# Care Guides for Mother and Baby

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Please read the following information about your baby's nursery stay. You may call the nursery by
dialing 4937, 4938 or 4940 from your hospital room.

Admission
During admission to the nursery, your baby will receive two medications; eye ointment and a shot of
Vitamin K. He/she will be weighed and his/her length and head will be measured. A nursery nurse will examine
your baby and check his/her temperature, heart rate and respiratory rate every hour for four hours. Your baby
will be kept in a heated incubator for three hours and during this time, he/she will be bathed. Your baby may
also have glucose screening based on his/her weight, if the mother had diabetes during the pregnancy, or if the
baby has symptoms that could indicate a low blood sugar. Three hours after admission to the nursery, your
baby will be placed in an open crib if his/her temperature is stable. Once in a crib, a security photo will be
made and then your baby will be brought to your room.

Rooming In
After the initial transition period in the nursery, we encourage you to keep your baby in the room with
you as much as possible, but we are always available to help when needed. “Rooming in” provides an
excellent opportunity to increase the amount of bonding time with your baby and helps you learn your baby's
natural eating and sleeping routines. You will find that this makes your transition to home much easier.

Feeding Times
If you choose not to room in, after the initial visit, bottle fed babies will be brought to your room at
scheduled feeding times: 9 a.m., 1 p.m., 5 p.m. and 9 p.m. Feeding times are approximately 1-1½ hours.

Breast fed babies may be fed following delivery if the baby's temperature is stable. Breast fed babies
should feed on demand; therefore we strongly encourage these babies to room in. If you choose not to room
in, after the initial visit, breast fed babies will be brought to your room on demand or at least every three
hours: 3 a.m., 6 a.m., 9 a.m., noon, 3 p.m., 6 p.m., 9 p.m. and midnight.

During feeding times, the baby's crib will remain in the room. Diapers and clean linen are in the crib
drawer. Please inform the nursery person who returns your baby to the nursery if you have changed a diaper
or if your baby has spit up during the feeding. If your baby is receiving formula, bottles and nipples will be in
the crib. Always use a new nipple and bottle with each feeding.

Security Measures
Your baby has an I.D. number on his/her ankle bracelet that matches the number on the mother’s
bracelet. Each time the baby is brought to your room, these numbers are checked to verify that we are giving
you the correct baby.

For the safety of your baby, please have him/her returned to the nursery if you need to take a
shower or leave the room. Your baby will be brought to and from your room in his/her crib. Please place your
baby in the crib when he/she is not being held. For your baby’s safety, do not leave him/her lying on your
bed unattended.

A member of the nursery staff will explain the security card system to you when your baby is brought
to your room for his/her first visit. DO NOT give your baby to anyone unless they show you the security card
and you verify your signature on the card.

All Women's Hospital staff can be identified by a photo I.D. badge. Staff members that should pick up
your baby will also have small teal and pink colored footprints beside the photograph in their I.D. badge. Please
look for this identification prior to giving your baby to anyone. Call the nursery immediately if someone comes
to your room to pick up your baby who does not have the appropriate ID or looks suspicious.

Infant Photos
During your stay, you will have an opportunity to purchase infant photographs. Typically, photos will be
taken the day following birth. You will sign a consent for your baby to have his/her picture taken. If you have
a special outfit for baby pictures, please put that outfit in the crib drawer today.

Visitors
To prevent sickness, it is best to limit visitor contact with a newborn baby. Brothers and sisters (siblings) of the baby are permitted to visit their mother at the convenience of the family. Siblings must be free from signs of illness, such as colds, and should not have been exposed to any contagious diseases, such as chicken pox, in the past three weeks. No other children are allowed to visit the patient rooms. Three adult visitors including the father/significant other are allowed in the mother’s room when the baby is present. Everyone should wash his or her hands before holding the baby.

**Circumcision**

If your baby is a boy and you want him to be circumcised, you must make arrangements with the doctor that delivered him - if you have not previously done so. The doctor may require you to pay any fees prior to the circumcision. You will be asked to sign a consent form after the arrangement has been made. Generally, circumcisions are done in the morning between 7-10 a.m. Your baby's visit and feeding will be delayed until after the circumcision.

**Hearing Screen**

Following recommendations from the American Academy of Pediatrics and mandate from the State of Mississippi, all infants will have a hearing screen (ABR) performed prior to discharge. You will be notified of the results of the screen and will be asked to complete a checklist to determine if your baby is at risk for hearing loss. Infants with hearing loss should be identified by 3 months of age in order to optimize speech development.

**Why is it important for me to know about my baby’s hearing now?**

Hearing impairment in infants is easy to ignore because it is invisible and infants and toddlers cannot tell us they are unable to hear. Yet, hearing impairment is the most common birth defect and the most treatable of birth defects. Six out of 1,000 babies are born with it. Because babies learn to speak by listening, the child who is unable to hear normally will not develop speech and language normally. The most critical years for the development of language are from birth to three years of age. Early identification of hearing impairments enables us to give the child the special attention needed to aid in language development as well as in social, emotional and academic development.

**How can my baby’s hearing be screened?**

We use a procedure called Automated Auditory Brainstem Evoked Response (AABR). Soft sounds are presented to your baby’s ear through earphones. Electrodes that resemble stickers pick up the response from your baby’s brain and send it to the instrument where it is analyzed automatically. The instrument then gives a PASS/REFER result.

**What does PASS/REFER mean?**

The instrument will test each ear independently. The output is determined as PASS (indicating the tested ear is normal) or REFER (indicating additional testing is needed).

**What happens if my baby is referred?**

If the baby refers on either ear, the screen is run again. If a REFER is present on the second screen, your baby will be scheduled as an outpatient for further testing approximately two weeks from discharge. This test will be done at the Women’s Hospital. This does not mean your baby has a hearing impairment.

**What if my baby has risk factors?**

Infants who are identified as having risk factors will be scheduled for an outpatient hearing screen at three months of age or three months after discharge for NICU patients. This test will be done at the Women’s Hospital.

**How long does the test take?**

The screening takes approximately 15 minutes provided that your baby is quiet. The screening time depends entirely upon how quietly your baby is resting.
Is this test painful to my baby?
No. The test is completely painless and most infants sleep through the testing.

Where is the test performed?
In the nursery area of the Women’s Hospital.

Who does the test?
Nursery personnel who have been trained to operate the screening equipment will perform the screening. You will be notified of the outcome prior to discharge. You will receive a letter stating whether your baby passed or is being referred for further evaluation. You will also receive a sheet that tells you the approximate ages that your child should be doing certain tasks, to see if he/she is on target for speaking and hearing.

What can you do if a hearing impairment is present?
Intervention is dependent upon the type of hearing impairment present. Medical consultation would be appropriate. If your child requires hearing aids, it is ideal that they be fit before six months of age and that hearing follow up and rehabilitation be initiated accordingly.

An undetected and untreated hearing impairment can present a great disadvantage for the child and can permanently damage speech and language. The sooner the impairment is identified the greater the opportunity the child has to develop normal speech and language. Hearing impaired children can and do lead normal and happy lives.

Back To Sleep
Your baby should be placed on his/her back to sleep, unless he/she has a health condition that requires different positioning. Please read the following information on SIDS.

What is SIDS?
SIDS stands for sudden infant death syndrome. This term describes the sudden, unexplained death of an infant younger than one year of age. Some people call SIDS “crib death” because many babies who die of SIDS are found in their cribs. But, cribs don’t cause SIDS.

What should I know about SIDS?
Health care providers don’t know exactly what causes SIDS, but they do know:

• Babies sleep safer on their backs. Babies who sleep on their stomachs are much more likely to die of SIDS than babies who sleep on their backs.
• Sleep surface matters. Babies who sleep on or under soft bedding are more likely to die of SIDS.
• Every sleep time counts. Babies who usually sleep on their backs but who are then placed on their stomachs, even for a nap, are at very high risk for SIDS. So it’s important for everyone who cares for your baby to use the back sleep position for naps and at night.

