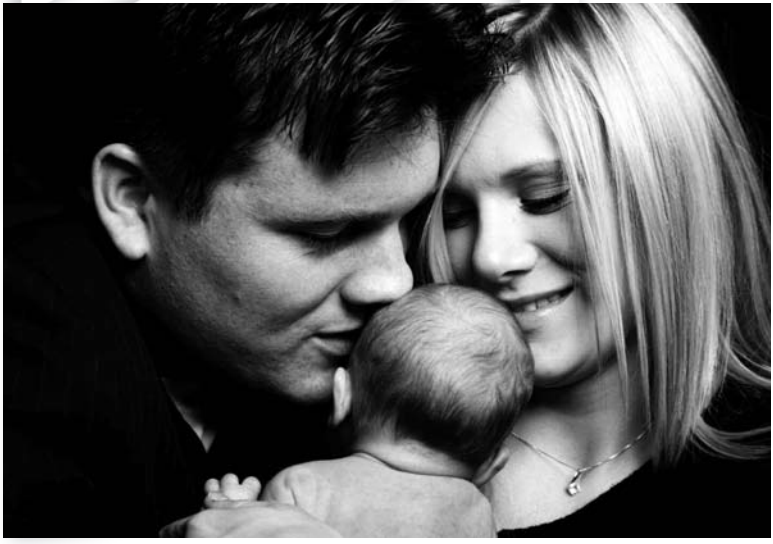
New Family Care Book



Maternity Services

Uncompromising Excellence. Commitment to Care.

Introducing

_____

Arrived at _____

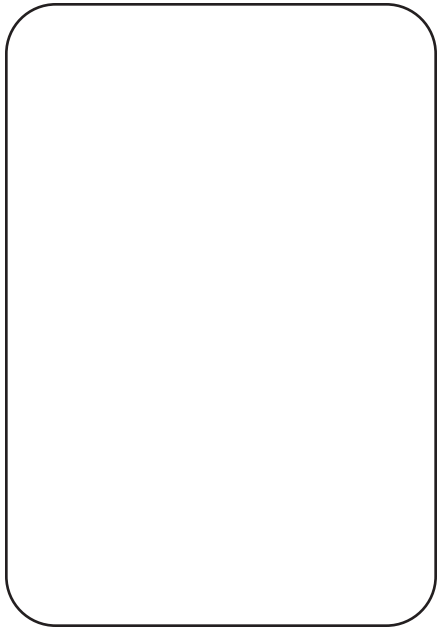
_____ *at* _____

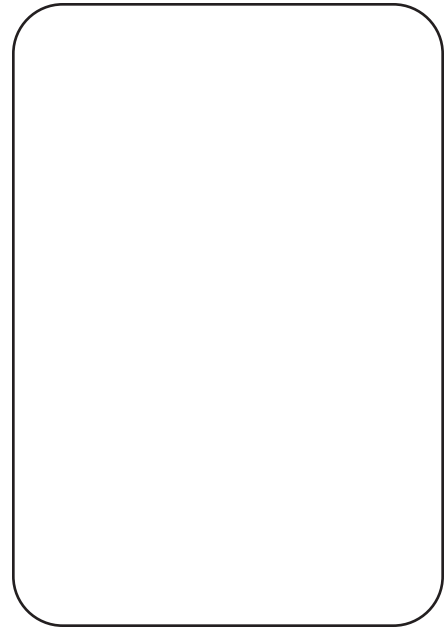
Weight _____ *lbs and* _____ *oz*

Length _____ *in*

_____

MD / Certified Nurse Midwife (CNM)





New Family Care Book

The birth of a baby is the birth of a new family. Whether your family becomes two, three or 13 with the new addition, many adjustments are made by all the members of the family. Our staff, the physicians and nurse midwives are all eager to help you make the transition from expectant parent to new parent as smooth and pleasant as possible. This book can help you with information during your stay and be useful when you are home. We encourage you to learn basic mother and infant care and safety and to trust your loving and caring abilities to provide for your family.

HOW TO USE THIS BOOK:

The New Family Care Book is divided into sections containing important information for different time periods surrounding your baby's birth. Please note that information specifically pertaining to Mother Care At Home can be found on the pink pages, while Infant Care At Home can be found on the yellow pages.

Special thanks to:
Elena G. Overcash, RN, BSN
Pardee Hinson, MPH, IBCLC
Linda Haworth, RN
Hugh Northcutt, MD
Mary Zimmer, MD

New Family Care Book

Contents

Preparing To Go Home

Many activities are involved in preparing for discharge from the hospital with a new baby. It is helpful to have a family member or friend assist you with some of them. To help you leave when you would like to, with as few delays as possible, please review the following. You may need to limit the time spent with visitors so you can have time to learn about caring for yourself and your baby.

The average time of discharge is between 10 a.m.–noon. This may vary depending on different circumstances. Please ask your nurse about your discharge time from the hospital.

Learn these important skills during your stay:

Mother Care:	**Baby Care:***
Perineal care	Feeding
Incision care	Diapering
Nutrition and diet	Safety
Breast care	Use of bulb syringe
Naps and rest	Care of the navel
Activity and exercise	Care of circumcision
	Sleeping positions
	Auto safety seat use

**Refer to the Newborn Channel (if available) on channels 26 & 27 for more information on these topics.*

Read Chapters Four, Five, Six and Seven before leaving the hospital!

Make sure

...the birth certificate has been completed. Please provide the completed blue sheet to the secretary at least 24 hours before you plan to go home. **See page 15.**

...the Newborn Screening (PKU) test has been done. Baby must have had 24 hours of milk (breast or formula) feedings for the test to be done. The PKU must be done before the baby leaves the hospital. Also make sure the baby has received the hepatitis vaccine if requested. **See page 43.**

…the hearing screen has been done and you have the results.
See page 43.

…you have a car seat at the hospital and know how to operate it. See owner's manual for instructions.
See page 66-69.

...circumcision has been performed if desired. The procedure is usually performed the morning after the baby is born.
See pages 47-49 and 74-76.

…the baby's cord clamp has been removed.
See page 70.

About The Maternity Services And The Hospital

Your Room

CALLING YOUR NURSE

You can call your nurse by pressing the button marked with a nurse symbol on the bedside call box. There is a privacy phone at the nurses' station and your voice will not be heard by everyone at the desk. You will be answered via the intercom beside your bed. Please state what you need when you call.

SMOKING

Smoking is not permitted in any Carolinas HealthCare System building or on any Carolinas HealthCare System campus.

YOUR PHONE

Cleveland Regional Medical Center (CRMC)

Outside CRMC: Dial 9 + 1 + area code + number
Long Distance: Dial 9 + 0 for the operator
Into Patient Rooms: 980-487-3 + room number

Carolinas Medical Center-Pineville (CMC-Pineville) Maternity Center

Outside the Maternity Center: Dial 9 + 704 + number
Long Distance: Calling card number + 9 + 0 + number (other calls dial 0 for operator)
Into Patient Rooms: Dial 704-667 + the room number

Carolinas Medical Center-NorthEast (CMC-NorthEast)

Outside CMC-NorthEast: Dial 9 + number
Long Distance: Dial 9 + 0 + calling card number
Into Patient Rooms: 704 + 403 + room number

Carolinas Medical Center-Lincoln (CMC-Lincoln)
Outside LMC: Dial 9 + number
Long Distance: Dial 9 + 0 + number
Into Patient Rooms: Dial 704-732-5 + room number

Grace Hospital
Outside GH: Dial 9 + number
Long Distance: 9 + 0 (all others)
Into Patient Rooms: 828-580-2 + room number

YOUR TELEVISION

Your television receives the major stations plus basic cable service. If your television is not equipped with a CD player or VCR, there is one available by request.

Visiting Hours

We want to make welcoming your new baby a special and memorable experience. To give relatives and friends the freedom to enjoy the new baby, yet preserve the new family's comfort and safety, we have a few "official" visiting policies:

VISITING HOURS ARE: **Noon–8 p.m.**
Grandparents and sibling hours: **8 a.m.–8 p.m.**

- A labor coach is not a "visitor" and may remain with the mother as she chooses.
- General visiting immediately following a caesarean birth may be limited. Ask your nurse for details.

Visitor Suggestions

Based on our experiences with new families, the staff also recommends the following guidelines for your visitors:

- Tell people in advance if you want visitors. To protect your new family's need for time alone, you may need to be firm.

- It is best for people to visit when the baby is at least one-day old. Do not allow everyone to hold your baby. This is a lot of stimulation for a newborn and she will probably become fussy. Let the baby adjust gradually to her new world.

- Tell your visitors to keep visits short—about 30 minutes is good.

- You, Dad or a labor coach may be too excited or overwhelmed to tell visitors your rest is important. Ask another family member to interject on your behalf or ask a staff member to enforce the visiting policy. Do not try to please everyone. You and your baby come first.

- During your early weeks at home, take your family and friends up on any offers of "help." Some of your best relief comes in the form of meals and running errands. People like to help, so do not worry about accepting. To make it worth your while, be specific about what you want.

Little Visitors—Siblings

- Children want and need to be involved in the excitement of the new baby, but keep in mind that the child's ideas about a baby may be very different from yours.

- Young children (one to two years old) often have very little understanding of the new baby. The birth of the baby is a disruption in their normal routine and will affect the child's mood, sleeping patterns and fussiness. Consider bringing a child of this age to visit when it is time for mom and baby to go home. This spares the "leaving Mommy" anxieties. If you do bring your toddler to visit, expect to stay only a few minutes. A newborn is not much fun or a form of entertainment for a toddler. Make sure whomever brings the toddler is willing to leave early.

