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An Introduction to Breastfeeding, , , Nursing Mothers' Association of Australia, 1988, 0949637599, 9780949637598, . .

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Communication skills in children with Down syndrome a guide for parents, Libby Kumin, 1994, Family & Relationships, 241 pages. This guide provides a wealth of information about speech and language development in children with Down syndrome. Parents learn what to expect as communication skills progress ....

Kids Food Health 1 Nutrition and Your Child's Development - the First Year, Patricia McVeagh, Eve Reed, Jun 26, 2001, , 208 pages. Choosing good nutrition for your child ought to be easy, but the amount of confusing and conflicting parenting information is increasing all the time. Nowhere is this more ....

Breastfeeding I Can Do That, Sue Cox, 1997, , 98 pages. This book is designed to help new parents understand the essential keys to unlocking the mysteries of breastfeeding and parenting. The book provides new parents all the ....

Babies with Down syndrome a new parents' guide, Karen Stray-Gundersen, 1995, Family & Relationships, 340 pages. Offers advice on issues such as prenatal testing, developmental expectations, medical needs, legal help, educational assistance, and familial adjustment.

Medical and surgical care for children with Down syndrome , Philip Mattheis, 1995, Family & Relationships, 395 pages. Gives an overview of medical conditions that are common among children with Down syndrome, and discusses preventive care, medical decision making, anesthesia and surgical ....

Gross motor skills in children with Down syndrome a guide for parents and professionals, Patricia C. Winders, 1997, Medical, 236 pages. Children with Down syndrome master gross motor skills -- everything from rolling over to running but need additional help and encouragement to maximise development. In this ....

Breast milk provides many health benefits and is the ideal first food for your baby. For the first six months of life, the American Academy of Pediatrics, (AAP) recommends only breastfeeding your baby, unless there are specific medical reasons to give other foods or liquids. Only breastfeeding means just that. No other liquids or foods should be given to your baby, including water, sugar water, juice, formula, soups, rice cereal or pureed foods.

While you were pregnant, your body was preparing a very special blend of nutrients to meet your baby's needs. Colostrum (early breast milk) is the perfect starter food for your baby. This yellowish, creamy substance is found in the breasts during pregnancy and for a few days after

delivery. Your colostrum provides all the nutrition your baby will need right after birth. It also provides important protection against bacteria and viruses. Colostrum acts as natural laxative (something that makes it easier to have bowel movements) to help clear the meconium (the dark sticky stool that is made while the baby is in the uterus) from your baby's intestines.

The amount of breast milk you make will increase over the first few days after birth. Breast milk is the perfect balance of water and nutrients containing fats, sugars, proteins, minerals, vitamins, antibodies and enzymes. It is also designed to promote brain and body growth. As your baby grows older, your milk changes to meet your baby's nutritional needs.

As a parent, you want the best start for your newborn. Breast milk is the ideal and most natural food for your baby. Exclusive breastfeeding is perfectly suited to meet your baby's growing needs during the first 6 months. This means that the baby is not fed with any other food or fluids, including water. However, for infants who are ill (e.g. fever, diarrhoea), a doctor should be consulted regarding the amount of water to provide.

Over the first few days after your baby is born, the amount of breast milk you make will increase. Breast milk is made of fats, sugars, proteins, minerals, vitamins, and enzymes and is designed to promote brain and body growth. Antibodies are also present in your breast milk, which help boost your baby's immune system. There are many studies that show by feeding your baby only breast milk (no formula), he/she may be less likely to have certain medical problems. The medical problems that may be prevented by breast milk include: ear infections, other serious bacterial infections, diabetes, intestinal problems, and childhood cancer and food allergies. Breast-feeding reduces the risk of Sudden Infant Death Syndrome (SIDS) or "crib death." In addition, feeding your baby only breast milk may give his/her brain and visual development an extra boost. The activity of suckling at the breast helps your baby enhance the development of his/her oral muscles and facial bones, as well as speech development. In addition, as your baby grows older, your milk changes to meet his/her nutritional needs.

It enables your uterus to shrink more quickly to its pre-pregnancy size. If continued for at least three months, breastfeeding may help you lose weight. It also delays the return of menstruation (though this is not a reliable means of birth control), and reduces your risk of developing breast and ovarian cancer. Breastfeeding saves you time and money as infant formula is expensive. Breast milk is not only free, it is always available and at the right temperature.

