

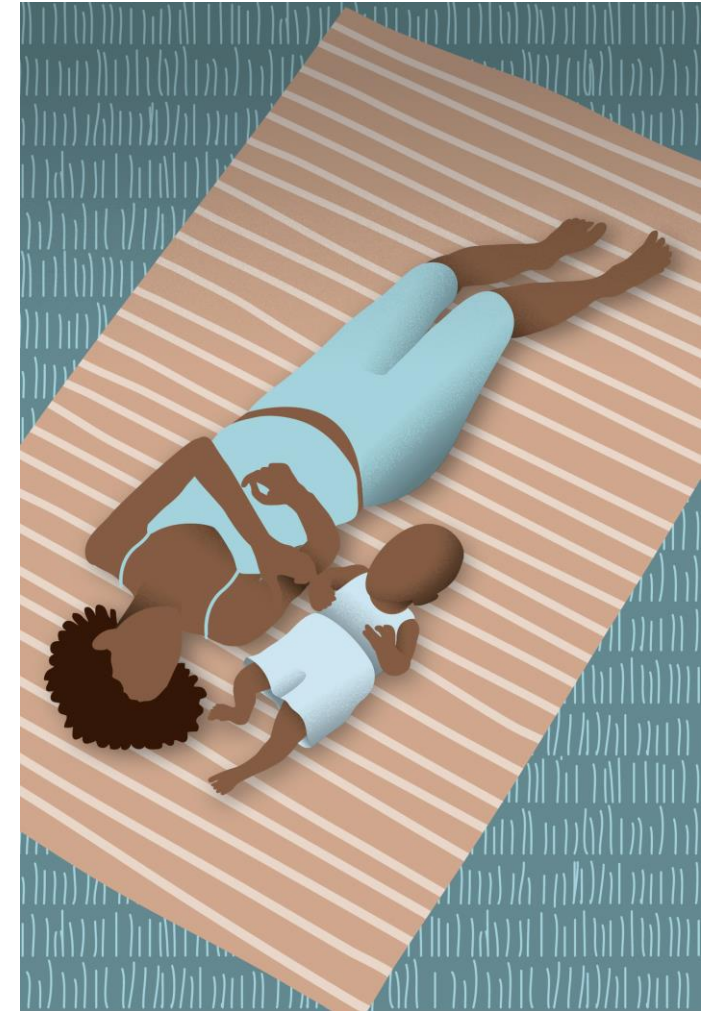
UCLA Health



- Zoom – HIPAA compliant
- Group Format - Consent to participate
- Personal questions in a group format
- General advice – not Medical Advice
- Please “Mute” yourself–background noise- Show Video
- “Raise Hand” or wave or use the Chat Box
- Be respectful

- **Parent Transitions**

- Safety considerations for baby
- Planning ahead
- Siblings, Family and Friends
- Maternal Wellness and Self Care
- Growth and Development



Safety Considerations for Baby

- California LAW
 - Must use car seat in cars
 - Rear facing, until...
 - 2 years, 40 lbs, 40 inches
 - Car seat or Booster
 - 8 or have reached 4'9"



Rear-facing Car Seat

Birth until age 2-4*



- ✓ Child's head at least 1" below top of car seat.
- ✓ Harness straps are **at or below** child's shoulders.
- ✓ Chest clip is buckled and at armpit level.
- ✓ Harness straps are snug; you can't pinch them.

*As long as possible, until they reach the maximum weight or height limit of their rear-facing car seat.

Always properly buckle children aged 12 and under in the back seat!
Never place a rear-facing car seat in front of an active airbag.



- Learn:
 - Laws
 - Correct car installation
 - Correct infant placement
 - Do NOT swaddle, then Buckle
 - Read manufacturer's instructions
 - Ask for help

Car Seats: Where does the chest clip go?

CORRECT:



✓ Chest clip is buckled and at armpit level.

INCORRECT:



✗ Chest clip is unbuckled or positioned too low or too high.

Always properly buckle children aged 12 and under in the back seat!
Never place a rear-facing car seat in front of an active airbag.



Fitting

- Breastfeed
- Same room
- Separate Surface
- Safe Swaddle
- Back to Sleep

NIH



Safe Sleep for Your Baby

Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation.

Breastfeeding reduces the risk of SIDS

Babies who are breastfed or are fed expressed breastmilk are at lower risk for SIDS compared with babies who were never fed breastmilk. According to research, the longer you exclusively breastfeed your baby (meaning not supplementing with formula), the lower his or her risk of SIDS.

- ▶ If you bring baby into your bed for feeding, remove all soft items and bedding from the area. When finished, put baby back in a separate sleep area made for infants.*
- ▶ If you fall asleep while feeding baby in your bed, place him or her back in the separate sleep area as soon as you wake up.