- Around age three, many children are more verbal and can understand visiting Mommy at the hospital and leaving without her. The baby is still not entertainment, but the three- to four-year-old will want to hold and touch the new baby. Please provide this opportunity after your child WASHES HIS OR HER HANDS and AS LONG AS HE OR SHE IS NOT ILL. (Ask your nurse if you are not sure.) Have the child sit in a

stationary chair with a pillow in the lap for support. Watch the child closely—she may decide she is "finished" and hop off the chair quickly!

- Children vary widely in how they respond to a sibling. Some are very interested in the baby, others are too busy to notice much. Allow for time with the older child, and depending on the age, set clear limits as to what the child can or cannot do for the baby. There will be some difficult, jealous moments at any age, but also many loving and tender ones.

- To help children of all ages leave Mommy and baby at the hospital, ask the person bringing them to plan a special treat such as a trip for lunch or ice cream following the visit. Make this treat the primary focus of the trip, with the hospital visit being second.

Your Nursing Staff

We are here to make your stay as pleasant as we can. Under usual circumstances the nurse assigned to you remains with you throughout labor and delivery. You may see additional nurses during your postpartum period.

ADDITIONAL STAFF TO SERVE YOU:

- Lactation Services (See page 38.)
- Neonatal Intensive Care Nursery Staff (See page 14.)
- Environmental Services
- Laboratory
- Radiology
- Security Services
- Pastoral Care
- Dietary Staff

If you need assistance with any of the above departments, let your nurse know.

Lactation Services

Board-certified lactation consultants are available to assist with breastfeeding. The lactation consultants visit nursing mothers during their hospital stay to answer questions related to breastfeeding and to give support and assistance as needed.

The staff at outpatient lactation centers are available to assist breastfeeding mothers once discharged. If you need additional assistance, please call one of the outpatient lactation centers to schedule an appointment with a board-certified lactation consultant.

See pages 38-39 for more detailed information and a directory of outpatient lactation centers.

If lactation services are not offered by a board-certified lactation consultant at your hospital, a nurse educated in lactation support will assist you with any breastfeeding needs.

Nursery

We encourage rooming-in for mothers and babies whenever possible. This improves bonding, makes learning about infant care easier and facilitates breastfeeding. Our nursery area is available if you want your baby to be out of the room for a while. If there are any problems or complications with your baby, we will notify your pediatrician or one of our neonatal specialists on staff.

If you have not chosen a pediatrician or yours does not practice medicine at the hospital, an on-call physician will care for your baby while you and your baby are here. We MUST, however, have the name of the pediatrician who will follow-up with your child after discharge from the hospital because it is required for the state newborn screening tests.

Infant Security

As a new parent, the safety and security of your baby may be one of your biggest concerns. Our infant security system delivers a high level of safety, continuously monitoring your baby's location throughout your stay. Security is further enhanced by restricted access into the department, including the nursery; closed-circuit TV cameras strategically placed throughout the facility; and patient and family education.

- NEVER leave your baby alone in your room. If you are taking a nap during the day and no one is awake in the room, have your nurse take the baby to the nursery. If you want to take a shower or bath, send the baby to the nursery or leave the bathroom door open.

- All maternity staff wear a picture identification badge with a pink border. Question anyone who does not have an ID badge.

- Your baby's ID tag number will be compared with your own anytime she is returned to you from the nursery and also at discharge.

- A staff member may occasionally ask to take your baby to the nursery for a blood test or pediatrician's exam. As the parent, you may accompany your baby if you like. You can always call your nurse if you are unsure about allowing your baby to leave the room.

- If your room has a patio, keep the patio doors locked when not in use. Unless you are using them, the patio doors are centrally alarmed. At night, with the patio doors locked, you may sleep with your baby in the room, if you want.

It is normal and wise to worry about the safety of your newborn. Please help us keep our safe environment by reporting anything that concerns you.

WHAT PARENTS NEED TO KNOW

These tips are excerpted from the National Center for Missing & Exploited Children.

- While it is normal for new parents to be anxious, being deliberately watchful over the newborn infant is of paramount importance.

- Never leave your infant out of your direct line-of-sight even when you go to the restroom or take a nap. If you leave the room or plan to go to sleep, alert the nurses to take the infant back to the nursery or have a family member watch the baby. When possible, keep the infant's bassinet on the side of your bed away from the door(s) leading out of the room.

- After admission to the facility, ask about the facility's protocols concerning the routine nursery procedures, feeding and visitation hours, and security measures. Do not hesitate to politely ask direct questions and settle for nothing less than an acceptable explanation.

- Do not give your infant to **anyone** without properly verified identification as issued by that facility. Find out what additional or special identification is being worn to further identify facility personnel who have authority to transport the infant. Speak to a person in authority, such as a unit director or charge nurse, if you have any questions or concerns.

- Become familiar with the staff who work in the maternity unit. During short stays in the facility, ask to be introduced to the nurse assigned to you and your infant.

- Question unfamiliar persons entering your room or inquiring about your infant—even if they are in the facility's attire or seem to have a reason for being there. Immediately alert the nurses' station.

- Determine where your infant will be when taken for tests, and how long the tests will take. Find out who has authorized the tests. If you are uncomfortable with anyone who requests to take your infant or unable to clarify what testing is being done or why your infant is being taken from your room, it is appropriate to go with your infant to observe the procedure. Or if you are unable to accompany your infant, have a family member go along.

- For your records to take home, have at least one color photograph of your infant (full, front-face view) taken along with footprints and compile a complete written description of your infant including hair and eye color, length, weight, date of birth and specific physical characteristics.

- At some point **after** the birth of your baby, but **before** discharge from the facility, request a set of written guidelines on the procedures for any of the follow-up care extended by the facility that will be scheduled to take place in your home. Do not allow anyone into your home who says that he or she is affiliated with the facility without properly verified identification as issued by that facility. Find out what additional or special identification is being worn to further identify those staff members who have authority to enter your home.

- Consider the risk you may be taking when permitting your infant's birth announcement to be published in the newspaper or online. Birth announcements should never include the family's home address and be limited to the parents' last name.

- The use of outdoor announcements such as signs, balloons, large floral wreaths, and other lawn ornaments are not recommended to announce a birth because they call attention to the presence of a new infant in the home.

- Only allow persons into your home who are well-known by the mother. It is ill advised to allow anyone into your home who is just a mere or recent acquaintance, especially if met briefly since you became pregnant or gave birth to your infant. There have been several cases where an abductor has made initial contact with a mother and infant in the healthcare-facility setting and then subsequently abducted the infant from the family home. If anyone should arrive at the home claiming to be affiliated with the health care facility where the infant was born or other healthcare provider, remember to follow the procedures outlined above. A high degree of diligence should be exercised by family members when home with the infant. The bottom line is, the infant's family is the domestic security team, and all family members should be sensitive to any suspicious visitors.

- In addition there have been cases in which initial contact with a mother and infant was made in other settings such as shopping malls or bus stations. If you must take your infant out, take a trusted friend or family member with you whenever possible as an extra set of hands and eyes to protect and constantly observe the infant. Never leave a child alone in a motor vehicle. Always take the child with you. Never let someone you don't know pick up or hold your child.

Neonatal Intensive Care Nursery

Our Neonatal Intensive Care Nursery (NICN) provides a quiet environment for the specialized care your newborn may need. This nursery is staffed by nurses experienced in the intensive care of newborns, and there is 24-hour, in-house coverage provided by our neonatalogist and/or neonatal nurse practitioners. Our neonatology services are provided by neonatalogists who stay closely involved with all babies and their families.

Our NICNs vary from Level II to Level III facilities. You may contact the facility where you will deliver for specific questions about our NICNs.

Babies who are born with complications that require a Level IV facility are quickly and carefully stabilized, then transferred to Carolinas Medical Center by MedCenter Air's specialized Neonatal Transport Ambulance. Whenever possible, however, mothers are transferred to the Level IV facility prior to delivery.

NICN provides assistance with any respiratory difficulties your baby might have after birth and provides intravenous (IV) fluids or medications as needed. A closely coordinated team of a neonatologist, nurse practitioners, respiratory therapists, NICN nurses and you, the parents, care for your baby's special needs in the NICN.

If your baby spends time in the NICN, you will receive more detailed and personal information about our services.

Baby Pictures

Baby pictures are made before you and your baby go home. A brochure from the picture service explains how to obtain your pictures. You may dress your baby however you want for the photo.

If the pictures are not processed before your discharge, they usually arrive within one to two weeks.

Birth Certificates

The staff will ask you to complete a blue worksheet with information for the birth certificate. Please check the typed copy carefully for correct spelling, social security numbers and addresses before you sign. Once you sign, the hospital will send the original to the state of NC and you will be given a copy. Any changes to be made after discharge will need to be done in person at the Vital Records office. The secretary or nurse can assist you if you have any questions. Please return the completed form to the secretary ***the day before you leave*** if at all possible.
The address for obtaining a certified copy of the birth certificate is:

Mecklenburg: Vital Records
Bob Walton Plaza
700 E. Stonewall St., Suite 320
Charlotte, NC 28202
704-336-4799

Lincoln: Lincoln County Court House
1 Courtsquare
Lincolnton, NC 28092
704-736-8534

Cleveland: Cleveland County Court House (Register of Deeds)
311 E. Marion St.
Shelby, NC 28150
704-484-4834

Union: Union County Court House (Register of Deeds)
500 North Main St.
Monroe, NC 28112
704-283-3843

Burke: Burke County Register of Deeds
203 South Green St.
Morganton, NC 28655
828-438-5450

Baby Social Security Number

If you indicate that you want a social security number when answering questions on the blue worksheet, it will be requested when the birth certificate is filed. Parents usually receive the card six to eight months after their child's birth. No additional paperwork is needed.