What can I do to lower my baby’s risk for SIDS?
Here are 10 ways that you and others who care for your baby can reduce the risk of SIDS.
Safe Sleep Top 10
1. Always place your baby on his or her back to sleep, for naps and at night. The back sleep position is the safest, and every sleep time counts.
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins or other soft surfaces.
3. Keep soft objects, toys and loose bedding out of your baby’s sleep area. Don’t use pillows, blankets, quilts, sheepskins and pillow-like crib bumpers in your baby’s sleep area, and keep any other items away from your baby’s face.
4. Do not allow smoking around your baby. Don’t smoke before or after the birth of your baby, and don’t let others smoke around your baby.
5. Keep your baby’s sleep area close to, but separate from, where you and others sleep. Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle or a bedside cosleeper (infant bed that attaches to an adult bed) when finished.

6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it. (If you are breastfeeding your baby, wait until your child is one month old or is used to breastfeeding before using a pacifier.)

7. Do not let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.

9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your health care provider.

10. Reduce the chance that flat spots will develop on your baby’s head: provide “tummy time” when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers and bouncers.

Babies sleep safest on their backs.

One of the easiest ways to lower your baby’s risk of SIDS is to put him or her on the back to sleep, for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing your baby on his or her back to sleep is the No. 1 way to reduce the risk of SIDS.

But won’t my baby choke if he or she sleeps on his or her back?

No. Healthy babies automatically swallow or cough up fluids. There has been no increase in choking or other problems for babies who sleep on their backs.

Spread the word!

Make sure everyone who cares for your baby knows the Safe Sleep Top 10! Tell grandparents, babysitters, childcare providers and other caregivers to always place your baby on his or her back to sleep to reduce the risk of SIDS. Babies who usually sleep on their backs but who are then placed on their stomachs, even for a nap, are at very high risk for SIDS-so every sleep time counts!

For more information on sleep position for babies and reducing the risk of SIDS, contact the Back to Sleep campaign at:

Phone: 1-800-505-CRIB (2742)
Mail: 31 Center Drive, Room 2A32, Bethesda, MD 20892
Fax: (301) 496-7101
Web site: http://www.nichd.nih.gov/SIDS

Discharge Instructions

Discharge classes are offered Monday-Friday at 2:30 p.m. in Classroom “C.” It is very important that you attend this class to receive discharge instructions on the care of your baby and yourself. Gift bags will be given at this class. If you are unable to attend this class, these instructions will be reviewed with you prior to discharge. Please feel free to ask questions regarding your baby anytime.

Infant CPR

Infant CPR classes are offered every Tuesday and Thursday at 4 p.m. in Classroom “C.” Please call 377-4940 to register.

Car Seat Testing

Babies born prior to 37 weeks gestation will be tested in their car seat prior to discharge. The nursery staff will ask you to bring your car seat so that they may do this test. The test is done in the nursery. The baby will be secured in the car seat while attached to a monitor which will show the baby’s heart
rate, respiratory rate and how well the baby’s blood is saturated with oxygen. The baby will be monitored for 30 minutes in the car seat. If the baby does not tolerate positioning in the car seat, the baby will have to be discharged in a car bed provided by the hospital. The car bed should be used until the baby is retested in the regular car seat and can tolerate positioning in it.

Newborn Screening
Mississippi law requires all newborns to be tested for a number of genetic disorders. This test is done by taking a small sample of blood from your baby’s heel, typically on the second morning in the nursery.

Hepatitis B Vaccine
Following recommendations from the American Academy of Pediatrics, we offer the first dose of Hepatitis B vaccine to newborns in the nursery. We recommend your baby receive this vaccine within the first 12 hours of life. Please review the Hepatitis B vaccine information. You will be asked to sign a consent to accept or decline the vaccine for your baby.

Hepatitis B Vaccine - What you need to know

1. Why get vaccinated
Hepatitis B is a serious disease. The hepatitis B virus can cause short-term (acute) illness that leads to:
- Loss of appetite
- Tiredness
- Pain in muscles, joints and stomach
- Diarrhea and vomiting
- Jaundice (yellow skin or eyes)

It can also cause long-term (chronic) illness that leads to: Liver damage (cirrhosis) • Liver cancer • Death

About 1.25 million people in the United States have chronic hepatitis B virus infection.

Each year it is estimated that:
- 200,000 people, mostly young adults, get infected with hepatitis B virus
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2. How is hepatitis B virus spread?
Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:
- During birth when the virus passes from an infected mother to her baby
- By having sex with an infected person
- By injecting illegal drugs
- By being stuck with a used needle on the job
- By sharing personal items, such as a razor or toothbrush, with an infected person

People can get hepatitis B virus infection without knowing how they got it. About 1/3 of hepatitis B cases in the United States have an unknown source.

3. Who should get hepatitis B vaccine and when?
- Everyone 18 years of age and younger
- Adults over 18 who are at risk

Adults at risk for hepatitis B virus infection include people who have more than one sex partner, men who have sex with other men, injection drug users, health care workers, and other who might be exposed to infected blood or body fluids.
If you are not sure whether you are at risk, ask your doctor or nurse.

People should get three doses of hepatitis B vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

Who:

Infant whose mother is infected with hepatitis B virus
First dose: Within 12 hours of birth
Second dose: 1-2 months of age
Third dose: 6 months of age

Infant whose mother is not infected with hepatitis B virus
First dose: Birth-2 months of age
Second dose: 1-4 months of age (at least 1 month after first dose)
Third dose: 6-18 months of age

Older child, adolescent or adult
First dose: Any time
Second dose: 1-2 months after first dose
Third dose: 4-6 months after first dose

The second dose must be given at least one month after the first dose.

The third dose must be given at least two months after the second dose and at least four months after the first.

The third dose should not be given to infants younger than six months of age.

All three doses are needed for full and lasting immunity.

Hepatitis B vaccine may be given at the same time as other vaccines.

4. Some people should not get hepatitis B vaccine or should wait
People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker’s yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.

5. What are the risks from hepatitis B vaccine?
A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm or death is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.
Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

• Soreness where the shot was given, lasting a day or two (up to one out of 11 children and adolescents, and about one out of four adults)
• Mild to moderate fever (up to one out of 14 children and adolescents and one out of 100 adults)

Severe problems

• Severe allergic reaction (very rare)
6. What if there is a moderate or severe reaction?
   What should I look for?
   Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat or dizziness. If such a reaction were to occur, it would be within a few minutes to a few hours after the shot.

   What should I do?
   Call a doctor or get the person to a doctor right away.
   Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
   Ask your doctor, nurse or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

7. The National Vaccine Injury Compensation Program
   In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

   For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at http://www.hrsa.gov/bhpr/vicp.

8. How can I learn more?
   Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
   Call your local or state health department's immunization program.
   Contact the Centers for Disease Control and Prevention (CDC): Call 1-800-232-2522 or 1-888-443-7232 (English) • Call 1-800-232-0233 (Espanol)

Bathing
   Choose a time of day when you can bathe your baby in a relaxed manner. Wait at least 30 minutes after a feeding before bathing the baby to prevent spitting up. If your baby does not sleep well during the night, you might try giving the bath in the evening just before you are ready to put the baby down for the night. Many babies fall into a deep sleep after a bath. If the temperature in your home is between 70°F-75°F, you should not have to raise it for the bath. Avoid drafty areas when giving the bath; babies lose heat four times faster than adults.

   Sponge bathe your baby until the umbilical stump and circumcision have healed. Gather all of the items you need for the bath and bring them to the bath area. Choose an area where you have a flat, firm surface to lay the baby (a bed, changing table, kitchen table, etc.) and good lighting. You will need the following supplies:
   • Baby soap, bath wash or any unscented white soap
   • Shampoo and baby lotion
   • Two washcloths and two bath towels
   • Alcohol, cotton balls or cotton tip applicators
   • Comb and brush
   • Clean clothes and diaper

   *Never leave the baby unattended in the bath. A baby can drown in a few inches of water.