Safe Sleep Environment

To **reduce the risk** of SIDS and other sleep-related causes of infant death:

- ▶ Always place baby on his or her back to sleep, for naps and at night.
- ▶ Share your room with baby. Keep baby close to your bed, on a separate surface designed for infants.
- ▶ Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet with no other bedding or soft items in the sleep area.

* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-636-2772 or <http://www.cpsc.gov>.



Since the 1990s, when the U.S. back-sleeping recommendations were first released and public awareness efforts began, the overall U.S. SIDS rate has dropped.

But, as SIDS rates have declined, deaths from other sleep-related causes, such as suffocation, have increased, and certain groups remain at higher risk for SIDS than others.

For example, African American and American Indian/Alaska Native babies are at higher risk for SIDS than white, Hispanic, or Asian/Pacific Islander babies.



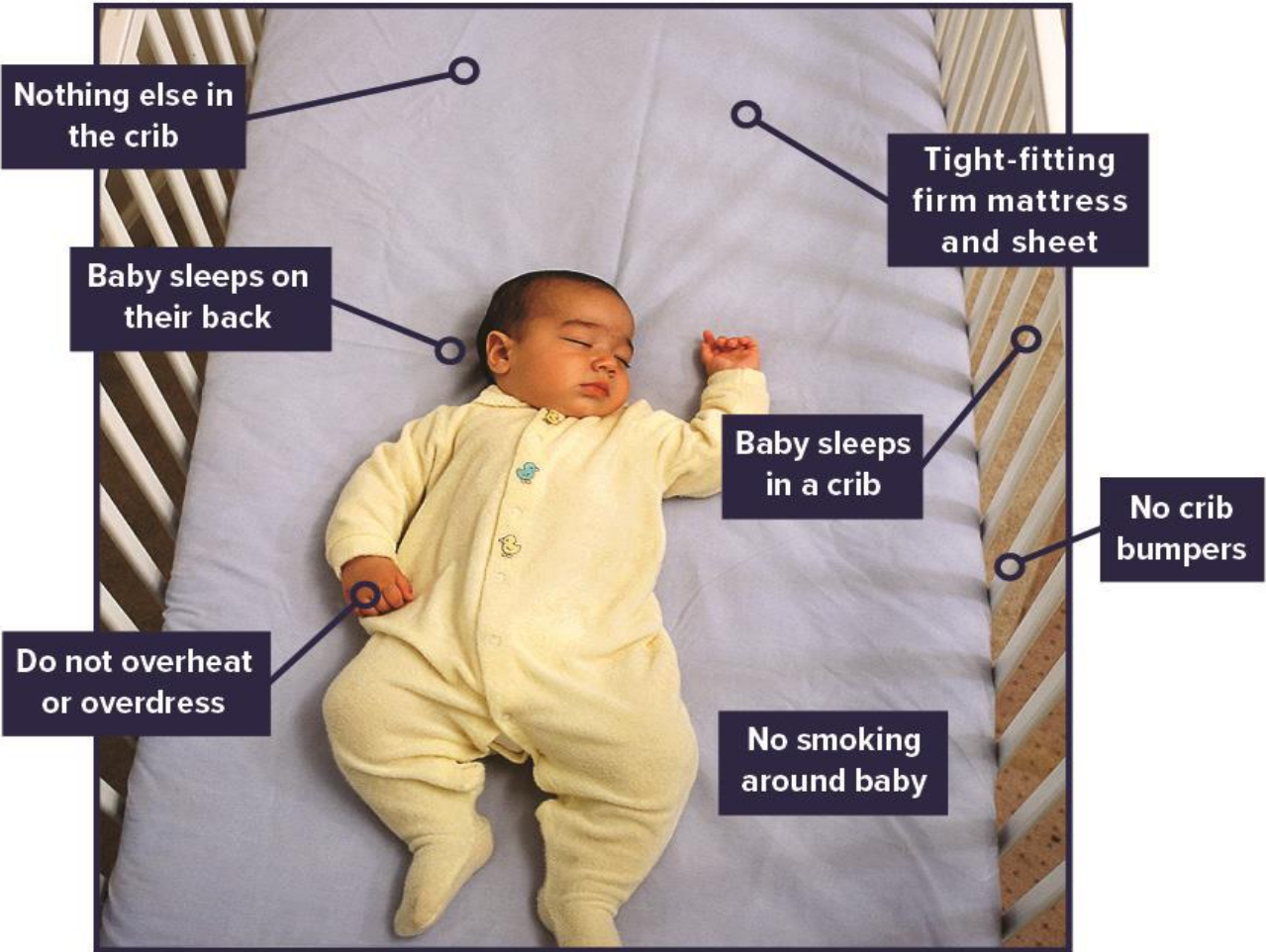
NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development