Infant Safety Seat

All states require that newborns be secured in an infant safety seat when traveling in an automobile, including the first ride home.

READ YOUR SAFETY SEAT INSTRUCTIONS! SEE PAGES 67-69 TO BE SURE YOU ARE USING YOUR SEAT CORRECTLY!

Labor And Birth Information

Suggestions For Labor

- Avoid calling family and friends to let them know you have arrived at the hospital. People will come and wait, often for many hours. It's better to call them after the baby is born and you have had a chance to meet your newborn.

- Share your plans for labor and birth with your nurse. We want to make your experience as close to your plans as possible. Your nurse will explain all procedures and help keep your labor moving as smoothly as possible.

- Medications and anesthesia are readily available for pain relief if you and your doctor or certified nurse midwife determine they are needed. Let us know your preferences ahead of time.

- Stay active and out of the bed for as long as your caregiver suggests. Activity is associated with faster and less painful labors. We recommend using the whirlpool tub (if available), walking in the hall, rocking in a chair or using a birthing ball as some ways to help labor. See page 18 about the whirlpool tub.

Labor Coaches

- You have a tough job, but a rewarding one. Being good to yourself means you can be a better support person.

- You may feel helpless at times, but please know that you are not. Never underestimate the value of "just being there." You cannot take the pain away or make the labor go faster, but you can show the mother-to-be how to be patient and trust herself to accomplish the goal of birthing the baby.

- Help screen visitors, ESPECIALLY during labor. More people watching mom labor sometimes means a longer labor.

- Take breaks when you need them. Do not skip meals. Mom might not want you to leave, but she will need you more later. Let your nurse know if you need to take a break so she can stay with mom. There are snacks such as crackers, soup, drinks and coffee in the kitchen area near the nurses' desk. Ask your nurse for cafeteria hours.

How To Use The Whirlpool Tub

Many of our facilities have jetted tubs. They are very popular during labor and after the baby is born. To make the best use of the whirlpool, please observe the following:

DURING LABOR

During labor and for the first time after the birth, check with your nurse before using the tub.

- Fill the tub to ***cover*** the jet openings plus three to four inches before turning on the jets.

- It is recommended that only mom use the tub, for infection control reasons. The tubs are wiped out each day and disinfected after you go home.

- Do not use any soap or shampoo in the tub until the jets are off. Refill the tub with clean water before restarting the jets.

FOR LABOR

- Fill the tub with warm water that is comfortable. If the water is too hot, you may feel dizzy. Also, it takes your body longer to cool off when you get out of the whirlpool tub. Run the jets or leave them turned off—whichever is more relaxing. Keep lights dimmed. Try the hands-and-knees position or lying on your side in the water to help back labor or a posterior baby.

- Allow the water to swirl around your nipples to encourage more contractions during a slow labor.

- Alternate sitting in the tub with walking to stimulate labor.

- Rise slowly and ALWAYS have someone with you when you get out of the tub.

AFTER BIRTH

- Water can speed healing of perineal tissues (your bottom) and relax tired muscles.

- In the first 12 hours, if bleeding is heavy, the shower may be more convenient than the tub.

- Rise slowly when getting out, and have someone with you for the first 24 hours, or if you are dizzy.

- If you have had a caesarean birth, the whirlpool tub may be used after 24 hours. Please check with your nurse before using the tub.

Mom's First Hours After Birth

Right after the baby is born, you can expect the staff to be busy cleaning your room and frequently checking your blood pressure, etc. During this time, please allow your new family to get to know one another without lots of relatives and friends.

If you plan to breastfeed your baby, she will need to nurse within the first hour after birth unless there is a medical complication. This will probably be new to you (and the baby, too!), so be patient and our staff will help you. You can't do anything wrong at this point.

In the first hour, you will likely go to the bathroom unless the anesthesia makes your legs weak. Your nurse MUST be with you at least the first time, to show you how to use the "peri-bottle" to cleanse your bottom. To reduce swelling you will get an ice pack to keep next to your bottom. Apply the ice for 12 to 24 hours.

You will probably be thirsty after all your hard work and may be hungry. Some mothers are wide awake and some are very sleepy. Please take your time to renew yourself because being a mom is hard work. Asking visitors to delay visiting for a while allows you to rest.

Baby's First Hours After Birth

Right after she is born, your baby will appear blue but will gradually turn pink. She will be wet. It is important to dry her immediately and then keep her covered and warm. The best place for this is on mom's abdomen or chest, skin to skin, with both covered by a blanket. If there are mother or baby reasons not to do this, there is an overhead warmer in the room to warm the baby in the bassinet.

As she cries and clears her lungs, the baby will become pinker, but her hands and feet will probably stay blue or pale. This is normal. She will get a hat to keep her head warm and she might need suctioning of the nose or mouth if she has lots of fluid there.

Your new baby might want to look around if the lights are dimmed and can respond to your voice and other people's in the room. You can take pictures, even with a flash, although she will probably close her eyes at the light. Some babies cry for a while and others are very quiet. Hold her close and enjoy her!

Vital signs are taken often in the first hour to be sure the baby is adjusting to life on her own. After the first hour she is checked less frequently. The staff will weigh and measure the baby and perform a brief physical exam.

The Apgar score is assigned at one and five minutes of age. A score of at least eight at five minutes means the baby is doing well.

Dad's First Hours After Birth

Sometimes new fathers are the most surprised at how they feel after the baby's birth. Most dads expect that they will be the helpful one during labor and they are not prepared for how tired they will be at the end.

When the baby is born, many new fathers say they are completely overwhelmed with emotions and sometimes feel uncertain what to do next. The birth of a baby is the birth of a father as well. Dads need to have plenty of contact with the new baby to allow new father feelings to grow.

Avoid inviting the extended family into your private time as a new family. We suggest keeping visitors away until the next day, if you can. You will be eager to share your joy with the new grandparents and special people, but ask them to wait until you call before visiting. This way, you can take the time that you need to be together.

Your new family will need you to help keep things together. You might hold the baby while mom is busy or help her with breastfeeding, diapering and dressing the baby. Of course, you may take pictures. Be sure to get some that include you. Mom will appreciate your screening both phone calls and visitors for her, getting her (and you!) something to eat, and reminding her (and you!) to get some naps in during the day. We suggest you sleep at home for at least one night before the baby is discharged, so you will be rested.

Siblings

Sometimes, parents plan to have the older child visit shortly after the baby's birth. Depending on the age, visiting "right away" may be very important to the child, or not important at all. After much experience with new families, we suggest you meet PARENT and BABY needs first and have children visit when it is comfortable for you.

Mom And Baby Care, The First Two Days

Baby Pain Management

Some parents are concerned that their infant may have discomfort or pain during certain procedures needed while in the hospital. Most infants do not feel pain when we handle or turn them. However, there are some things that we may have to do for your infant that are thought to be painful. Such things include procedures like placing an IV, having a circumcision or getting blood by sticking a heel.

The nurses who care for your infant are trained to know signs of pain or discomfort. For example, an infant in pain may cry, become restless or tighten facial muscles. An infant may also have an increase in heart rate or breathing. The nurses will teach you how to manage these signs, too.

If your infant does show signs of being uncomfortable or in pain, we will use comfort measures. Your nurses may try to nestle, swaddle, hold or rock your infant. They may also try using a soothing voice, soft music, pacifiers or dim lights to comfort your infant. They may ask you to provide skin-to-skin contact whenever possible. The nurses will teach you how to comfort your infant in these ways, too.

Medications may be given to your infant before a painful procedure is done. Your infant's doctor or the neonatal nurse practitioner will order the best medicine to give to your infant if he or she feels it is needed.

Please feel free to talk with the maternity staff or your doctors about any questions or concerns you have regarding your infant's care and pain management.

Baby Medications

After birth, your baby will receive Vitamin K, erythromycin ointment and a Hepatitis B vaccine. **Here's what they are for:**

VITAMIN K—Bacteria normally found in the intestine makes Vitamin K for our bodies. This vitamin is essential for normal blood clotting. Since the uterus is a sterile environment, newborns do not acquire these bacteria and do not have their own source of Vitamin K for several days. A drug called Aquamephyton (Vitamin K) is injected into the baby's thigh muscle within one hour of birth.

ERYTHROMYCIN—This eye ointment is given in the first hours after birth to prevent serious eye infections from certain undetected bacteria the baby was exposed to during the birthing process. The ointment does not sting the baby's eyes, but may make her vision blurry for a short time.

HEPATITIS B VACCINE—Hepatitis B virus (HBV), or serum hepatitis virus, can cause a serious infection at any age. This infection may lead to chronic infection of the liver and serious disease, especially if it is acquired during infancy or childhood. Because of the alarming rise in HBV in recent years, the American Academy of Pediatrics has recommended that immunization against the disease be started in infancy. The first of three doses is usually given before the baby leaves the hospital. The second dose is given at one to two months, and the third dose at six to 18 months.

There are no serious reactions linked to this vaccine and most children have no associated side effects, except for fussiness, soreness, swelling or redness where the shot was given. Any reactions are usually mild and temporary. They may begin within 24 hours after the shot is given, but usually go away within 48 to 72 hours.