Bottle-Feeding
If you choose to bottle-feed, your baby’s doctor will recommend a formula. The decision to bottle-feed may present questions about formula preparation. The following information may answer some of those questions:

**Bottle Preparation**

Sterilizing bottles, nipples and caps is recommended until your baby is able to purposely pick up things and place them in the mouth.

**Sterilizing Bottles (aseptic method)**

- Wash your hands with soap and water.
- Wash bottles, nipples, collars and caps with hot soapy water and rinse.
- Squeeze water through nipple holes during washing and rinsing.
- Place bottles, nipples, collars and caps in a big pot; cover with water and put lid on top of pot.
- Let the water boil for five minutes.
- After water cools, remove bottles, nipples, collars and caps from water and drain on a clean towel on the counter or table. Place bottles upside down.
- After all the parts are dry, reassemble and fill with formula.

**Sterilizing Bottles (dishwasher method)**

- Wash your hands with soap and water.
- Rinse bottles, nipples, collars and caps (squeeze water through nipples).
- Place items in top rack of dishwasher (a basket may be purchased to put nipples, collars and caps in to prevent items falling to bottom of dishwasher).
- Items will be sterilized at the end of the dishwashing cycle.
- Remove bottles, nipples, collars and caps and reassemble and fill with formula.

**Formula Preparation**

Formula is available in three forms; ready-to-feed, concentrated and powdered.

**Ready-To-Feed**

Read-to-feed formula may be stored in the refrigerator for 48 hours. Once the formula is removed from the refrigerator and warmed, it must be fed to the baby within one hour or discarded. Do not return formula to the refrigerator after warming it or feeding begins.

- Wash hands and work area with soap and water and dry thoroughly.
- Check the top of the can for expiration date. Do not use cans with dents or expired dates.
- Wash the top of the can with soap and water. Rinse and shake can well.
- Punch two holes in the top with a clean can opener. This formula requires no mixing.
- Fill a sterilized bottle with enough formula for a single feeding. Cover the ready-to-feed can and store in the refrigerator until ready for use.
- The chill may be removed from the bottle by setting it in a container of warm water or holding it under running warm water. It is not necessary to warm formula, but it should not be given ice cold. Do not warm a bottle in a microwave oven. The formula in the bottle may develop hot spots, which may burn the baby’s mouth.

**Concentrated**

This is a liquid formula that must be mixed with equal parts of water. The water should be boiled for five minutes and allowed to cool before mixing with concentrated formula. Formula prepared from concentrate may be stored in the refrigerator for 48 hours. Once the formula is removed from the refrigerator and warmed, it must be fed to the baby within one hour or discarded. Do not return formula to the refrigerator after warming it or feeding begins.

- Wash hands and work area with soap and water and dry thoroughly.
- Check top of can for expiration date. Do not use cans with dents or expired dates.
- Wash top of can with soap and water. Rinse and shake can well.
- Punch two holes in top with clean can opener.
- To prepare a single bottle with four ounces of formula, fill a sterilized bottle with two ounces of water that has been boiled for five minutes and cooled. Then add two ounces of the concentrated formula. This is a ratio of one part formula to one part water. Cover the can of concentrated formula and store in the refrigerator.
- To make a day’s supply of formula; fill all bottles needed for a day with equal parts of concentrated formula and water (one part concentrated formula with one part water).
- The chill may be removed from the bottle by setting it in a container of warm water or holding it under running warm water. Do not warm a bottle in a microwave oven. The formula in the bottle may develop hot spots, which may burn the baby’s mouth.

Powdered
This is a dry formula that must be mixed with water. Follow instructions on the can. Boil the water for five minutes and allow it to cool before mixing with the powder. Formula prepared from powder may be stored in the refrigerator for 24 hours. Once the formula is removed from the refrigerator and warmed it must be fed to the baby within one hour or discarded. Do not return formula to the refrigerator after warming it or feeding begins.

- Wash hands and work area with soap and water and dry thoroughly.
- Wash top of can with soap and water and rinse before opening a sealed can.
- Use the correct number of scoops.
- Level off the scoop with a clean knife edge.
- A blender, mixer or egg beater will make mixing the water and powder easier.
- Cover remaining powder with plastic lid and store in a cool dry place.
- Fill sterilized bottles with formula.
- Store bottles in refrigerator until ready to use.
- Remove chill from bottle by setting in a container of warm water or holding bottle under running warm water. Do not use a microwave oven to warm a bottle. The formula in the bottle may develop hot spots, which may burn the baby’s mouth.

Bottle-Feeding Technique
Since babies’ stomachs are small, they will need to be fed every three to four hours day and night. As they get older, they will sleep for longer stretches at night. Feedings should be enjoyable for you and your baby. Hold the baby securely by cradling the baby in your arms in an upright position. Turn the bottle upside down so that the nipple is filled with formula. This will prevent the baby from swallowing large amounts of air. Place the nipple in the baby’s mouth on top of the tongue. Burp the baby frequently during the feeding (after 1/2 to 1 ounce of formula). Do not prop the bottle. This may cause choking, ear infections and tooth decay.

Breastfeeding
Breastfeeding is one of the best ways to give your baby the best start in life. Breastmilk is the best source of nutrition for your baby. Attempts to improve upon or duplicate nature have been unsuccessful. Human milk is a special combination of fats, sugar, minerals, proteins, vitamins and enzymes to promote brain and body growth. Feeding is a special time for babies. It is a time for socializing and should be enjoyable for you and your baby. The following information has been compiled to get you off to a good start.

Breastfeed Immediately
Immediately after delivery, your baby will be in a quite alert state and usually receptive to breastfeeding. If your baby isn’t interested in feeding the first time you try breastfeeding, try again within the next half hour. A baby’s sucking reflex is most intense during the first 20 to 30 minutes after birth. Taking advantage of this alert state and intense reflex can get you and your baby off to a good start. Within a couple of hours, your baby will become quite sleepy; drowsiness may last for several days. Keeping your baby with you (rooming in) during your hospital stay will help you get to know and respond immediately to your baby’s feeding cues (signs your baby is hungry).

Feeding Cues
- Sucking movement of the mouth and tongue
• Hands and fingers brought to the face
• Mouthing of the fist
• Small sucking noise
• Rapid eye movement under eyelids
• Crying is the last sign of hunger

Breastfeed Frequently
Feeding cues are all signs that it is time to offer your baby a feeding. Watch your baby, not the clock. A breastfed baby may nurse every one to three hours. Some babies will cluster several of their feedings together and then go three to four hours before waking for another feeding. Every baby is different. The first two days after birth, your baby will need to nurse six or more times a day (24 hour period). Thereafter, your baby will need to nurse eight to 12 times a day. Keep your baby with you day and night (room-in) while you are in the hospital so you can recognize the early hunger cues. This is called feeding the baby on demand.

Waking a Sleepy Baby
Some babies are sleepy the first two days after birth. If your baby does not demand or ask to be fed after three hours, you will need to wake the baby and offer a feeding. The following are some suggestions for waking a sleepy baby:
• Remove blankets
• Undress to diaper
• Dim the lights
• Change or open the diaper
• Massage the baby’s feet
• Wash the baby’s bottom with a cool, wet washcloth
• Place baby in your lap in a sitting position. Support the chin in one hand, massage the back with the other hand.

Positions for Feeding
The first thing to do before positioning your baby at your breast is to make yourself comfortable. If you are sitting in bed, make sure you have support for your back and arms. If sitting in a chair, you will need support for your arms and a foot stool to elevate your feet (books or a firm pillow will work). A foot-rest helps relax your hips and back. The following are descriptions of four positions you may use:

Side-lying Position
This position is one of the most comfortable and convenient, especially for the first feeding, at night and if you deliver by Cesarean. While lying on your side with pillows behind your back, under your head, and between your knees, place the baby on his side opposite your breast. Hold your baby close to your body so that the baby’s nose is even with your nipple.