Learn more about SIDS and safe infant sleep:
<http://safetosleep.nichd.nih.gov>



- Bedsharing - NOT RECOMMENDED
- **Feeding-** laying down
 - Can fall asleep
 - Make sure follow safe sleep guidance
 - NO Smoking, alcohol, drugs
 - Safe surface, baby on back, no blankets
 - Nursing mother, healthy full term baby
 - Replace baby on safe surface after **feeding**



- Bassinets or Cribs –
 - Think of your home environment
- “Bare is Best”
 - no bumpers
 - excess blankets, pillows
 - cords
- Dress baby one layer warmer or swaddle
 - NO OVERDRESSING



[AAP](#) [CPSC](#)

- Use caution with product claims to reduce SIDS
- YES - Carbon Monoxide monitor
- NO open gas heaters – good ventilation in room
- AAP Recommends:
 - Room share for 6 months, ideally 1 year
 - Daily time on tummy beginning after umbilical stump heals
 - Rolling – don't have to replace on their backs

[AAP Safe Sleep](#)



- **Safe Skin to Skin**
 - Chest to chest
 - Face to face
 - Nose to nose - “Sniff”
 - Legs Flexed
 - Pink lips
 - Good color
 - Blanket – shoulders, face exposed

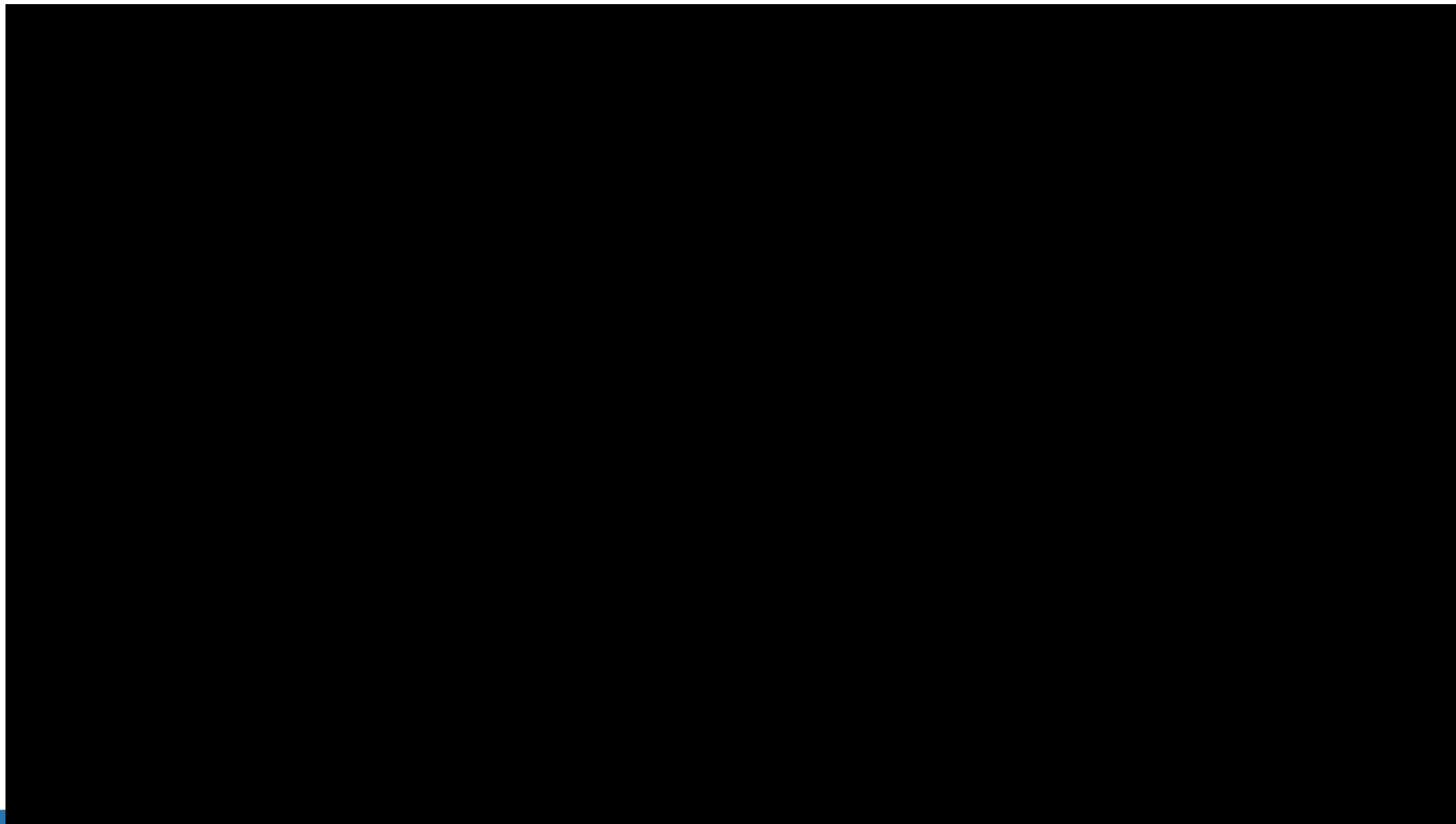
- Safe Swaddle
- Separate Surface
- Same Room
- Back to Sleep