Many mothers have concerns about breastfeeding in public. When your baby needs to nurse, feeding can be done inconspicuously by placing a baby blanket or a shawl over your nursing infant. A sweater that pulls up or a blouse that can be unbuttoned from the bottom works well. In addition, most slings allow for discreet nursing. (available at Newborn Connections).

Shopping malls often have large ladies' lounges suitable for comfortable breastfeeding. Many stores provide changing tables. Take a little time to survey which stores and restaurants are the most accommodating to your needs. California laws support your right to breastfeed your infant in any public area.

It is important for a new mother to know that her partner still finds her desirable. Physical closeness and loving support will help ease this time. Intercourse is usually not advised until after your vaginal bleeding has stopped for a few days. Remember intercourse is not the only way to maintain intimacy.

Frequently, a new mother's sex drive may be somewhat lower after delivery due to vaginal discomfort and a decreased estrogen level. Exhaustion may contribute to your lack of interest. Be patient with each other as this is a short transition period. Lowered estrogen levels in breastfeeding mothers may also cause the vagina to be drier. Lubrication such as KY Jelly®; may be helpful.

While breastfeeding is both nutritious and natural, it does not come easily to all new mothers. In this introduction registered nurse and midwife Nikki Khan outlines what you can expect as you begin to

breastfeed as well as providing helpful hints and tips to trouble shoot any breastfeeding problems you may encounter and to make feeding your baby more comfortable.

The Department of Health recommends exclusive breastfeeding for the first six months of life and from six months, babies need breast milk alongside their solid food until they are at least a year old. After this time, babies can continue to breastfeed for as long as it suits you both. Breastfeeding gives your baby all the nutrients he/she desires for the first six months of life, helping to protect them from infections such as eczema and asthma to name but a few.

The first milk is called colostrum and is yellow in colour and quite rich but small in amount. For this reason it is usual for babies to lose up to 10 % of their birthweight. The main milk supply will not come in until about the 3rd day postnatal. In those first days before your milk is established your baby may feed every two to four hours

Melissa Conrad Stöppler, MD, is a U.S. board-certified Anatomic Pathologist with subspecialty training in the fields of Experimental and Molecular Pathology. Dr. Stöppler's educational background includes a BA with Highest Distinction from the University of Virginia and an MD from the University of North Carolina. She completed residency training in Anatomic Pathology at Georgetown University followed by subspecialty fellowship training in molecular diagnostics and experimental pathology.

Breastfeeding or bottle feeding your newborn baby is a personal decision. If you choose to breastfeed, it will be helpful if you are in a supportive environment and have resources to assist you with questions you may have or breastfeeding problems that may develop. The following breastfeeding tips may also be helpful:

Breastfed babies (for at least six months) may be at reduced risk for many acute and chronic diseases, including gastrointestinal tract infection (like diarrhea), irritable bowel syndrome, lower respiratory tract infections (like a cold), urinary tract infections, otitis media (ear infections), and allergic reactions (like atopic dermatitis and asthma). Breastfeeding also has been shown to reduce pain in infants undergoing painful procedures.

The decision to breastfeed is a personal one and, increasingly, a common one. Canadian health organizations unanimously support breastfeeding, and they're spreading the message that breastmilk offers perfect nutrition and significant immunological and psychological benefits for the health of the babies. Certainly breastfeeding can't be beat for its practicality. Whenever the baby is hungry, mother offers a ready-to-serve, not to mention free, milk supply.

It's a decision each mother makes after considering all the available information and a constellation of family and community factors: how does she feel about breastfeeding? What does her partner think? Did her own mother breastfeed? Her sister? Her friends and neighbours? Will she feel comfortable breastfeeding in public? In the end, the decision lies with the soon-to-be mother, who may not always choose breastfeeding but who will choose what she feels is best for herself and her family.