Mother Care: The First Two Days

Right after the birth of your baby, lots of activity is going on around you. See page 19, "Mom's First Hours After Birth." For the next couple of days, the following things will be important. For more detail about the postpartum period, see "Caring For Mom At Home" on page 51.

1. REST

Adequate rest makes you a better mom.
Keep visitors to a minimum.
Sleep when your baby sleeps.
Plan naps during the day, and notify your nurse of them.
Unplug your telephone when you nap.

2. LEARNING

You will be preoccupied with "baby feelings."
It will take longer to learn some things.
Plan for time to learn self and baby care.

Limit visitors.
Get enough rest.
Have a family member also listen to infant-care instructions.

3. BODY CHANGES

Bleeding: tell your nurse if you see large clots. Use peri-bottle to wash after voiding.
Painful bottom: use ice for 24 hours.
Sweating: normal.
Cramping: normal. Massage uterus and/or ask for pain medication.
Urinating: use peri-bottle to rinse while you void if you are concerned it will hurt.
Fluids: drink plenty of clear fluids, especially water.
Breasts: soft for first 36–48 hours whether breast or bottle feeding. See pages 29–31 for breastfeeding or page 38–39 for suppressing lactation.
Bowel movements: you probably won't have one for a day or so. See page 54.

4. GOING HOME

See page 5 to plan for going home.

Caesarean Recovery

After a caesarean birth, many things are the same as after a vaginal birth.

1. REST

Adequate rest makes you a better mom.
Limit visitors.
Plan one or two naps each day and take them.
Sleep when your baby sleeps.
Unplug your telephone while you nap.
Let your nurse help you plan resting times.

2. LEARNING

You will be preoccupied with "baby feelings."
You will also be more tired.
It will take longer to learn some things.
Plan for time to learn self and baby care.

Limit visitors.
Get enough rest.
Have a family member also listen to infant-care instructions.

3. BODY CHANGES

Skin incision: closed with surgical staples, stitches, or surgical glue.
Brace the incision with a pillow if it hurts when you move or cough.
Bleeding: use peri-bottle to wash after voiding.
Moving and getting up: important. Have the nurse show you how.
Sweating: normal.
Cramping: normal. Massage uterus gently and/or ask for pain medication.
Urinating: Catheter in bladder for first day.
Pain: use epidural pump or PCA pump as instructed or ask for pain medication as needed. See page 26.

4. FOOD

Clear liquids, warm or room temperature.
No carbonated drinks.
Avoid sipping through straws.
Soft or regular diet on the second or third day.

5. GOING HOME

See page 5 to plan for going home.

Pain Relief After Caesarean Birth

If you experience a caesarean birth, pain will be a big concern for you. Anesthesiologists use various techniques of pain relief so that you can be more comfortable in the days after your baby's birth by caesarean.

With **Patient Controlled Epidural Analgesia (PCEA) or Patient Controlled Analgesia (PCA)**, pain relief is very effective. Instead of the peaks and valleys associated with the traditional narcotic injections, the PCEA allows a constant infusion of local anesthetic and narcotic. If you are not comfortable, you can give yourself a "bolus," or extra dose of the medication, without relying on someone else to bring you medication. Studies show that when the medication is in YOUR control, you tend to use less of it.

The medication is placed in a small, portable pump which is programmed by the anesthesiologist to provide a continuous infusion. It is then connected to the epidural catheter right after the surgery is completed and it remains at your

side. If you feel uncomfortable, simply press the "dose" button and the pump will give an extra dose of medication. The anesthesiologist programs the amount and frequency of dosage so you cannot "overdose" yourself. The PCEA/PCA will remain with you for 12 to 24 hours. After this time, you may take pain-relieving medications by mouth.

Combinations of medications are used for the best results. This way you obtain good pain relief, in addition to moving and walking without weakness. With traditional narcotics given by injection, mothers may have felt comfortable enough to move about, but they were too drowsy to do so. Consequently many mothers miss the precious early hours with their newborns.

Another technique that may be utilized for pain control after your caesarean birth is a single dose of medication added to your spinal or epidural after your baby is delivered. This medication will provide you pain control during the postpartum period and will help you be more comfortable as you walk and move around.

The most common side effect of the medications in PCEA is generalized "itching." Occasionally, some women may have nausea. Side effects are easily treated by reducing the infusion rate or giving Benadryl or Nubain.

"Caesarean" Dads

This likely has been a stressful and somewhat frightening time for you. You may even feel as if you've been in another world for the last few days. If you now have a healthy baby, some of those feelings have probably been replaced by joy at getting to know your newborn.

If your baby is in the Neonatal Intensive Care Nursery, you are an important link between mother and baby. Touch and talk to both of them and share information and photos with mom. Mom will feel comforted knowing that the baby is with dad, even if she cannot be.

Other suggestions to help mom:

- Read pages 26-27 about caesarean recovery and caesarean pain relief. She will appreciate that you understand and you can take comfort in knowing you can help the recovery process.
- Spend as much time as you can with mother and baby.
- Try to screen phone calls and visitors as much as possible and continue to do this at home for the first week or two.

- Touch her and let her know she is still beautiful. Many women feel less desirable in late pregnancy, labor and birth, yet many men say their women were never more beautiful. Let her know you appreciate her.
- Look at her incision. She might be afraid to look herself and might think she is "disfigured."
- Bring familiar food and clothes when it is appropriate.
- Be kind to yourself. Your feelings are valid, too.

Feeding Your Baby

Feeding time is a very special time for your baby. Meeting your baby's need for food in a loving and comfortable way in infancy can provide her with lifelong benefits that extend far beyond simple nutrition. For a baby, feeding time is an important time to build trusting relationships with the people who love and care for her.

Beginning To Breastfeed Your Baby... the first days

Your milk is the perfect food and is made especially for your baby. Use the following guidelines to help you get started. A board-certified lactation consultant or nurse is available to assist you.

Breastfeed within the first hour after birth or soon thereafter. Babies are usually quiet and alert for one to two hours after birth. Research tells us babies who nurse in this alert and wakeful period generally have an easier time learning to breastfeed than those who wait until later.

Newborns enter a sleep phase shortly after birth, which helps them recuperate from the birth process. It is normal for babies to be sleepy for up to three days, gradually getting more awake about the time the mother's breasts begin to feel full with milk. You may have to help your sleepy baby stay awake to nurse. Nature allows this time for frequent sucking practice at the breast for you and your baby to learn how to nurse. The baby has built-in fat stores in preparation for this sleepy phase so you can relax knowing that **no supplements or water are needed at this time.** It is normal for them to actively nurse for a few of the feedings and then be sleepy for the other feedings in the first two days.

Babies give "feeding cues" when they are ready to nurse. These cues include: arms bent, hands in a fist, hands at mouth and head, sucking at hand or arm, rooting or licking. Keeping your baby in your room during your hospital stay can help you learn and respond to your baby's feeding cues.

Nurse as long as your baby wants. Your early milk or colostrum is especially good for your baby. It is produced in small quantities because this is all your baby needs while learning to suck/swallow and breathe. It contains antibodies and acts as a laxative to help your baby pass the first stool. **Your healthy baby does not need supplements of formula or water**. By nursing early and often, you will be providing your baby with the perfect food in the right quantity.

Offer the breast at least 8-12 times every 24 hours.

Some infants will nurse every two to three hours, while others may cluster-feed, feeding every hour for four to six hours. **Keep a written record of when your baby nurses.** This will help you remember when your baby will need to nurse again. See page 85 for the Feeding and Diaper Record, which you can use to record your baby's activities.

Some babies have to be awakened to nurse. If your baby is sleeping, watch for movements indicating a light sleep including: eye movements under the eyelid, mouth movements or hands at mouth. It is easier to wake your baby at these times. If you have tried to wake your baby, but the hands are open with relaxed arms and the baby is in a deep sleep, wait about 30 minutes and try again.

Suggested ways to wake a sleepy baby, include: partially undressing your baby; talking to your baby while the baby is sitting in your lap facing you; gently stroking your baby's hands or feet; massaging your baby's body.

When your baby is back to birth weight, usually by 10 days of age, you may no longer have to awaken your baby to nurse.

Nurse on the first breast without time restriction (usually about 15 to 20 minutes) before offering the second breast. Nurse until the infant is satisfied. Some infants are satisfied with only one breast.

There is no need to wait for the breast to "fill up." Milk is made while your baby is sucking so the breast is never empty. Your baby will nurse for comfort, body contact and to meet sucking needs, as well as for food and drink.

Get as comfortable as possible before beginning to nurse so you can relax and enjoy nursing. The nurse or lactation consultant is available to show you how to position yourself and help your baby latch on easily. Some babies are vigorous nursers, while others are sippers and sleepers. It may take several days to several weeks before both of you have mastered the technique. Remember, both of you are learning a new skill. Be patient with yourself and your baby and understand that this is normal for all new mothers and babies.

If your baby cannot or will not nurse in the first 12 hours, ask your nurse or the lactation consultant to help you with nursing or to bring you an electric pump to use until your baby is ready to nurse.

Baby's Second Night

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again...and now it's your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warmth and comfort of the—albeit a bit crowded, womb where he has spent the last 8 1/2 or 9 months—and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, he's in a crib, swaddled in a diaper, a tee-shirt, a hat and a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing though, and that's his voice....and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet—he protests loudly!

In fact, each time you put him back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed—he cries again....and starts rooting around, looking for you. This goes on—seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to "home" he can get. It seems that this is pretty universal among babies—lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try to burp him—just snuggle him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every 1/2 hour or so. If he starts to root and act as though he wants to go back to the breast, that's fine... this is his way of settling and comforting.