To Swaddle or Not to Swaddle?

Swaddling **suppresses** feeding cues

Swaddle when **YOU** Sleep



- Risks
 - Can mask feeding cues
 - Can cause orthodontia problems overtime – shape of mouth
- AAP recommends introducing pacifier to help sleep
 - Reduce SIDS
 - Offer at nap and bedtime



- Babies start eating family foods - 6 months
 - Part of weaning process
 - Your pediatrician will guide you
- Babies <6 months DO NOT need
 - Water
 - Other milks (soy, cow's goat's, nut, oat)
 - Table foods

- Pasteurized or Peer shared milk
- FDA – Iron Fortified Formula
 - Risks
 - Safe preparation & storage
- No group instruction – 1:1

Powdered infant formula is not sterile.

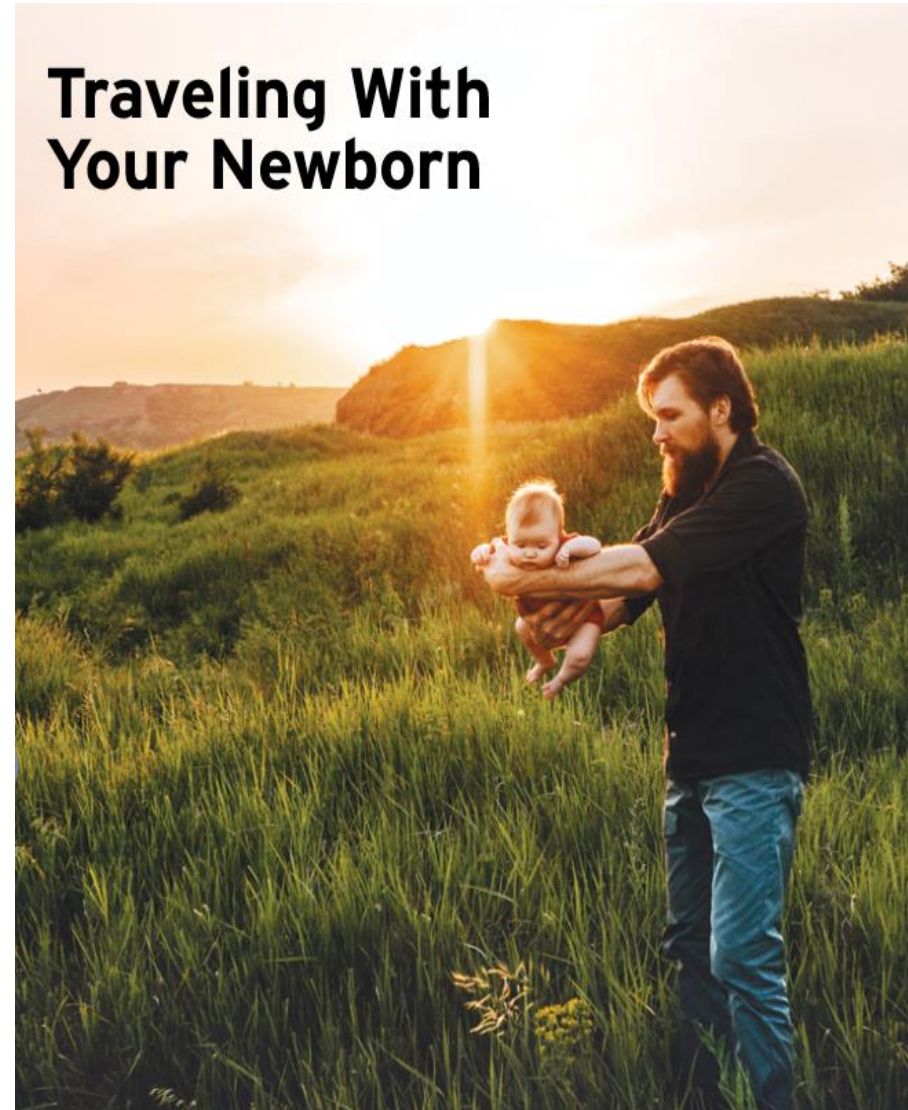
It may contain bacteria that can cause serious illness in infants.

