergency. The person with it must be seen immediately. If necessary, call 911.

Fondness and admiration

By showing fondness and admiration for one another, we can help to build strong, satisfying relationships within our family and with others. Showing appreciation for the things others do is a great place to start. When we point out the things someone does well, thank them for it, and tell them how it contributed, they are more likely to do it again.

The following activity can help us connect with what we admire about another individual and increase our fondness for them.

From the following list, choose only 3 characteristics of the other person that stand out to you.

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Creative | <input type="checkbox"/> Socially skillful | <input type="checkbox"/> Imaginative |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Expressive | <input type="checkbox"/> Reliable |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Cheerful |
| <input type="checkbox"/> Interesting | <input type="checkbox"/> Assertive | <input type="checkbox"/> Tender |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Totally silly |
| <input type="checkbox"/> Practical | <input type="checkbox"/> Athletic | <input type="checkbox"/> Caring |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Understanding | <input type="checkbox"/> Gracious |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Funny | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Brave | <input type="checkbox"/> A great friend | <input type="checkbox"/> Witty |
| <input type="checkbox"/> Intelligent | <input type="checkbox"/> Nurturing | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Artistic | <input type="checkbox"/> Graceful |
| <input type="checkbox"/> Generous | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Warm |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Considerate | <input type="checkbox"/> Exciting |
| <input type="checkbox"/> Truthful | <input type="checkbox"/> Attractive | <input type="checkbox"/> Good at planning |
| <input type="checkbox"/> Strong | <input type="checkbox"/> Organized | <input type="checkbox"/> Powerful |
| <input type="checkbox"/> Sexy | <input type="checkbox"/> Gentle | <input type="checkbox"/> Vulnerable |
| <input type="checkbox"/> Adventurous | <input type="checkbox"/> Protective | <input type="checkbox"/> Financially cautious |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> A great lover | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Resourceful | |



Now pick one of those characteristics and think of an actual event where this characteristic was displayed and share this with the other person.

Example: Let's say you picked "a great friend." You might say, "I remember the time that Joe was visiting from out of town and when he left, he forgot his insulin in our refrigerator. You drove 100 miles to bring it to him. I really appreciate how much you went out of your way to be such a great friend."

Finally, go back through the list and choose one characteristic the other person has that you would like to see in your child.

Feeding

Babies should be fed exclusively human milk or formula for their first 6 months, unless there is a medical reason to do something different. Human milk is the preferred food for babies. It provides the greatest health benefits for both babies and parents.

Baby feeding is beyond the scope of this class. If you would like to learn more about providing your milk to baby, you can take our "Preparation for Birth" class where it is discussed.

Here are a few facts about providing baby with human milk:

- Providing baby with lots of skin-to-skin contact on your chest around the nipples helps regulate their systems. It also allows colonization of the parent's bacteria. (Many recent studies show the importance of setting up these gut bacteria for baby's immune system. The bacteria also come from the vagina during birth and through your milk.) The skin-to-skin contact also stimulates sensory information that prompts nursing behaviors.



- Correct position and latch are the foundations for nursing success.
- Milk production is stimulated by suckling and the complete transfer of milk.
- By practicing hand expression for the first 5 days postpartum, for 5 minutes, after 5 feeds, you can increase milk production by 130%.
- Feed baby "on demand," whenever they want to nurse.
- Baby should nurse at least 8 times in 24 hours, but often will actually nurse 10-12 times.
- "Cluster feeding" is very common in the early weeks. It occurs when baby wants to nurse more frequently or almost continuously. It can happen at any time of day, but is most common in the evenings or whenever baby is experiencing a growth spurt.
- Human milk is dynamic. This means it changes its nutritional composition to meet baby's needs as they grow.
- The amount of milk a baby consumes increases quickly in the first few weeks, but then stays about the same between 1 and 6 months, averaging around 25 ounces per day. Depending on individual appetites, intake can range between 19 and 30 ounces.
- To be assured baby is getting enough to eat, pay attention to baby's input and output. Count the amount of wet and dirty diapers produced in a 24-hour period. See the chart on the next page.



Baby's age	Human milk	Wet diapers/24 hours	Dirty diapers/24 hours
1-2 days	Colostrum (provides immunities and helps with jaundice)	1-2	Greenish-black, tarry meconium
2-6 days	Milk "comes in"	At least 1 wet per day of life up to day 6	At least 3 greenish transitional stools
6+ days	Milk supply adjusts to suit your baby's needs	At least 6 wets going forward	At least 3-5 very loose stools – bright yellow color that are about 2.5 cm
6 weeks	Milk supply established	Same as 6+ days	Some babies switch to less frequent but large bowel movements. May even go for a day or more without a bowel movement

Resources

Breast/chest feeding

- kellymom.com
- lalecheleague.org
- nursingmotherscounsel.org
- donatemilk.org
- Kaiser Permanente's Pediatric Lactation Program, 1-855-206-0302

Pregnancy, birth, parenting

- kp.org/healthengagement/pregnancy
- kp.org/maternity
- healthychildren.org
- "Newborn Cues," [youtube.com/watch?v=ve7yXXRaYT8](https://www.youtube.com/watch?v=ve7yXXRaYT8)

Pregnancy/Postpartum mood disorders

- postpartum.net
- babybluesconnection.org or 1-800-557-8375

Relaxation/Meditation/Renewal

- helpguide.org/articles/stress/relaxation-techniques-for-stress-relief.htm
- meditationoasis.com
- doyogawithme.com
- kp.org/selfcareapps for Calm app

Safety

- childproofingexperts.com
- oregonimpact.org/Child_Passenger_Safety
- redcross.org (for baby/child CPR)
- US Consumer Product Safety Commission, CPSC.gov
- Oregon Poison Center, 1-800-222-1222

Sleep

- cosleeping.nd.edu/safe-co-sleeping-guidelines

Temperament

- readyforlife.kera.org/ready-for-life/parents/temperament
- preventiveoz.org
- ecmhc.org/temperament/index.htm

Notes