Another helpful hint...his hands were his best friends in utero...he could suck his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. All of a sudden he's had them taken away from him and someone has put mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch—to feel—and even his touch on your breast will increase your oxytocin levels, which will help boost your milk supply! So take the mittens

off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly—after all, he had fingernails when he was inside you, and no one put mittens on him then!

By the way—this might happen every once in a while at home too, particularly if you've changed his environment such as going to the doctor's, to church, to the mall, or to the grandparents! Don't let it throw you—sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is "home."

After The Third Day

YOU KNOW YOUR BABY IS GETTING ENOUGH TO EAT WHEN:

- Your breasts soften with each nursing.
- You can hear gulping or swallowing during the nursing.
- Your baby has relaxed body posture at the end of the feeding and is sleepy after most (but not necessarily all) feedings.
- Your baby has six to eight wet diapers a day with pale yellow urine and three or more stools by day four. Stools (BM) that are creamy and seedy with watery textures are normal. There may be a little with every nursing or larger stools less often. Frequent watery BMs accompanied by gassy, gurgling noises are normal for the nursing baby.
- Your baby has a weight gain of four to seven ounces a week or has regained their birth weight by 10 days of age. It is normal for your baby to have up to a seven percent weight loss following birth. Most babies stop losing weight by day four when mothers get their full milk supply and then quickly begin to gain weight. You will know that your baby is gaining weight well if there are four or more yellow stools a day.

A healthy, full-term baby has reserves of fluid and fat to see the baby through the first days of nursing while the mother's milk supply is increasing. **No supplementation is needed unless medically indicated by your baby's doctor.**

Skin-to-Skin Contact for You and Your Baby

Research supports the benefits of placing your baby skin-to-skin on the mom or dad's chest for a special time of bonding immediately after delivery, and extending for several weeks thereafter. This is often referred to as Kangaroo

Care because it is similar to the way a baby kangaroo is snuggled against his mother. The baby, wearing only a diaper, is held in an upright position against the parent's bare chest for two to three hours per day. Babies who are held skin-to-skin are able to smell you, hear you, feel you, nurse from you, stay warm and be calmed and loved by you.

Skin-to-skin on your chest is the best place for your baby to adjust to life outside of your womb. Compared with babies who are kept swaddled in a crib, skin-to-skin babies stay warmer and calmer, cry less, have better blood sugars and breastfeed better.

Growth Spurts

Your milk supply is very responsive to breast stimulation. The more your baby nurses, the more milk your body will make. If your baby wants to nurse more frequently than usual for 24 to 48 hours, this is normal. The suckling tells your body to make more milk. Formula supplementation is not needed and if given at this time will result in lower milk supply. Growth spurts may occur at seven to ten days, three weeks, six weeks and three months. Once through the growth spurt, babies will return to their prior feeding pattern.

Pacifiers, Bottles

A pacifier or bottle is not recommended until your baby has learned to nurse well. If your baby needs to suck, then nurse. You can be fairly certain your baby has learned to breastfeed well if:

1. You have no breast or nipple pain.
2. Your baby easily attaches to your breast and nurses vigorously.
3. Your baby has a good weight gain.

In the early days, sucking on the firm, rubber nipple of a bottle or pacifier may teach your baby to look for this when nursing. It may cause your baby not to recognize your soft, fleshy nipple when placed in your baby's mouth. However, when introduced later, babies can learn to suck both with no difficulty.

Mother's Diet

Good news! You can enjoy eating what you want in moderation while nursing. It was once believed that spicy foods the mother ate might cause gas or the baby might refuse milk. Current research tells us babies enjoy the variety

of tastes. Breastfed toddlers are less picky when food is introduced because they have tasted it before in breastmilk.

To keep yourself healthy and feeling good, be sure to eat a wide variety of foods:

- Breads/grains
- Fruits/vegetables
- Dairy/calcium rich
- Protein rich

Drink enough caffeine-free fluids—at least eight, eight-ounce glasses per 24 hours. Water is best.

Engorged Breasts

CARE PLAN FOR ENGORGED BREASTS

As your breasts begin to make more milk, your breasts may feel full and heavy. This normal fullness will not prevent your baby from being able to latch on.

On the other hand, breasts that become engorged are uncomfortably firm and the nipples can become flattened because of swelling inside the breast. Many mothers describe engorged breasts as hot, hard, shiny and hurting. It is important to treat engorgement quickly. Cabbage compresses have been shown to decrease swelling and help milk to flow easier. *(Do not use if you are sensitive to cabbage or sulfa.)*

How To Use Raw Cabbage Compresses:

1. Tear off the outer leaves of green cabbage and discard. Tear off the next layer of leaves and rinse with water and pat dry.
2. **Cover the entire breast** up the chest wall and under your arms with cabbage leaves and use your bra to hold them in place.
3. The cabbage should be worn one to two hours or until you begin to feel some relief in your breasts. Milk may begin leaking from your breasts. Remove the cabbage leaves and express enough milk to soften your breasts so that your baby can latch on and nurse to relieve fullness.
4. If your breasts are still uncomfortable at the end of a nursing session, pump/hand express just enough to feel better. This generally takes less than 10 minutes.
5. Whenever the cabbage leaves appear wilted, replace them with fresh

ones. Discontinue using cabbage when engorgement decreases and your milk flows easily.

Engorgement is not an expected part of breastfeeding; it is an indication that you and your baby need assistance. Call an outpatient lactation center for an appointment.

How To Use The Electric Breast Pump

PREPARING YOURSELF FOR EXPRESSING MILK

- Always wash your hands before pumping.
- Make yourself as comfortable as possible.
- Play music that you enjoy, if you wish.
- You may want to place a picture of your precious baby by the pump.
- Have something to drink—water, juice, tea, etc.
- Relax—take a few deep breaths, mentally relax your face, shoulders, etc.
- Massage your breasts—use your fingertips in a rolling motion going from your chest wall toward your nipple. Be sure to massage all areas of your breasts. If your breasts are large, use one hand to support your breast while the other hand massages it.

BEGINNING TO PUMP

Gently hold the flange against your breast. Be sure that your nipple is centered in the flange. Experiment to find the most comfortable and effective level of suction. EXPRESSING MILK SHOULD NOT HURT.

Pump both breasts at the same time for about 10 to 15 minutes. If single pumping, pump so that each breast is expressed for 10 to 15 minutes.

Refer to the manufacturer's guidelines for pump assembly, cleaning and sanitizing.

TIPS

- Do not stop pumping when your milk is easily flowing. Use the times given as a guide only. Learn your body's signals and what works best for you.
- Be realistic in your expectations. Before your mature milk begins to flow, your milk will be small in quantity and appears yellowish in color. Save every drop for your baby; it is important that your baby receive this early milk.

- You may use a small amount of olive oil on and around each nipple before pumping. This may make pumping more comfortable.
- Frequent pumping sessions are more beneficial than pumping for longer periods of time.

Milk Storage

You can use either hard-sided containers for storing milk or milk storage bags designed for freezing human milk.

Glass or plastic containers should have a top that fits well. They should be washed in hot, soapy water, rinsed well and allowed to air-dry before use. Don't fill them up to the top—leave an inch of space to allow the milk to expand as it freezes.

Put only two to four ounces of milk in each container, the amount your baby is likely to take in a single feeding. This avoids waste. Small quantities are also easier to thaw. You can add fresh milk to a container of frozen milk as long as there is less fresh milk than frozen milk. Cool the fresh milk for 30 minutes in the refrigerator before pouring it on top of the frozen milk in the freezer.

Be sure to label every container of milk with the date it was expressed. If the milk will be given to your baby in a daycare setting, also put your baby's name on the label.

How Long to Store Human Milk

Whenever possible, babies should get milk that has been refrigerated, not frozen. Some of the anti-infective properties are lost when the milk is frozen—though frozen milk still helps protect babies from disease and allergies and is much better for your baby than artificial milk.

Breastmilk Storage Guidelines

	Room Temperature	Refrigerator	(-20°C) Freezer
Freshly Expressed Breastmilk	≤4 hrs	≤8 days	≤12 months
Thawed Breastmilk (previously frozen)	Do not store	24 hours	Never refreeze thawed milk

For your hospitalized baby, the lactation consultant or nurse will provide you with milk storage guidelines specific for the hospitalized baby.

Source: Human Milk Banking Association of North America.

Lactation Center Services

SERVICES PROVIDED

- Breastfeeding consultation while you are in the hospital.
- Outpatient appointments for feeding difficulties or special needs.
- Back to work appointments.
- Telephone help.
- Newborn weight check appointments.
- Breast pumps and other breastfeeding equipment.

CALL THE LACTATION CENTER FOR HELP IF

- You do not feel that breastfeeding is going well.
- Your breasts are engorged.
- Your baby is three days old and you do not think that your milk has "come in" yet.
- It is difficult to get your baby on the breast for a feeding.
- Your baby cries and/or sleeps at the breast and does not nurse for more than a few sucks.
- Your breasts or nipples hurt.
- Your baby is four days old and does not have six to eight wet diapers each 24 hours.
- Your baby has had a weight check and is not gaining well.
- Your baby is not calm, happy and sleepy after feedings.
- You feel the need to give your baby something more than your milk.
- Your baby sleeps most of the time. You think your baby would rather sleep than eat.
- Your baby is gaining less than 1/2 ounce a day overall, or has not regained birth weight by 10 days.
- You plan to return to work or school. (Call for an appointment two weeks before you plan to return to work or school).
- You have any questions about breastfeeding.