Correct preparation and handling reduces the risk of illness.

Planning Ahead

- Avoid crowds & air travel
 - First Month
- Plan for feedings & diapering
- Plan for safe sleep
- Air travel
 - Child Restraint System
 - Car Seat/Strollers
 - Air pressure – nursing, suckling
 - International travel – ask provider

[TSA](#)

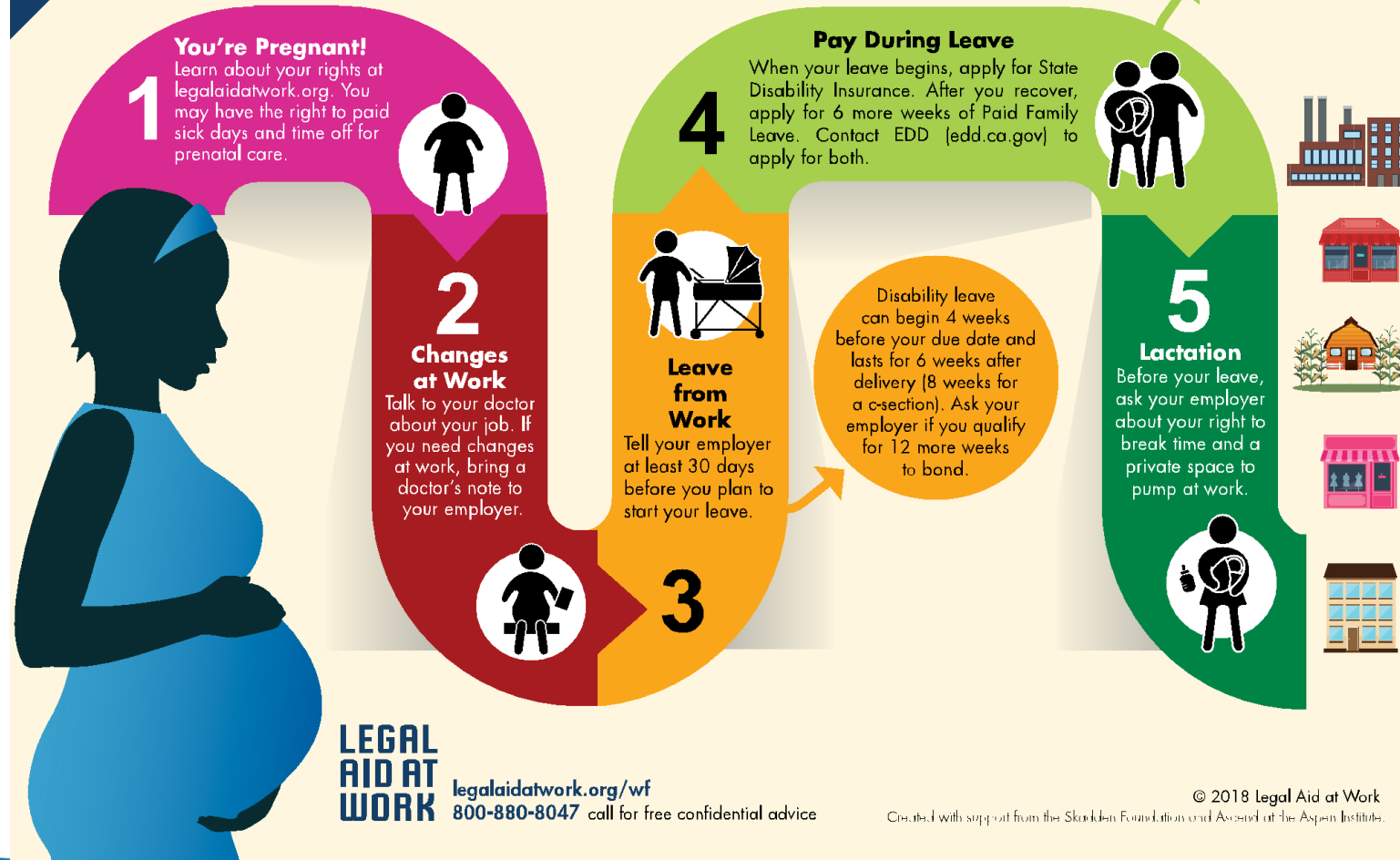


- Health Plan
 - 30 days
 - Birth Certificate
- Life Insurance
- Employee Benefits
 - Dependent Care
 - Flexible Spending
- College Savings
- Retirement
- Wills & Trusts
 - Guardianship

IN CALIFORNIA

PREGNANCY + MY JOB: A Roadmap

See our accompanying guide for more detailed information.