The Cradle Hold
The cradle is the traditional breastfeeding position. Support your baby on the arm on the same side of the breast you plan to use. Place your upper arm close to your body. Rest your baby’s head in the bend of your elbow. Support the baby’s back with your forearm. Cup the baby’s bottom or upper thigh with your hand. You may position the baby’s arm around your body or tuck it under the baby’s body to keep it out of the way. Turn your forearm so the baby’s entire body is turned toward you. The baby’s abdomen (tummy) should be against your abdomen. The baby’s nose and chin should touch your breast. Support your breast with your other hand.

Cross-Cradle Hold
The cross-cradle hold is a variation of the cradle hold. In this position,
support your baby on the arm opposite the breast you nurse. Support your baby’s neck and upper back. The baby’s bottom rests either in the bend of your arm or on a pillow on your lap. Turn your baby’s body so it faces you. The baby’s nose should line up with your nipple.

The Clutch (Football) Hold

To use this position, place your baby beside you on the side of the breast you will use. Place the baby near your breast. Tuck the baby’s body near your side, under your arm. Your forearm should support the baby’s shoulders, neck and head. The baby’s legs should be stretched out straight behind you. Support your elbow with a pillow. Keep your baby’s head level with your breast.

Getting Baby Latched-on

After you have your baby positioned properly, you may get your baby to root for your breast by lightly stroking the baby’s lips with your nipple in a downward motion. Wait for your baby’s mouth to open wide (like a yawn). Then pull the baby quickly to your breast (do not put the breast in the baby’s mouth). When latched-on properly both lips should be flanged (top lip rolled up and bottom lip rolled down, like a fish). The tongue should extend over the lower gum.

Signs of Swallowing

Once you’ve gotten your baby latched-on to your breast properly, check for swallowing. Your baby should swallow colostrum/milk, once it is released from the breast, after every one to three sucks. You can tell if your baby is swallowing if:

- You hear a puff of air from the baby’s nose when he/she is nursing
- You hear the baby swallow (it may sound like “ca, ca”)
- You see the baby’s throat move

How Long Will Feedings Last?

Some babies will breastfeed for 10-15 minutes on each breast. Some will breastfeed for 30-45 minutes on each breast, and others will breastfeed for 15-30 on one breast only. The length of feeding may vary. Allow your baby to breastfeed as long as the baby wishes on the first breast before offering the second breast. Let your baby determine when the feeding has ended. When the baby comes off the breast or falls asleep, burp him, wake him (by checking or changing the diaper), and offer the second breast. Offer both breasts at every feeding, but do not be concerned if your baby will only nurse on one breast. Begin each feeding on the breast offered last.

How to Know Baby’s Getting Enough

There are several ways to tell if your baby is getting enough colostrum or breastmilk.

- Make sure you are breastfeeding eight to 12 times in a 24 hour period
- Notice for signs of suck/swallow while your baby is breastfeeding
- Count diapers; your baby should have as many wet and soiled diapers as he is days old.

<table>
<thead>
<tr>
<th>Age</th>
<th>Breastfeedings</th>
<th>Wet Diapers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day One (First 24 hours)</td>
<td>6-8</td>
<td>1</td>
</tr>
<tr>
<td>Day Two</td>
<td>6-8</td>
<td>2</td>
</tr>
<tr>
<td>Day Three</td>
<td>8-12</td>
<td>3</td>
</tr>
<tr>
<td>Day Four</td>
<td>8-12</td>
<td>4</td>
</tr>
<tr>
<td>Day Five</td>
<td>8-12</td>
<td>5</td>
</tr>
<tr>
<td>Day Six</td>
<td>8-12</td>
<td>6-8</td>
</tr>
<tr>
<td>Day Seven</td>
<td>8-12</td>
<td>6-8</td>
</tr>
</tbody>
</table>
It is okay for your baby to breastfeed more than 12 times each day, and to have more wet diapers or more soiled diapers. Call your baby's doctor or your lactation consultant if your baby has less feedings, or fewer wet or soiled diapers.

Babies lose a little weight the first few days after birth. They should regain their birth weight by 10 days. Thereafter, your baby should gain four to eight ounces a week.

Breastfeeding Log

To help you keep track of feedings, wet diapers and soiled diapers, use the following log during the first week.

- Circle the hour (numbers 12-11) when your baby breastfed.
- Circle W when your baby has a wet diaper.
- Circle S when your baby has a soiled diaper (bowel movement).

If you are using disposable diapers and cannot tell if they are wet, put a dry paper towel in the diaper at each changing. It will show when the baby has wet.

<table>
<thead>
<tr>
<th>First Week Daily Breastfeeding Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date: <strong><strong>/</strong></strong>/____ Time: _______ AM PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day One</th>
<th>Goal</th>
<th>Wet diaper</th>
<th>Black tarry soiled diaper</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>6 to 8</td>
<td>W</td>
<td>1</td>
</tr>
<tr>
<td>Day Two</td>
<td>Goal</td>
<td>Wet diaper</td>
<td>Black tarry soiled diaper</td>
</tr>
<tr>
<td>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>6 to 8</td>
<td>W W</td>
<td>S S</td>
</tr>
<tr>
<td>Day Three</td>
<td>Goal</td>
<td>Wet diaper</td>
<td>Brown tarry soiled diaper</td>
</tr>
<tr>
<td>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>8 to 12</td>
<td>W W W</td>
<td>S S</td>
</tr>
<tr>
<td>Day Four</td>
<td>Goal</td>
<td>Wet diaper</td>
<td>Yellow soiled diaper</td>
</tr>
<tr>
<td>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>8 to 12</td>
<td>W W W</td>
<td>S S S</td>
</tr>
<tr>
<td>Day Five</td>
<td>Goal</td>
<td>Wet diaper</td>
<td>Yellow soiled diaper</td>
</tr>
<tr>
<td>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>8 to 12</td>
<td>W W W W</td>
<td>S S S</td>
</tr>
<tr>
<td>Day Six</td>
<td>Goal</td>
<td>Wet diaper</td>
<td>Yellow soiled diaper</td>
</tr>
<tr>
<td>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>8 to 12</td>
<td>W W W W W</td>
<td>S S S</td>
</tr>
</tbody>
</table>
It's okay for your baby to nurse more than 12 times each day, and to have more wet diapers or more soiled diapers. You can't nurse too often. You CAN nurse too little. Call if you have fewer than the numbers on the log.

**Growth Spurts**

Growth spurts commonly occur at two to three weeks, six weeks and three months, but may occur at any time. You will notice that your baby wants to nurse more often for several days. After several days of frequent breastfeedings your milk supply will catch up with the increased demand. Then your baby will settle down to a less frequent schedule again. You will notice after about a week that your baby has grown a lot.

**Collecting Breastmilk**

Breast pumps can be helpful in relieving engorgement, collecting breastmilk when you and your baby are apart, and increasing your milk supply. Choose a pump suitable for the need. For short-term or occasional use:

- Hand expression
- Hand pump
- Battery pump
- Inexpensive electric pump

For long-term or frequent use:

- Purchase a good quality double pumping pump
- Rent a hospital grade electric pump
- Each time you pump and before you handle the pump parts, wash your hands with soap and water.
- Place warm, wet washcloths on your breast for one to three minutes before pumping.
- Gently massage your breast.
- Roll your nipple between your finger and thumb to stimulate a letdown reflex.
- Express a few drops of colostrum or breastmilk.
- Relax and think about your baby.
- Moisten the pump breastshield (the funnel part that fits over the breast) with water. Center your nipple in the opening.
- Set the suction control to the lowest setting and pump for one to three minutes. Slowly increase the pressure as long as you are comfortable.
- If you are pumping one breast at a time, pump five to 10 minutes, switching to the opposite breast when the flow of colostrum or milk slows down. Pump each breast for a total of 15-20 minutes or until breasts are soft and the flow of milk slows to a drip.
- If double pumping (pumping both breasts at the same time), pump for a total of 15-20 minutes or until the flow of colostrum slows to a drip and the breasts are soft. You may pump for another 10 minutes and notice an increase in your milk supply.
minutes and rest for three to five minutes, then repeat again. You may find that one breast softens before the other. Massage and single pump to relieve fullness in the second breast.