Lactation Center Contact Information

For more information or outpatient assistance, contact:
Carolinas Lactation Center
Carolinas Medical Center-Pineville
704-541-2943

Cleveland Regional Medical Center
980-487-3887

CMC-Myers Park-Pediatrics
704-446-1423

Carolinas Medical Center-Union Lactation Center
704-225-2890

If you are using WIC, call your local WIC office:
Mecklenburg County–**704-336-6464**
Union County–**704-296-4899**
Lincoln County–**704-735-3001**

For Mother-to-Mother Support Groups:
1-800-La-Leche (525-3243)

Lactation Suppression

HOW TO DRY UP YOUR MILK
Raw cabbage compresses for suppression:
Do not use if you are sensitive to cabbage or sulfa.

1. Tear off and discard the outer leaves of a green cabbage. Tear off the next layer of leaves, rinse with water and pat dry. Leaves may be stored in the refrigerator.
2. Crumple the leaves and cover the entire breast up the chest wall and under your arms. Use your bra to hold the leaves in place.
3. Whenever the cabbage leaves appear wilted, replace them with fresh ones.
4. Wear green cabbage leaves continuously for at least 24 hours. You may continue to use cabbage compresses for several days or until your milk has dried up.

In addition, you may:

1. Express milk from your breast as needed for comfort. You may use a good electric breast pump or you may gently hand express. Handle your breasts with care as they may bruise easily. Only express enough milk to make you feel better.
2. Mild analgesic drugs may be taken if desired.
3. Drink fluids as desired without restriction.
4. If breast engorgement does not decrease after following these measures, you will need to contact your physician for further instructions.

Bottlefeeding

HOW TO FEED YOUR BABY

When you feed your baby, sit comfortably and support her head in the bend of your arm. Holding her close during feedings provides her with the physical contact that babies must have to grow. A few pillows under your arm will make you more comfortable. Make sure her head is raised slightly and tilt the bottle so that the nipple is completely filled with the formula. Never prop your baby's bottle for feedings. Not only does this deprive her of necessary close contact with you, but she can choke easily.

WHEN TO FEED YOUR BABY

Feed your baby whenever she is hungry, but do not "push" her to finish a bottle. Though most babies begin to show a pattern of feeding within a few weeks, they can also change regularly. If you find the baby cries shortly after a feeding, try holding her, changing her diaper or offering a pacifier, before assuming that she is still hungry. Many babies have very strong needs to suck, even when they are not hungry. You will soon be able to tell when your baby is hungry and when she just needs extra sucking time. Anytime she does not finish the formula in the bottle, throw it away. Saliva from the baby's mouth enters into the bottle and may cause bacteria to grow in the formula.

WHAT FORMULA TO USE

Ask your baby's pediatrician for a formula recommendation and check with your pediatrician before changing your baby's formula. Sometimes what parents (or grandparents!) feel sure is a problem with the type of formula is really normal infant behavior or signs of another problem. Your doctor or nurse can best help you decide.

HOW MUCH TO FEED YOUR BABY

The American Academy of Pediatrics states that a newborn will take 1-3 ounces of formula or pumped breastmilk per feeding every 3-4 hours on average during the first few weeks. Feed your baby on demand or whenever she cries because she is hungry.

Breastfed infants take smaller more frequent feedings than formula fed infants. By the end of one month, an average feeding schedule would be 4 ounces of formula every 4 hours.

CLEANING AND STORING BOTTLES AND EQUIPMENT

1. Wash your hands first!
2. Wash bottles, nipples, caps, lift-up punch can opener, tongs and funnel with hot soapy water or in a dishwasher. Use a bottle brush to scrub.
3. If you are using disposable bottles with plastic liners, wash everything except the liners.
4. Rinse well with running water. Squeeze water through the nipple holes.
5. Air dry.

STERILIZATION

Why do I need to sterilize the bottles?

If you have city water, most pediatricians do not believe you need to boil or sterilize a baby's water or equipment. Hot soapy water and a good scrubbing or dishwasher washing are all appropriate cleaning methods. Ask your baby's pediatrician for recommendations.

If you have water from a community or individual well, it is recommended that you sterilize the water and equipment as follows:

Sterilizing equipment

Note: "Boil" means actively bubbling water. Start timing from the "boil," not the time you turn on the heat!

1. Put bottles in the sterilizer upside down, add nipple assemblies and all the utensils that you will use and two to three inches of water.
2. Cover and boil for five minutes without removing cover.
3. If you do not have a bottle sterilizer, use a deep pot. Cover the bottles and equipment ***completely*** with water and boil gently for 10 minutes.
4. Using sterile tongs, remove the bottles with the nipples inside and caps on the top and store at room temperature.

Sterilizing water

Boil water in a covered pan or kettle for five minutes and allow to cool; or sterilize the water with the bottles.

Sterilizing water and bottles together

1. Follow the directions for washing equipment.
2. Fill the bottles with the desired amount of water and cap loosely.
3. Boil gently for 25 minutes.
4. Let sterilizer cool.
5. Remove bottles, tighten caps and store at room temperature.

PREPARING AND STORING INFANT FORMULA

Infant formula comes in these three forms: ready-to-feed, powder and concentrated liquid. Follow the manufacturers' directions for the type of formula you are mixing **EXACTLY.** Do not make it more concentrated or more diluted. This can cause serious illness. Always check product expiration date. Do not use expired formula.

Temperature of the formula

Most babies are quite happy to take formula that is room temperature or cooler. Generally, they prefer what they are used to. If you do warm the formula, it is best to sit the bottle in a pan of hot water or run warm water over the bottle.

After feedings

Discard any leftover formula. Wash, scrub and rinse the bottle and nipple completely. Do not allow formula to dry on equipment. Set bottles aside until you are ready to sterilize all the utensils (if needed).

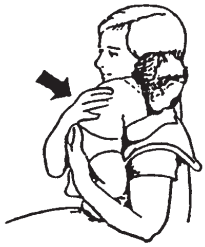
Baby Care After Feeding

BURPING YOUR BABY

A bubble of air in the stomach can make your baby feel full before she really is and may be uncomfortable. Burp her after every 1/2 to one ounce of formula or as needed. Breastfed babies should be burped following a feeding. Some may need to burp between breasts. This can help wake a sleepy baby.

Your baby may need more burping if she has been crying for a time before the feeding. Crying makes her swallow more air. Try the positions illustrated on the following page.

What if your baby does not need to burp? Either she does not need to or she will burp a little later.



SPITTING UP

It is normal for babies to spit up a part of their feeding. This is because their diet is all liquid and the muscles located at the top of the stomach do not close well yet. Some babies spit up large amounts for several months and some hardly at all. To reduce spitting, burp the baby well. Avoid lots of jostling after feeding.

VOMITING

This is different from spitting up because the baby brings the feeding back up forcefully, ejecting milk away from her body. All or a large part of the feeding comes back. This is a cause for concern and you will need to let your pediatrician know:

- If it happens more than once.
- If the baby seems ill or has a fever as well.
- If the baby also has diarrhea.

Infants with vomiting and/or diarrhea can become dangerously dehydrated in less than 24 hours.

Before You Leave The Hospital

Newborn Screening

It might save your baby's life!

Most newborns are born healthy and normal. However, there are some life-threatening, but rare health disorders that may not be detected during a routine exam by the pediatrician. This is why blood tests are used to screen newborns for these disorders.

Before your baby leaves the hospital, her heel will be pricked and blood will be collected on absorbent filter paper. The sample is sent to the State Laboratory of Public Health for testing. These tests detect inherited diseases that may cause mental retardation or death if untreated in infants.

Here are some of the tests performed for the newborn screening in North Carolina:

- **Phenylketonuria (PKU)**
- **Hypothyroidism**
- **Galactosemia**
- **Congenital Adrenal Hyperplasia (CAH)**
- **Sickle Cell Anemia**

To prevent the early and permanent damage from these diseases, the newborn screening sample should be drawn early in an infant's life. The optimum time for screening is between 24 to 72 hours of age. **You are not notified of normal results. You are contacted only if the testing needs to be repeated to confirm abnormal results.**

Newborn screening will be completed prior to the infant's discharge.

Testing your newborn baby for these hidden diseases is part of a normal routine for hospitals and pediatricians. It is also an important element of your careful attention to your child's good health. It might save your child's life!

Hearing Screen

North Carolina law requires that birthing hospitals make reasonable efforts to screen the hearing of all newborns. It also requires that the status of each newborn's hearing be reported to the state.

Tell your nurse if you do not want your baby's hearing screened. This will be noted in the baby's medical record.

Your baby's hearing will be tested in the nursery or in your room.

When Is The Routine Hearing Screening Done?

For well babies, the routine hearing screening is performed when the baby has reached at least 12 hours of age.

How Is The Routine Hearing Screening Done?

The routine hearing screening is performed with automated equipment using either a test called Otoacoustic Emissions (OAE) or Automated Auditory Brainstem Response (AABR). The hearing screening does not hurt the baby. It is done while the baby is resting quietly or sleeping. It only takes a few minutes to complete. A sound is presented to the ear through an eartip or earphone. The equipment measures a response from the ear through the eartip (for the OAE test) or with electrodes (like tape) placed on the baby (for the AABR test). The equipment displays PASS or REFER based on criteria preset in the unit. Hospital staff or volunteers who have been trained in the Infant Hearing Program do the routine hearing screening. The Infant Hearing Program is supervised by licensed audiologists.

What Do The Results Of The Routine Screening Mean?