- **Income Replacement**
 - State disability insurance
 - Private disability insurance plans
 - Maternity leave benefits
 - Vacation or sick time
- **Job Protection**
 - FMLA/CFRA leave
 - Pregnancy disability leave
 - Sick leave



- Reasonable lactation accommodations:
 - Place to pump – private – *new rules!*
 - Time to pump – reasonable
 - Pump time may not be paid



- Private child care provider (Family or Nanny)
- In home day care
- Child Care Center
- All early childhood care should:
 - High quality
 - Affordable
 - Safe and Licensed

CCRC

Siblings, Family & Friends



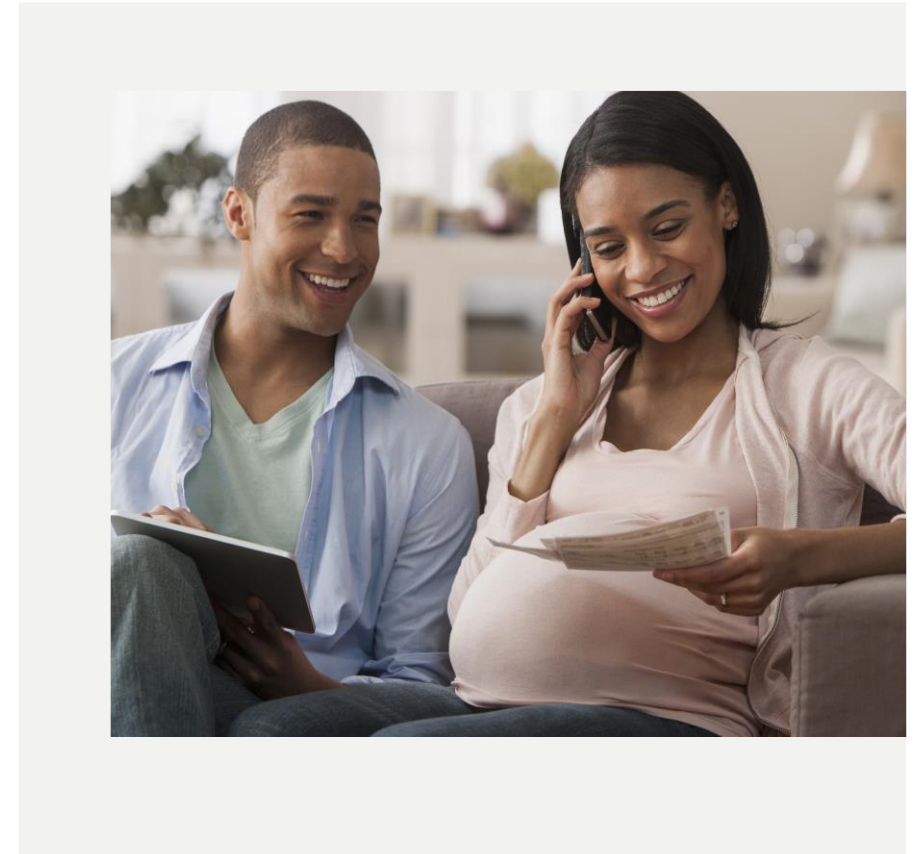
- 6 and older – helpful
- Younger – supervise
- 3 and younger
 - Jealous
 - Left out
 - Not the baby anymore....
- New baby give “gifts” and distract, distract, distract





- Helpful?
- Bring a meal?
- Do laundry?
- Hold the baby.....
-While you shower or sleep?
- Partners can help set boundaries
- Direct tasks

- Three's a crowd!
- Resuming intimacy
 - 6 weeks
 - Go slow
 - Use lubrication
 - Discuss alternatives to intercourse
 - Make time



- Interest in sex can wane
 - Exhaustion
 - Postpartum body
- Birth Control
 - Talk to your provider
 - Breastfeeding - LAM
 - Non-hormonal
 - Barrier methods

Maternal Wellness



- Baby Blues

- 3-5 days after birth
- Hormonal
- Symptoms come/go
- Can feel happy
 - Sadness, Crying, Irritability, Frustration, Moody, Worry, Anxiety, Can't think clearly, Forgetfulness

PPD/PPA

- During pregnancy
- After birth 1-3 months
- Anytime in 1st year
- Starts slowly or rapid onset
- Weaning/First period
- Symptoms last most of the day, most days

If not treated, it can result in long term or chronic depression or anxiety

- Talk to your provider
- Many medications are safe for breastfeeding
- A combination of therapy and medication is often the most effective treatment for PPD/A



You can participate if you are:

- ✓ Between 28 weeks pregnant – 6 months postpartum
- ✓ Currently experiencing depressive symptoms
- ✓ Not currently treated by therapist or psychiatrist

To enroll or for more information
please call
(213)776-2079 or QR

New Moms Mood Tracking & Wellbeing

Research study IRB #20-010219

Take part in a research study for new moms. You can help us learn more about mood changes, risk factors for mental health problems and response to treatment among new moms.