Most health professionals believe that mothers need to be taught how to breastfeed. This book describes new research evidence suggesting that mothers and babies innately know how to breastfeed, and introduces a new approach called biological nurturing. Biological nurturing is a collective term for optimal breastfeeding states and positions whose interaction release spontaneous behaviours helping mothers and babies get started with feeding. Biological nurturing is quick and easy to do. Most moms and babies automatically move into the correct positions if left on their own. The challenge for health professionals lies with understanding the releasing mechanisms and learning how to help mothers and babies do what comes naturally. This book restores confidence in nature's biological design and in mothers' innate capacity to breastfeed. Dr. Suzanne Colson is one of my heroes because her thoughtful and careful research and the conclusions she has drawn from this research have finally brought common sense into the discussion of breastfeeding. Ina May Gaskin, CNM, Ph.D., Author, *Spiritual Midwifery* and *Ina May's Guide to Breastfeeding*

In our modern world, breastfeeding our children has become an obstacle course of rules, gadgets, misinformation, judgement, and separation. This excellent book describes a research-based, practical way to return breastfeeding to the normal, dynamic, and comfortable activity of daily living it was always meant to be. The author clearly shows that there is not one "correct" way to breastfeed. Written by a scientist who is also a mother, the descriptions, photographs, research findings, and no-nonsense wisdom in Suzanne Colson's slim volume can be useful for pregnant women, mothers, family and friends, and professionals whose job it is to help mothers. All can learn about Biological Nurturing (BN) and how the innate abilities and reflexes of mothers and babies can be released to make learning to breastfeed a pleasure. As Dr. Colson says in Chapter 1: .."BN is as quick and easy to do as picking up a baby."

Suzanne is first and foremost a scientist - through her observations, which she shares in this book, we rediscover how babies and mothers both have innate reflexes that are released with the right elements of positioning, infant and maternal states and hormones. Suzanne makes breastfeeding fun and easy again, making us question 'the way we've always done it' . If you work with new mothers and babies, you must add this to your library!

From the moment I learned I was pregnant, I assumed I would breastfeed. Nothing else even crossed my mind. I'm lucky to be from the sort of family where natural childbirth and breastfeeding are the default, and anything else is an exception. Not that I had seen much breastfeeding; I'm about the same age as most of my cousins who live near me, and I'd never had a lot of babies around. That didn't bother me, though. Convinced of my own superior ability to convert book-learning to practical knowledge, I valiantly attempted to latch my lovely, screaming baby girl on, so that we could both sink into a sweet blanket of hormonal mother-daughter bonding.

The first time she latched on, while we were still in the hospital, it all looked good. Once we were home later that evening, however, things weren't so smooth. She fussed and squalled. She squirmed and shrieked. She nursed fitfully, but didn't drift off into a blissful sleep. No, it was just a 24-hour yell-fest. For those first few days, I would sleep (or try to) in the living room so her cries wouldn't wake the neighbours in the adjoined house, until the sun came up. Then her father would strap her on and walk around town like a zombie as she snoozed in the carrier. He couldn't stop, though, because then she would be awake and screaming again.

One thing that should have tipped me off was that she had developed a weird rash on her chin. But I, having virtually no experience of babies, just assumed that was some normal newborn thing. (There are two kinds of people in this world: those who assume everything is normal unless it is proven weird, and those who assume everything is weird until proven normal.)

Of course, it wasn't normal. Nor was it any big deal: it was simply a contact rash caused by an incorrect latch. Rather than pouting her bottom lip out, she was tucking it under. Her chin was rubbing against my skin and becoming raw, and she wasn't getting a decent seal. My milk had come in, but she wasn't getting any, and so she was hungry. And screamy. It took all two seconds for my midwife to identify the problem.

In almost all cases, breast milk is the most perfect food for your baby. It contains easily digestible proteins, many factors that support your new baby's immature immune system, and other factors that aid in digestion. It is also low in cost and requires no preparation. Breast fed babies are also less likely to have colic, upper respiratory infections, ear infections, constipation, asthma or allergies. And breastfeeding will burn up almost 500 calories each day, helping mothers return to their pre-pregnancy weight sooner.

instruct the nursery staff to not give supplemental bottles of formula unless instructed to do so by your Pediatrician and if a supplement is required for some reason, ask if an alternative to a bottle can be used, such as a lactation aid, finger feeding or cup. Don't underestimate the danger of a bottle, even if given occasionally, can have to your chances of breastfeeding well.

avoid supplementing with formula or using a bottle before he is 3-4 weeks old (unless instructed to do so by your Pediatrician). In fact, it is probably best to not use a bottle at all to maximize your chances of breastfeeding effectively. Finger feeding, cup feeding or a lactation aid are all better alternatives.

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