PASS means a good response was recorded from both ears.

REFER means a good response could not be recorded in one or both ears. It does not mean your baby has a hearing problem. It means additional testing is needed. Sometimes a response cannot be recorded because the baby:

- is crying or too active
- has wax or debris in the ear canal
- has fluid behind the eardrum
- is sucking on a pacifier or hand
- has a hearing problem

Please remember this is only a screening test of hearing ability. This screening may not detect some hearing loss such as mild hearing loss, hearing loss for low pitch sounds, or disorders in processing sound. If you have any concerns about your baby's hearing, speech or language development in the future, even if your baby has passed the routine hearing screening, talk to your baby's doctor.

Your baby's doctor will review the results of the hearing test with you before the baby goes home. You will also be given a brochure with the results of the test and information about hearing, speech and language development. There is no charge for the test.

What If My Baby Has A Medical Issue That Could Be Related To Hearing Loss?

Sometimes a baby can have medical risk factors associated with hearing loss. This is primarily a concern for babies born early or with significant medical problems. It can occasionally be present in well babies too. If a baby has a medical risk factor for hearing loss, the baby's doctor may order a diagnostic hearing test in place of the routine hearing screening. The diagnostic hearing test is a more comprehensive test. It provides information about the degree and type of hearing loss if present. A licensed Audiologist completes the diagnostic hearing test. The diagnostic hearing test is performed when the baby is medically stable. The test does not hurt the baby and is done while the baby is sleeping. There is a charge for the diagnostic hearing test.

What Follow-up Is Needed After The Routine Hearing Screening Or Diagnostic Hearing Test?

PASS: Babies that pass the routine hearing screening do not need follow-up unless you have concerns in the future or if there are medical reasons for rechecking hearing.

REFER: Babies that refer on the routine hearing screening need a repeat hearing test. The baby's doctor will make a referral during a follow-up visit to his/her office. There may be a charge for the repeat hearing test, but Medicaid and most insurance will cover the cost. Hearing screenings are available at no cost to the family at Children's Special Health Services (CSHS) Speech and Hearing Team sites. Call the CSHS Helpline at 1-800-737-3028 to find a Speech and Hearing Team site near you.

DIAGNOSTIC HEARING TEST: Based on the results of the test, the audiologist will make recommendations for any necessary follow-up. Recommendations could include follow-up with the pediatrician, repeat hearing testing, referral to an ear, nose and throat doctor (ENT), or other types of services.

What If My Baby's Hearing Is Not Checked At The Hospital?

The baby's doctor can refer you to someone who can perform the hearing screening or diagnostic hearing test. There may be a charge for the hearing test but Medicaid and most insurance will cover the cost. Hearing screenings are available at no cost to the family through CSHS Speech and Hearing Team sites.

How Is The Status Of My Baby's Hearing Reported To The State?

Babies that do not pass the routine hearing screening or diagnostic hearing test, or whose hearing was not checked at the hospital are referred to the NC Child Service Coordination (CSC) Program. This is done through the Health Department for the county of residence. Someone from the CSC program will contact you once the referral is received. The CSC program assists you in making sure your baby received any necessary follow-up services.

Who Can I Call If I Have Questions About My Baby's Hearing, Speech Or Language Development?

For more information call:

Children's Special Health Services Helpline	800-737-3028
BEGINNINGS	800-541-HEAR
Audiology Services at Carolinas Rehabilitation	704-355-4430

INFORMATION ABOUT HEARING LOSS

There are different types of hearing loss. Below is a brief description of each. For more information ask your baby's doctor.

Conductive hearing loss is caused by a problem in the ear canal (outer ear) or the area behind the eardrum (middle ear). Things that can cause a conductive hearing loss include wax or debris blocking the ear canal, a hole in the eardrum, fluid behind the eardrum, or a deformity in the middle ear. A doctor can usually treat conductive hearing loss and hearing can return to normal levels. Sometimes, like when there is a deformity of the ear, a baby with a conductive hearing loss needs a hearing aid.

Sensorineural hearing loss is caused by a problem in the inner ear (cochlear hearing loss) or in the hearing nerve (neural hearing loss). Sensorineural hearing loss is permanent. It can sometimes fluctuate or even get worse over time (progressive hearing loss). Hearing aids are often needed. Other types of early intervention services such as speech language therapy, preschool programs, etc. may also be needed.

Central hearing loss typically refers to problems with processing or understanding what is heard. Central hearing loss is not as common as conductive or sensorineural hearing loss. Treatment can vary depending on the needs of the child.

DEVELOPMENTAL MILESTONES FOR HEARING AND SPEECH

Below is a guide for hearing and speech development for newborns and toddlers. This guide gives you an idea of what your baby should be doing with hearing and speech at different ages. If your baby was born early, please base this on your baby's corrected age. **Your baby should be doing the following things—**

Birth:

Cry, startle or wake up to loud sounds. Listen to speech and make pleasure sounds.

0 to 3 Months:

Turn to you when you speak. Smile when spoken to. Seem to recognize your voice. Repeat the same sounds often. Cry differently for different needs.

4 to 6 Months:

Respond to the word "no" and to changes in your voice. Notice toys that make sound. Make sounds that seem speech-like, with lots of different sounds including p, b and m. Make gurgling sounds with you and when alone.

7 Months to 1 Year:

Enjoy games like peek-a-boo and pat-a-cake. Turn to look up when you call his/her name. Listen when spoken to. Recognize words for common things like cup, shoe and juice. Babble in long and short groups of sounds like "tat," "upup" and "no," even though the words may not be clear.

1 to 2 Years:

Point to pictures in a book when they are named. Point to a few body parts. Follow simple commands like "roll the ball." Listen to simple stories and songs. Say more and more words every month. Use some 1-2 word questions like "where kitty?" or "go bye-bye?" Put two or more words together like "more cookie" or "no juice."

Deciding About Circumcision

Expecting a baby and being a new parent means making many decisions. Whether to circumcise your baby boy is one of these. In recent years, circumcision has been described as "unnecessary surgery." While the procedure remains optional, new information suggests that there are some benefits. No one can tell

you what the best choice is for you and your baby, but your pediatrician can provide further information.

What Is A Circumcision?

Baby boys are born with a foreskin covering the sensitive end of the penis, called the glans. When circumcision is performed, the foreskin is removed surgically. (See drawing page 49.)

Who Performs A Circumcision?

Your obstetrician, pediatrician, urologist or family physician does the circumcision.

How Is A Circumcision Performed?

To keep him still during the procedure, the baby is laid on his back on a tabletop tray. His upper body is swaddled and his legs are held in place with soft straps and velcro. With a thin probe, the foreskin is separated from the glans. A metal or plastic clamp is applied to the foreskin at the ring where it joins the shaft of the penis. The clamp acts as a tourniquet to shut off the blood flow before the foreskin section is cut away. If the plastic clamp is used, a small ring remains in place and falls off by itself in a few days. If the metal clamp is used, it is left on for several minutes to prevent bleeding and then it is removed.

Does This Hurt The Baby?

Newborns have sensitive nerve endings and feel pain, but behavioral changes from this pain disappear within 24 hours after the surgery.

What Kind Of Anesthesia Is Used?

Physicians use a local anesthesia to block the nerves above the circumcision area. Your baby will also receive acetaminophen and sugar water to help relieve any discomfort from the procedure.

Are There Any Complications Or Risks?

As with any surgery, there are risks and circumcision is no exception. Exactly how often complications occur is unknown, but reviews of large studies indicate the rate is low—about two to six per thousand. The most common problems are excessive bleeding, infection and injury to the penis itself.

Complications from anesthesia are rare, but can include bleeding under the skin or damage to the skin and tissue near the injection site. Accidentally injecting the anesthetic into the bloodstream is also a risk.

HERE ARE SOME OF THE THINGS TO CONSIDER WHEN DECIDING ABOUT CIRCUMCISION:

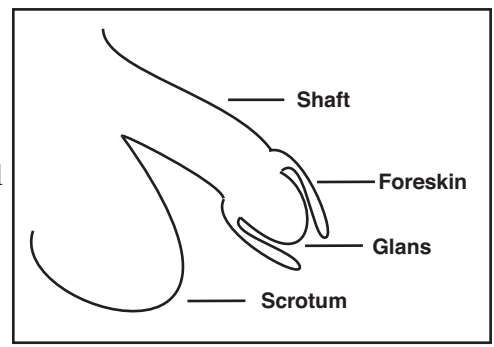
Phimosis is a very rare condition prevented by circumcision. The foreskin and glans normally develop as one tissue and separation evolves over time—anywhere from a few weeks to three or four years after birth. A very small percentage of boys who are not circumcised develop complications when the foreskin remains tight and cannot be drawn back over the glans, even though it has separated.

Cancer of the penis is very rare and some studies are inconclusive. However, it appears that penile cancer is less frequent in men who were circumcised as infants. Hygiene plays an important factor in penile cancer, as does certain sexually transmitted diseases. The American Academy of Pediatrics states, *"The decision not to circumcise a male infant must be accompanied by a life-time commitment of genital hygiene to minimize the risk of penile cancer developing."*

As the circumcision rate has declined in the United States during the last decade, researchers have noted an increase in urinary tract infections (UTI) in infant males. Studies of over 200,000 baby boys found that those not circumcised were 10 times more likely to have UTIs.

What If We Do Not Want Our Baby Circumcised?

Circumcision remains an elective procedure. You should discuss this option with your child's pediatrician and among yourselves. Your baby will not be circumcised without your informed and written consent.