Who can take part?

Women who are between Week 28 of their pregnancy and 6 months postpartum and who receive care at the UCLA OBGYN clinic. Other eligibility criteria:

- ✓ Currently experiencing depressive symptoms
- ✓ Are not currently receiving individual treatment by a therapist or psychiatrist

What to expect during the study?

If you elect to take part in the research study, you will be randomly assigned* to one of two conditions:

1. Perinatal Psychiatric Care – psychiatric medication management
2. Screening & Treatment for Anxiety & Depression (STAND):
 - a. Online therapy with coaching – self-paced online programs covering coping skills, including appointments with a trained coach
 - b. Clinical care – weekly therapy and psychiatric medication management, if needed

Treatments will cover up to 6 months after study enrollment. You may be referred to more services through community providers if needed.

*Treatment conditions are determined automatically. Participants do not have the option of choosing the condition.

Additionally, you will be asked to

- ✓ Complete a brief symptom survey (Mental Health Tracker) online every (other) week
- ✓ Complete longer online assessments at study start, and at 4, 13 and 26 weeks after study start

What compensation/costs come with the study?

Participants will receive up to \$110 for completing tracking assessments. Clinical services provided by the study will be free of charge.

How to enroll?

Complete the contact form on depression.semel.ucla.edu/newmomsmood/home, call us at (213) 776-2079 or send us an e-mail at itn@mednet.ucla.edu.



- **Balanced Diet**
 - Avoid caffeine, alcohol and foods high in fat/sugar
- **Omega-3 Fatty Acids, Vitamin D, Folate**
- **Exercise**
- **Reduce isolation**
- **Practical support (family, friends, partner)**
 - Rest, sleep, housework, food
- **Complimentary and alternative therapies**
 - Massage, acupuncture, bright light therapy, yoga and meditation

[UCLA Mindful](#)

- Talk with your partner
- Behavioral Health - Health Plan
- Support Groups
- [Postpartum Support International](#)

Get Help

PSI Helpline:

1-800-944-4773

#1 En Español or #2 English

OR TEXT:

English: 503-894-9453

Español: 971-420-0294

FIND LOCAL RESOURCES

Development, Routines, Screen Time and Baby Brains

Your Child's Early Development is a Journey

Check off the milestones your child has reached and share your child's progress with the doctor at every visit.

6 MONTHS

- Turns his head when you call his name
- Smiles back at you
- Responds to sound by making sounds
- Sits without support for a short time

12 MONTHS (1 YEAR)

- Likes social play (games like peek-a-boo)
- Uses simple gestures such as shaking head for "no" or waving "bye-bye"
- Pulls up to stand
- Copies you during play (like clapping when you clap)

18 MONTHS (1 1/2 YEARS)

- Looks at something when you point to it and say "look!"
- Uses several single words to get what she wants
- Walks without help
- Plays pretend (like talking on a toy phone)
- Points to interesting things
- Responds when told "no"
- Says "mama" and "dada"

2 YEARS

- Follows simple instructions
- Kicks a ball
- Uses 2- to 4-word phrases
- Shows more interest in other children

3 YEARS

- Shows affection for playmates
- Uses 4- to 5-word sentences
- Copies adults and playmates (like running when other children run)
- Climbs well
- Plays make-believe with dolls, animals, and people (like feeding a teddy bear)