Breastmilk Storage Guidelines

Refrigerated
Breastmilk may be stored in a refrigerator three to five days. If you do not plan to use it within that time period, freeze it. It can be stored in any clean container - plastic, glass or plastic bags designed for breastmilk collection. If you use a bottle liner it should be double bagged for the freezer. Label milk with date and time if you do not plan to use in several hours.

Frozen
Breastmilk may be stored in a freezer that will keep ice cream solid for six months. It should be placed in a part of the freezer that will not be subject to changes in temperature as the door is opened and closed. Protect breastmilk stored in plastic bags from being bumped or torn in the freezer. Freeze in small amount, two to four ounces per container. Allow space in container for breastmilk to expand as it freezes.

Thawed
Use oldest milk first. It can be thawed in a pan of lukewarm water or held under lukewarm running water. Never make breastmilk warmer than body temperature, as this can destroy some of the protective properties of the milk. Do not use microwave oven or heat on top of the stove. Any milk left in a bottle after feeding must be discarded. Thawed breastmilk must be discarded after 24 hours. Breastmilk is not homogenized and cream may rise to the top of the container. Gently shake the container to mix the layers together. It is normal for human milk to vary in odor, consistency and color depending on the mother’s diet and type of storage container used.

Supplements
If you choose to supplement breastfeeding, it is advisable to wait until breastfeeding is well established, usually after four weeks. Offering a bottle before this time may contribute to nipple confusion and breast engorgement, and may also reduce your milk supply.

Common Problems

Sore Nipples
Some mothers experience nipple tenderness during the first few days of nursing, especially when the baby latches on to the breast. Once the baby begins nursing the pain should disappear. If the pain continues, break the suction, remove the baby from the breast and try again. If the baby is positioned incorrectly on the breast or has a poor latch, the soreness will continue and may cause nipple damage (cracked or bleeding nipples). The following are some suggestions for relieving nipple soreness:

- Apply a warm, wet washcloth and gently massage the breast to start the flow of colostrum or milk.
- Express a small amount of colostrum or milk to soften the breast.
- Begin feeding on the least sore breast.
- Position the baby correctly on the breast. Baby’s nose and chin should touch the breast.
- Baby’s lips should be flanged (top lip rolled up and bottom lip rolled down).
- Apply a small amount of colostrum or breastmilk on the nipple and areola after each feeding or small amount of modified lanolin (ex. Lansinoh or Purelan).
- Report cracked or bleeding nipples to your doctor or lactation consultant.

Breast Engorgement
Breast that are painful, hard and swollen (engorgement) is usually a sign that your milk supply has increased. It usually occurs between the third and fifth days after birth. It can happen if:
• Your baby is not feeding frequently
• Your baby is not feeding long enough
• Your baby is not positioned well enough to empty the breast.

The following are suggestions for getting relief:
• Hand express or pump a small amount of colostrum or milk. This will soften the areola and make it easier to position the baby correctly.
• Apply warm compresses (towel with warm water or a warm shower) if the breast are leaking freely. If breast are not leaking, heat can increase swelling.
• Breastfeed frequently, every one to three hours during the day and every two to three hours at night. Let your baby empty one breast before offering the second breast.
• Massage your breast while your baby is nursing to increase milkflow.
• Use ice packs between feedings to reduce swelling. A bag of frozen peas wrapped in a cool, wet washcloth or raw, green cabbage leaves rinsed and chilled applied to the breast (15 minutes two to three times per day) will reduce swelling. Do not use cabbage application if you are allergic to cabbage or sulfa drugs, or if you develop a skin rash.
• Take pain medication if needed.

Plugged Ducts
A plugged duct occurs when milk is not flowing well. When feedings are delayed or missed, or when your baby breastfeeds poorly, milk can collect in the ducts and form a thick plug or small lump. You may experience it as a red, tender area or small lump in the breast. The area may or may not be painful. The following are suggestions for getting relief.
• Apply warm compresses (towel with warm water) on the plugged area before breastfeeding
• Breastfeed more often during the day
• Begin each feeding on the breast with the plug
• Position the baby’s mouth so that the baby’s nose is pointing toward the plug
• Massage the plugged area while the baby is nursing.
• Hand express or pump after each breastfeeding to relieve fullness or remove plug, if needed.
• Use two or three different breastfeeding positions each day to empty all the ducts.
• Avoid bras that are too tight or those with underwire.

Breast Infection (Mastitis)
Signs of a breast infection are flu-like symptoms, fever, weakness, pain, redness and swelling of the breast. Report these symptoms to your doctor. When antibiotics are prescribed, it is important to take the medicine until it is gone. Failing to take all the medicine may increase your chances of developing another episode of breast infection. Symptoms may improve after 24-48 hours. The following are suggestions for relief:
• Start each feeding on the uninfected breast until let-down reflex occurs (milk is dripping), then switch to the infected breast.
• Apply warm compresses to the breast before feeding to encourage let-down reflex (warm washcloth, warm shower or tub bath).
• Apply cold compresses or ice packs after each feeding to reduce swelling and relieve pain.
• Breastfeed frequently, every one to three hours during the day and every two to three hours at night.
• Take acetaminophen or ibuprofen for pain.
• Drink enough water to satisfy thirst.
• Get plenty of rest.

Nutrition & Breastfeeding
What should I eat?

- There are no special foods to eat. Your milk will be nutritious for your baby. You will have more energy and be more resistant to illness if you eat wisely and well.
- Eat regular meals and at least one snack each day. Snacks should be high in protein and calcium.
- Some examples are cheese and crackers, peanut butter and crackers, sandwiches and milk.
- Eat a variety of foods from all of the food groups every day.
- Drink whenever you are thirsty. Good choices are water, fruit and vegetable juices, soup, decaffeinated beverages and milk.
- Drink milk or eat other high calcium foods. You don't have to "drink milk to make milk," but it is important to have enough calcium to protect your body.
- Other sources of calcium are cheese, yogurt, canned sardines, canned salmon with bones, broccoli, mustard, turnip or collard greens and orange juice with calcium added.
- Eat plenty of fiber from fresh fruits, raw vegetables, dried beans and peas, and whole grain breads and cereals to prevent constipation. These can be time savers for you, too.
- Avoid heavily processed foods which are often high in sugar, fat, salt or chemicals. Examples are foods from mixes, baked goods and chips.

Are there certain foods I should avoid while breastfeeding?

- There are no particular foods to avoid.
- Limit caffeine-containing beverages and chocolate to one or two servings per day.
- Gas-forming food eaten by you does not cause gas in your baby.
- Acidic foods do not make your milk acidic.
- Garlic, onion and spice flavors may pass into your milk. Some babies like the flavor.

Bulb Syringe

You may notice that your baby sounds as though the nose is stuffy or may spit-up mucus with some of the feedings. To remove the mucus from the nose or mouth, use the baby's bulb syringe. The syringe should be kept in the baby's crib. Squeeze the bulb portion of the syringe to remove all air. Insert the spout up to the baby's nostril and let go of the bulb portion to cause a suction. Suctioning may be repeated for each nostril and as needed for nasal stuffiness, cold and congestion. The bulb syringe may also be used in the mouth if the baby chokes. Using the same action as for nasal suctioning, place the spout to the side of the tongue. To cleanse the bulb syringe use a small amount of warm water and dish washing liquid. Suction the solution in and out of the syringe and follow with clear water. Squeeze excess water out before storing.

Burping

Burping your baby helps remove swallowed air. Even if fed properly, both bottle-fed and breast-fed babies usually swallow some air. The way to help your baby get rid of this is by burping. You may burp your baby by using one of the following methods:

- Hold the baby upright over your shoulder. Pat or rub the baby's back very gently until the air is released.
- Another way to burp is to place the baby's face down over your lap and gently rub the back.
- Your baby can be burped by holding him or her in a sitting position (baby leaning slightly forward) on your lap with your hand supporting the baby's weight. Then pat the baby lightly on the upper back.