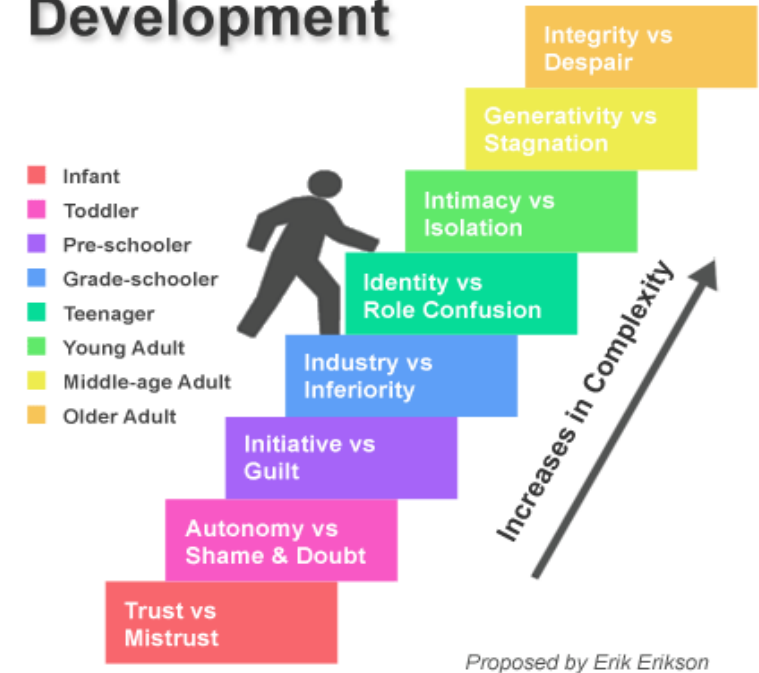
4 YEARS

- Follows 3-step commands (like "get dressed, comb your hair, and wash your face")
- Hops and can stand on one foot for up to five seconds
- Uses 5- to 6-word sentences
- Shares and takes turns with other children
- Draws circles and squares

START HERE

These are just a few of many important milestones to look for. For more complete checklists by age visit www.cdc.gov/ActEarly or call 1-800-CDC-INFO.

Stages of Psychosocial Development



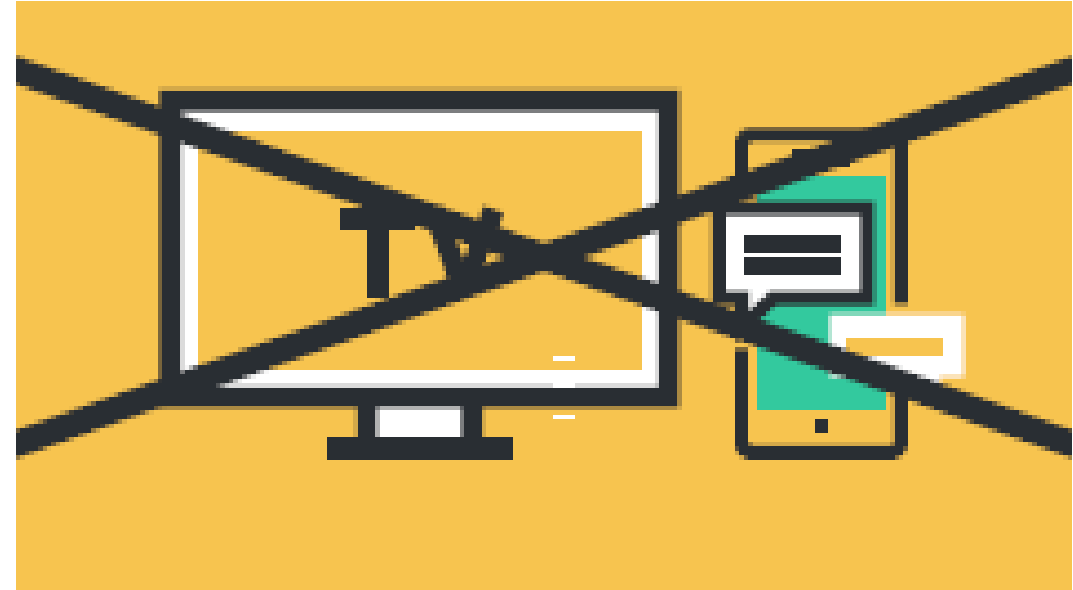
- [Zero to Three](#)
 - Brain Map
- [CDC](#)
- Wonder Weeks

- Eat – Activity – Eat – Sleep
 - “Activity”
 - Quiet Alert “facetime” – Talk to baby – “joint attention”
 - Singing
 - Reading
 - Nursery Rhymes
 - [Baby sign language](#)
 - “Rest and Digest” – mini nap - dreaming
 - Time on tummy to stretch
 - Diaper Change

**TALK,
READ,
SING!**



- Birth – 18 months
 - Avoid TV
 - FaceTime- OK
- 18—24 months
 - Gradually introduce screen time
- 2-5 years old
 - Limit to 1 hour/day of high-quality programming



The gold standard in the first 2-3 weeks of extrauterine life is tummy time on a parent's chest. After this, a blanket on the floor with a loving caregiver.

TummyTime! Method



Thank you for attending our Baby Talk series!
Please take a few minutes to share your
feedback with us!



If you have questions, please contact the UCLA BirthPlace.
424-259-8250
Birthplace@mednet.ucla.edu

UCLA Health