If your baby doesn't burp in a minute or so, don't worry; there may not be any air bubbles. Older babies tend to need burping less.

Childhood Immunization Schedule
Birth - HB
2 months - HB, IPV, DtaP, Hib, PCV
4 months - HB, IPV, DtaP, Hib, PCV
6 months - HB, IPV, DtaP, Hib, PCV
12-18 months - HB, IPV, DtaP, Hib, MMR, Varicella, PCV
4-6 years - IPV, DtaP, MMR
11-16 years - HB, Td, MMR, Varicella
Yearly - Influenza

DtaP = Diphtheria, Tetanus, Acellular Pertussis
HB = Hepatitis B
Hib = Haemophilus Influenzae
IPV = Inactivated Polio Vaccine
MMR = Measles, Mumps, Rubella
PCV = Pneumococcal
Td = Tetanus and Diphtheria

Circumcision Care
If your baby boy is circumcised, it will probably be done the day after delivery. Occasionally, circumcision must be postponed because of prematurity or other medical problems. After the circumcision has been performed you will be given a tube of petroleum jelly to apply to the circumcised area every time you change your baby's diaper until it has healed. It is important to keep this area clean. If your baby has a stool (bowel movement) and particles of the stool get on the penis, wipe it gently with soap and water, and apply the petroleum jelly and diaper.

The circumcised area may look red for the first few days and you may notice a yellow secretion. This is an indication the area is healing normally. If the plastibell method of circumcision was used, a clear plastic ring will remain around the circumcised area. Within a week to 10 days, the redness and secretion should disappear. Once the circumcised area has healed, the plastic ring will fall off. Should the redness persist or if there is swelling or crusted yellow sores that contain cloudy fluid, there may be an infection. Report this to your baby’s doctor. Remember to sponge bathe your baby until the circumcision and umbilical stump have healed.

Cord Care
Keep the diaper folded below the umbilical cord stump until it falls off and stops draining. The cord stump may take five days to two weeks before falling off. After the cord stump falls off, there may be a small amount of drainage for two to three days.

Do not put your baby in a tub for a bath until the cord stump has fallen off and stopped draining. Try to keep the stump dry while sponge bathing your baby. If the stump becomes infected, it will require medical treatment - phone the pediatrician if you notice any of the following signs:
• A bad odor from the stump or drainage
• Pus at the base of the cord
• Redness around the base of the cord
• Crying when you touch the cord or the skin next to it

Diaper Rash
The first sign of a diaper rash is usually redness or small bumps on the lower abdomen, buttocks, genitals and thigh folds. This type of rash usually clears in three or four days with good care.

The most common causes of diaper rash include:
• Leaving a wet diaper on too long. The moisture makes the skin more susceptible to chafing.
  Over time, the urine in the diaper decomposes, forming chemicals that can further irritate the skin.
• Leaving a stool-soiled diaper on too long. Digestive agents in the stool then attack the skin, making it more likely for a rash to develop.
Regardless of how the rash begins, once the surface is damaged, it becomes even more vulnerable to further irritation by contact with urine and stool.

Most babies develop diaper rash at some point during infancy. A diaper rash is more likely to develop during the following conditions:

- If babies are not kept clean and dry
- Among babies age eight to 10 months old
- When babies have frequent stools (especially when the stools are left in their diaper overnight)
- When a baby starts to eat solid food (probably caused by the introduction of more acidic foods and changes in the digestive process caused by the new variety of food)
- When a baby is taking antibiotics (because these drugs encourage the growth of yeast organism that can infect the skin)

If your baby should develop a diaper rash, you can apply a commercial diaper rash ointment or cream (Desitin, A&D Ointment, etc.). Apply the ointment or cream each time you change the diaper when the baby is awake. When the baby is asleep, remove any cream or ointment - let the baby's bottom air dry while asleep. This treatment should heal a diaper rash within four to seven days. If the rash lasts longer than a week or shows no signs of improvement after 48 hours, report it to the baby's doctor.

Another cause of rash in this area is yeast (fungus) infection. This rash is common on thighs, genitals and lower abdomen.

Genitals

Girls
To cleanse a baby girl's genital area, use a soft, wet washcloth or disposable wipe. Wipe down each side and middle of the labia (large outer folds of the vagina) from front to back using a single wiping motion. Then spread the labia apart and use the same wiping motion to cleanse in between the labia. A baby girl may have a small amount of clear, white, pinkish or slightly bloody vaginal discharge caused by the mother's hormones crossing over to the baby before birth. This will disappear in a few days.

Boys
If your baby boy has not been circumcised, do not push back the foreskin from the head of the penis to cleanse that area. Cleanse the penis and scrotum with a wet washcloth or diaper wipe. If the baby has been circumcised, clean around the circumcised area gently, and cleanse the scrotum and the area underneath it. Apply a small amount of petroleum jelly to the circumcised area after each diaper change until the plastibell (a clear ring around the circumcised area) has fallen off. If a plastibell was not used, apply the petroleum jelly for three to five days. Avoid getting the petroleum jelly on the umbilical cord. Do not use baby powder in the diaper area.

Jaundice
It is fairly common for parents to notice a yellowish color to their baby's skin the first few days of life. This yellowish color is called "jaundice" and it is normal for most newborns.

Newborns are prone to develop jaundice for two reasons: 1) a newborn has a lot of red blood cells that are broken down all at the same time and 2) a newborn's liver is immature and cannot process the bilirubin (the result of broken down red blood cells) as rapidly as it will be able to when the baby gets older.

You may have heard the doctor or nurse refer to the yellowish color in your baby's skin as "physiologic jaundice," which means it is the natural process of breaking down red blood cells that cause it. Most babies with jaundice have physiologic jaundice. Occasionally, jaundice in a newborn can result if the blood type of the mother is incompatible with the blood type of the baby. Jaundice as a result of incompatible blood types in the mother and baby is Rh or ABO incompatibility. Whether your baby's jaundice is physiologic or the result of blood incompatibility, treatment is the same.

Jaundice, especially physiologic jaundice, usually disappears in a few days without any treatment. Also, it is important to remember that nothing is wrong with babies that do need treatment, it is just that the immature liver needs a little help at this point in life.
While jaundice is sometimes noticed at birth, physiologic jaundice is usually seen around the second or third day of life. If jaundice is noticed by the doctor or nurse before your baby leaves the hospital, a simple blood test can be done to check the level of bilirubin in the blood. If the bilirubin level is high enough, the doctor will recommend your baby stay in the hospital for phototherapy. (It is sometimes possible for parents to rent equipment that will allow phototherapy to be done in the home.) If the bilirubin level is borderline, the doctor will make an appointment for you to bring the baby back to the hospital or the doctor's office for a recheck of the bilirubin level. It is very important that appointments to recheck the bilirubin level be kept.

If a bilirubin level is checked and no treatment is necessary, your baby will be discharged and the doctor may or may not ask you to come back to the hospital or the doctor's office for a recheck of the bilirubin. If no treatment is necessary, you can expect the yellowish color to decrease after a week and disappear within two weeks.

If you notice jaundice in your baby after you are home from the hospital or if the jaundice gets much more noticeable to you, you will need to contact the doctor to see if you should bring the baby in for a bilirubin level check. Generally, babies become jaundiced on the head and face first, so this would be no cause for concern. If the bilirubin level continues to rise, the chest and abdomen become jaundiced. The arms and legs are the last areas to become jaundiced and would mean a doctor should be notified. A good way to check for jaundice is to press an area of the skin gently with your finger which causes the area to become white (blanche); when you remove your finger the spot will be pink if the baby is not jaundiced and yellow if the baby is jaundiced. Good places to check the baby for jaundice are the bridge of the nose, the forehead, the breastbone or over any point where you can easily feel a bone.

Safety Tips
Back To Sleep
• Position the baby on his back for sleeping. Sleeping on the back decreases the risk of Sudden Infant Death Syndrome.

Car
• Get a federally-approved infant car seat for your baby. Always make sure your baby is properly positioned and strapped in the car seat before the car starts moving. Babies under 20 pounds should be in a semi-reclining car seat in the back seat facing the rear window. Acquire an infant car seat and become familiar with the directions before discharge.
• Do not leave your baby unattended in a car. Your baby may wiggle out of the car seat or an intruder might get into the car. You might lose your keys, leaving your baby trapped inside the car.

Nursery
• Always put crib sides up when not tending to your baby, even if you just turn your back. DO NOT leave your baby alone in the bathtub, or on a bed, sofa or changing table. Your baby may roll over at any time. The first time your baby does something new that you didn't anticipate or expect is when an accident is likely to happen.
• Space between the crib's rails should not be more than 2 3/8 inches. If the space is larger, your baby might be able to wiggle his body through and get his head trapped.
• Make sure the mattress fits snugly in the crib. If the gap between the mattress and crib is greater than one inch, the baby might get a leg or arm trapped between the space. Use bumper pads until your baby is able to pull up in the crib.
• Do not place the crib within reach of cords to window blinds or shades because the baby might get entangled in the cord. Keep crib out of direct sunlight to prevent sunburn.
• Once your baby is able to sit up, place the mattress in the lowest level of the mattress support.
• The crib should be finished with lead-free non-toxic paint or stain. Keep crib free of pillows and large or floppy toys.
• Once your baby is able to crawl, keep floor free of objects small enough for baby to put in his mouth, ear or nose. Shield electrical outlets with safety shields.
• Use safety strap in the infant carrier, swing, stroller and high chair.

Kitchen
• Do not hold your baby while cooking over a hot stove, drinking hot liquids or smoking.
• Place cabinet latches on all unsafe cabinets and drawers. Do not store dangerous items in lower cabinet (glass jars, boxes of foil and plastic wrap and cleaning supplies).
• Appliance cords (ex: electric skillet) should not dangle down from counter; because the baby might pull them down.

Toys
• Select toys with smooth edges that are appropriate for your baby's developmental level and do not have removable parts.

Security Measures
With your help and cooperation, Women’s Hospital and your room will provide a protected environment for you and your baby. The first time the baby is brought to your room for a visit, you will be given instructions about how you can prevent abduction of your newborn. You will be asked to sign a security card that is stamped with both your and your baby’s names. Anytime anyone comes into your room to pick up your baby, ask to see the security card and then look at it carefully to ensure all the information on it, including your signature, is correct. Never give your baby to anyone unless he or she can show you the correct security card.

To help ensure you do not give your baby to an unauthorized person, you will be notified by a staff member from the nursery if your baby has to have a special test or procedure done. A staff member from the nursery will accompany your baby at all times if he or she must leave the Women's Hospital for a test or procedure.

If you are alone with your baby in the room and you become sleepy or must use the bathroom, call the nursery. A staff member will carry the baby to the nursery. Do not walk the hall with your baby in your arms. Do not leave the door to your room open so people in the hallway could possibly look in and see your baby.

When you go home, do not leave balloons and yard decorations announcing the arrival of your new baby up for more than a day. If you publish a birth announcement in the paper, do not supply an address. If someone comes to your home claiming to be a home health nurse, ask for the name of the agency. Call to verify that the person is truly in their employment, then ask for identification from the visiting nurse before you allow them into your home. These are just a few tips to prevent the abduction of your baby.

Signs of Sickness In Infants
Signs of illness are sometimes difficult to detect in a newborn. Generally, fever, vomiting and diarrhea are signs that your baby is sick. Report any of these signs to your baby’s doctor:

Fever
If your newborn’s skin feels warm or hot, or if the skin color is flushed, check your baby’s temperature. Report a skin temperature (one you take by placing the thermometer under the arm) of 100.5º or more to your baby’s doctor. Report a rectal temperature of 101º or more. Do not give any medicine until advised to do so by the baby’s doctor.
Taking the Temperature

If you think your baby is sick or has a fever, take the temperature. A digital thermometer should be used the first six months of life. A skin temperature may be taken by placing the thermometer under the baby’s arm. This is also known as an axillary temperature. The baby’s temperature may also be taken rectally.

Skin Temperature

Press the power button to turn on the thermometer. The thermometer is ready to use once a flashing ºF appears on the display screen. Make sure the underarm is dry. Place the thermometer probe tip in the center of the underarm and bring that arm down and against the baby’s body. Hold the thermometer in place for four minutes. Report temperature of 100.5 ºF or more.

Rectal Temperature

Press the power button to turn on the thermometer. The thermometer is ready to use once a flashing ºF appears on the display screen. Apply a small amount of water-soluble lubricant such as KY jelly to the tip of the probe. Insert ½ inch of the probe into the rectum. Hold your baby’s legs firmly with one hand. Keep your other hand on the thermometer. Do not force the tip into the rectum if you feel resistance. Three rapid beeps is the sign that the temperature measurement is complete. Report temperature of 101ºF or more. Once thermometer is used rectally it should not be used orally for sanitary reasons.

Cleaning the Thermometer

Clean the thermometer with warm soapy water before and after use. Dry thermometer thoroughly. Or you may clean the thermometer by wiping the entire length of the probe with 70% isopropyl alcohol before and after use.

Vomiting

If your baby vomits forcefully two or more times within a day, report it to the doctor. Spitting-up differs from vomiting. When a baby spits up, it is not forceful, and the spit-up material looks very much like the milk that was fed to the baby (it may be thicker or have curds or mucus in it). Vomiting, however, is often forceful and the vomited material looks partially digested and smells bad. Vomiting should be reported to the doctor to prevent the baby from dehydrating.

Diarrhea

Report four or more watery stools (bowel movements) within a day to your baby’s doctor. Sometimes babies will have diarrhea stools that are not completely watery. A diarrhea stool may have a little consistency to it. A diarrhea stool may also be mushy, seedy, curdy or loose surrounded by a big water ring. Report four or more of these stools to the doctor. It is very important that a newborn does not become dehydrated.

Sleeping

Newborns may sleep 16 to 17 hours a day. Some sleep as little as 12 hours, others as much as 20 hours. All these ranges are normal. Initially, your baby doesn’t know the difference between day and night. A baby’s stomach will hold only enough to satisfy him for three or four hours, regardless of the time, so there is no escaping around-the-clock waking and feeding for the first few weeks. During this period, you can begin to teach your baby that nighttime is for sleeping and daytime for play. Keep nighttime feeding as quiet and calm as possible. Don’t turn up the lights or prolong late-night diaper changes. Instead of playing, put the baby right back down after feeding and changing.

Your baby needs a flat firm surface to sleep on; no pillows. It doesn’t matter whether your baby sleeps in a crib, bassinet, playpen or padded basket. Place your baby on his back for sleeping. Some parents start the baby sleeping in the nursery from the first day home and others let the baby share their bedroom for the first few weeks. This is up to each individual family.
Afterbirth Pain

Some menstrual-like cramping or afterbirth pains are common after delivery as the uterus (womb) contracts to return to its pre-pregnancy size and position in the pelvis. Afterbirth pains are more common after the birth of a second or third child and when breastfeeding. If breastfeeding, remember to empty your bladder before feeding the baby. This will decrease the intensity of that pain.

If needed, a mild analgesic such as Tylenol may be helpful. These contractions will slowly decrease in their intensity and frequency, but can last for several days in a mother not breastfeeding and as long as a couple of weeks in a breastfeeding mother.

Baby Blues or Postpartum Depression

Baby blues is a normal reaction that many new mothers experience two to three days or two to three weeks after delivery. You may experience a low feeling, lose your appetite or be unable to sleep. Some women experience it as unexplained crying episodes. Baby blues may last for several weeks. Remember that this is normal and will pass with time. Many changes are occurring in your body, role and relationships. Give yourself time to adjust to these changes. Remember to take care of yourself first, so that you can better care for your baby and family. Get plenty of rest and eat properly.

If you become so depressed that you feel as though you will not be able to care for yourself or baby, give your doctor a call. This may be postpartum depression which responds best to treatment. If you are still experiencing baby blues when you return for your six weeks check-up, let your doctor know.

Bladder & Bowel Patterns

Right after delivery you may not be able to feel when your bladder is full. Your bladder may lose some of its tone because of the pressure of your uterus (womb) against it during labor. Try to empty your bladder every three to four hours when awake. If you experience difficulty starting a stream of urine, try these following techniques:

• Lace your fingers together, press them against the lowest part of your abdomen, lean down and make a “ha” sound.
• Spray the water from your peri-bottles over your bottom to relax those muscles.
• Flush the commode; the sound of the water may help you to relax.

Do not resist the urge to have a bowel movement because you have stitches on your bottom. You will receive a stool softener or laxative while in the hospital. The first bowel movement will be soft and not place any tension on your stitches. After you get home you will need to include some fiber in your diet each day to prevent constipation. Eat whole grain breads and cereals, raw fruits and vegetables, and drink adequate amounts of water and other fluids.

If you should become constipated you may take Milk of Magnesia or a stool softener such as Colace, Dialose or Metamucil. Breastfeeding mothers may also use these stool softeners.

Breast Care

Wear a bra or breast binder day and night the first two weeks if you are bottle-feeding. A bra that fits snugly and provides good firm support is needed to prevent engorgement (breasts becoming hard, swollen and painful). If you are breastfeeding, you will also need to wear your bra during this time to provide support as your breast milk comes in the breasts. If bottle-feeding your baby, avoid any stimulation to the breasts during the first two weeks. Avoid hot showers and position yourself in the shower so that the water falls on your back rather than on your breasts. Water falling directly on your breasts will act as a massage and may stimulate milk production in your breasts.

Call Your Doctor

If you experience any of the following symptoms, please report them to your doctor:

• Flu-like symptoms - chills, aches and fever;
• Fever of 100.5º Fahrenheit or more on two readings during a four-hour period;
• Vaginal bleeding that becomes unusually heavy (saturating two or more pads within an hour);
• Frequency, pain or burning on urination;
• Foul smelling vaginal discharge;
• Pain or tenderness in legs with redness or swelling;
• Redness, swelling, persistent or intense pain in your episiotomy or abdominal incision.

Characteristics of the Lochia (Vaginal Discharge)

The vaginal discharge that you are having since delivery is called lochia. The first few days it usually looks like a menstrual flow. It is a moderate amount of bright red discharge if you deliver vaginally. If you deliver by Cesarean, it is usually a small amount of bright red discharge. About the third day after delivery, the color changes to a pink to brownish color; then yellow and clear. The amount of lochia will continue to diminish. The lochia usually last two to three weeks, but may last for six weeks. As long as it does not have a bad odor, do not be concerned. It should normally smell like a menstrual flow. A bad odor is a sign of infection. Phone your doctor if you notice this.

The lochia is a good indicator of how well you are doing. If you become too active, lift something too heavy or go up and down stairs too many times, you may notice that the lochia will increase in amount. The color will become bright red again. You may experience some menstrual-like cramping. If this happens, go to bed and rest for two to three hours. This should cause a reverse in the lochial changes.

Episiotomy Care (Stitches)

Air drying your bottom (perineal area) for a few minutes each day will help it to heal. Continue to use your anesthetic foam and ointment as prescribed, three to four times a day. Change your pads frequently to keep a dry surface next to the healing perineum.

Sitting and getting up from a sitting position can be a challenge if you have stitches on your bottom. Try sitting on the padding of your bottom by squeezing your buttocks together before sitting or getting up. Avoid sitting on one side which can cause pulling and more discomfort.

You may notice that your stitches begin to pull or itch about the second or third day. This is a sign that your stitches are healing and being absorbed.

Fundal Checks

The top of the uterus (womb) is called the fundus. After delivery your uterus is about the size of a large grapefruit and the fundus can usually be felt at the level of your navel. Each day the fundus can be felt lying lower beneath the navel. By six weeks, the uterus will be back in the pelvis. Your nurse will be checking the location and firmness of your fundus frequently after delivery. The uterus is able to move about freely after delivery, because the round ligaments which hold it in place have stretched and must shorten and return to their former length. This may result in a backache or a stretching or pulling discomfort in the groin area.

Ice Packs

After delivery, an ice pack may be placed against your bottom to reduce swelling if you have stitches. You may be asked to wear it for four to six hours to get the maximum benefit. Let your nurse know if it is uncomfortable.

Menstrual Period

Your menstrual period may or may not return before your six weeks check-up. Sometimes the flow will not resume until seven to 10 weeks after delivery.

If you are breastfeeding, your menstrual period will probably not return before three months after delivery. It is normal to be delayed when breastfeeding. Some mothers will not menstruate until they stop breastfeeding, but it varies from woman to woman. It is possible to get pregnant before having a menstrual period if not using a method of family planning.

Nutrition
Most new mothers’ thoughts turn to losing weight after delivery. Remember you will continue to lose weight until six weeks after delivery. You need to eat three well-balanced meals each day. Avoid foods with empty calories. These include foods with high sugar content, fried foods and soft drinks. They do not provide the nutrients required to help your body heal and repair. Some mothers are not very hungry for a few days after delivery and others are unable to get enough to eat. If you do not have much of an appetite, try dividing your meals into five smaller meals or snacks.

Drink eight glasses of fluid each day. Continue to take your prenatal vitamins until you have your six weeks checkup or as long as you breastfeed your baby.

Perineal Hygiene

For the first two weeks after delivery use your peri-bottles with the shampoo prescribed by your doctor after each time you urinate or have a bowel movement. Fill one bottle with the shampoo and warm water and the other with clear warm water. Make up a fresh solution before each use. Once you’ve used all of the shampoo, continue to use the bottle of clear warm water until the end of the second week.

Blot dry with bathroom tissue. Always blot from front to back, then discard the tissue. Do not blot from back to front as bacteria may be introduced from the rectum into the bladder.

Rest and Graded Exercise

For the first two weeks after delivery do not do anything other than take care of yourself and your baby. Avoid lifting anything heavier than your baby. Delegate housework during this time. Two weeks after delivery you may gradually begin doing a little light housekeeping. You may also resume driving at this time. Limit the number of times you climb stairs to a couple of times each day. Stairs are not dangerous, but tiring.

Rest is important for new mothers because of the demands of labor, birth and caring for a newborn 24 hours a day. Try to have a rest period each morning and afternoon. It is not necessary that you sleep, just relax a couple of times each day. Do this until you return for your six weeks checkup. You will find that you are going to feel tired a lot. It may take a couple of months before your normal energy level returns. Limit the time you spend sitting each day. When the weather permits, walk outside each day.

Sitz Bath

A sitz bath (clear, comfortably warm water in a sitz bath basin or in the bathtub) promotes healing and comfort to stitches and hemorrhoids. Sitz baths are usually started 24 hours after delivery. This bath can be done two or three times a day for 15 to 20 minutes at a time. Continue your sitz bath until your bottom is no longer sore. Use only clear water for your sitz bath; anything else could be irritating. If you take a tub bath, change the water before taking a sitz bath.

After You Are Discharged

Breastfeeding Support Group

The support group meets the first and third Mondays of each month at noon. Call for information on Saturday meetings. The meetings are held in Classroom A/B of NMMC Women’s Hospital. Call (662) 377-5490 for more information.

Help for Breastfeeding Mothers

Contact the Lactation Center with questions and concerns about breastfeeding and to schedule a lactation consultation. Call (662) 377-5490.

Questions About Baby or Mother Care

Call the nurse educator at NMMC Women’s Hospital for concerns about mother/baby care at (662) 377-4956.
Family Education Programs During Your Hospitalization

Newborn Channel

Twenty-four hour educational programs on mother care, newborn care, feeding, health and safety topics are available in English on Channel 58 and in Spanish on Channel 59.

Infant CPR

Instructions are provided by a certified American Heart Association instructor. Contents of this program include demonstration of infant CPR. This class is offered every Tuesday and Thursday at 4 p.m. in Classroom C. Please call 377-4940.