Caring For Mom And Baby At Home

Mother Care: From Your Physician or Nurse Midwife

Now that your baby is here and you have conquered the hurdle of labor and birth, you may think the hardest part is over. For many women this is true. But if you are not prepared for the changes and challenges of the first week, you may be surprised and disappointed that life is not as rosy as you imagined. Briefly, these are some of the things you can expect:

VAGINAL BLEEDING

Vaginal bleeding is normal after a delivery. You should expect a period-like flow for the first week after delivery and then the flow will gradually taper down. You will continue to have a light brown to white discharge for several weeks. Use sanitary pads instead of tampons and change frequently. Cleanse the perineal area each time you use the bathroom and wipe gently from front to back, using a clean tissue with each wipe. If you increase your activity too rapidly, bleeding may become heavier. This is a sign to get off your feet and rest. When you have been lying down for a long time and then get up, you will notice it is heavier because of pooling. If the discharge becomes quite heavy with clots or the bleeding has not tapered down within seven to ten days, notify your physician or nurse midwife. A normal period will usually occur within six to eight weeks after delivery. If breastfeeding, a period may not occur for several months. We recommend not douching until after your first postpartum checkup.

CRAMPING

As the uterus contracts to close off the blood vessels that nourished the placenta, you may feel cramping. This is more common in these instances:

- during a second or subsequent birth;
- when you are breastfeeding; and
- when your bladder is full.

Though uncomfortable, the cramping is beneficial because you lose less blood and your uterus becomes smaller. You may request mild pain relievers for cramping if you need them. Motrin or Ibuprofen may be prescribed by your doctor. Motrin will help decrease the pain and cramping that are common after giving birth.

Motrin is taken three to four times a day, about every six to eight hours, until the pain subsides. It can then be taken only as needed when pain or cramping occurs. Motrin should always be taken with food, milk or antacids and a full glass of water. If you miss a dose, take it as soon as you remember, unless it is close to the next dose, then skip it and resume the regular schedule. Do not take more than one tablet at a time or take it more often than it was prescribed.

The most common side effect of Motrin is a bloated feeling (gas) or mild stomach pain. Other side effects that might occur are: diarrhea, nausea or vomiting, dizziness, light-headedness, drowsiness, headache, heartburn or indigestion. Often these will go away during treatment and should only cause concern if they continue or worsen. If this happens, stop taking the medication and notify your physician.

You should also stop taking Motrin and call your physician if you should experience any of the following side effects: severe abdominal or stomach pain, bloody or black tarry stools, chest pain, seizures, fainting, difficulty breathing, wheezing, tightness in your chest, unusual bleeding or bruising. Motrin may make you drowsy and may increase the effects of alcohol so be careful when you drive, work heavy machinery or drink alcohol.

PERINEAL PAIN/STITCHES

The stitches that were used to repair your episiotomy or vaginal tear will dissolve in three to four weeks. If you experience soreness or itching, warm water tub soaks twice a day for 15 to 20 minutes may help. While in the hospital you may have used an anesthetic spray. You may continue using this at home. Begin Kegel exercises as soon after delivery as possible to stimulate circulation to the perineal area and promote healing as well as good muscle tone. Work up to doing these at least 30 times a day by the end of the first week post delivery.

To Do Kegel Exercises

Slowly, to the count of five, tighten the muscles of the perineum (the muscles surrounding the opening of the bladder, vagina and rectum). Hold while fully contracted, then slowly release to the count of five. Relax completely, then repeat. You can check to see if you are doing this exercise correctly next time you empty your bladder. Spread your legs apart and see if you can stop the flow of urine midstream, one time only. This should not be done routinely with

urination. This exercise aids in strengthening the pelvic floor muscles that can lose their tone during childbirth.

Epifoam, a topical steroid, is used to reduce swelling and aid the healing of your episiotomy. It also should decrease the pain of the episiotomy. Apply epifoam to your episiotomy three or four times a day as needed for pain or swelling. The most common side effect is itching or irritation at the site, although this is extremely rare. Discontinue use if this occurs and notify your physician for an alternative. Do not use on your infant.

INCISION: CAESAREAN SECTION

Your incision will be closed with either stitches, staples or surgical glue. If you have stitches, they will dissolve in 4-6 weeks. If you have staples, they will be removed 5-7 days after the C-section. When staples are removed, steri strips will be applied. After 2-3 days these will crinkle at the ends. At this point they may be removed. After the dressing is removed in the hospital, you may bathe or shower. Clean the incision daily with soap and water, then pat dry with a towel or blow dry with a hairdryer set on low. Check the area daily for signs of infection such as redness, swelling, extreme tenderness and unusual drainage that may have an oder. Itching along the incision is common and can be minimized by applying alcohol with a cotton ball. It is also normal to experience a burning sensation, numbness and tingling. Swelling above the incision line is normal and may take 6-8 weeks to resolve.

ACTIVITY

Increase your level of activity gradually each day depending on how you feel. We suggest that you not lift anything heavier than the baby for four to six weeks. Begin exercising slowly, walking and swimming are exercises of choice during the immediate postpartum period. If you feel pain or severe discomfort, stop and wait several days, then resume. Other signs of too much activity are lack of energy, fatigue, irritability and depression. Rest when your baby is asleep and set realistic limits. Driving should be avoided for the first week and then resumed as long as you feel comfortable doing so.

Caesarean Section

You may begin driving when your baby is two weeks old. Do not begin an exercise program until you have your postpartum checkup.

DIET

Many women feel they want to get their bodies back to their pre-pregnant state and immediately go on a starvation diet. This is one of the worst things you can do to yourself. Lack of nutritional energy will lead to inability to cope with all the demands in your life and may contribute to depression. A balanced diet of 1800 calories is recommended for women who are not breastfeeding. Breastfeeding women find 1800-2200 calories a day sufficient to support breast milk production. In addition, 10 to 12 glasses of fluids are recommended. Use the following suggestions from the four food groups as a guide:

Milk or dairy products: 4–5 servings

Proteins: 3 servings

Fruits/Vegetables: 5 servings (1 citrus fruit; emphasis on dark green, leafy or yellow vegetables)

Grains: 5–6 servings

Continue taking your prenatal vitamins daily until you run out, then take a multivitamin a day for as long as you are breastfeeding.

Caesarean Section

You may want to avoid gas producing foods (cabbage, broccoli, dried beans, etc.) for your comfort. Otherwise there are no food restrictions.

BOWEL MOVEMENTS

Frequently after childbirth, women are fearful of having a bowel movement for fear of popping or tearing stitches. Having a bowel movement will not cause harm to your stitches or cause pain. However, because you have lost strong abdominal muscle tone, you may be prone to constipation. To prevent this, drink at least six glasses of water daily, eat fresh fruits and vegetables and have a small amount of bran daily. If you absolutely cannot have a bowel movement, use Milk of Magnesia or stool softeners such as Surfak or Colace as directed. These can be purchased over the counter.

HEMORRHOIDS

Soak in warm water for 15 to 20 minutes a day. You may use Preparation H, Nupercaine or Anusol. These are available over the counter.

INTERCOURSE

It is best to delay intercourse until your postpartum checkup. When you are

ready for intercourse, there are several things for both partners to know. First, be gentle and slow. Second, because a woman's hormones have not returned to normal, her normal vaginal lubrication will be less, causing possible dryness, which could cause pain or discomfort. It is best to use a water-soluble lubricant such as KY Jelly or a contraceptive cream. Finally, remember that it is possible to become pregnant after delivery even if you have not had a period yet. Breastfeeding does not protect you against pregnancy—some women still ovulate while breastfeeding. Unless contraception is resumed at discharge from the hospital, it will be discussed at your postpartum checkup. If you are bottlefeeding and desire to go on oral contraceptives, we recommend you start taking them two weeks after delivery.

POSTPARTUM DEPRESSION

What You Should Know

Many new mothers feel sad, afraid, angry or nervous after their baby is born. These feelings, called postpartum or "baby" blues, are very common. Signs of postpartum blues start a few days after the baby is born and usually go away in 1 or 2 weeks. Don't feel guilty about feeling sad or worried after your baby is born. These are normal feelings. Having these feelings doesn't mean you are a bad mother. It is normal to have mixed feelings about motherhoood as your body adjusts to the changes that follow childbirth.

It is called postpartum depression if your "blues" don't go away or get worse. When depressed, you may not be able to care for your baby or yourself. Severe depression usually goes away with treatment. But without treatment, it can get worse and may lead to thoughts of hurting yourself or your baby.

Instructions

- Rest is important. Don't try to do everything. Do only what is needed and let other things wait until later. Ask your partner, family or friends for help, especially if you have other children.
- Try to nap when the baby naps. Ask your partner to help with night feedings or other baby care if possible.
- Share your feelings with your partner, a friend or another mother. Often just talking things out with someone you trust is a big help.
- Take good care of yourself. Shower and dress each day. Don't forget to eat. Try to get out of the house a little each day. Go for a walk or meet with a friend. Get a baby-sitter or take the baby with you. Be sure to spend time with your partner. And it is important to have some time by yourself each day.

Call Your Doctor or Nurse Midwife If:

- You feel more depressed or your depression does not go away.
- You need to talk about your problems. You may call a caregiver, a hospital emergency department or a mental health center. They can help you sort through your feelings. They also may be able to help you find a support group of other women who have felt this way.

Seek Care Immediately

- **Call 911 or 0 (operator)** if you feel like hurting yourself, your baby or others.

POSTPARTUM CHECKUP

Please call the office to schedule an appointment for 5-6 weeks after vaginal delivery or 4-5 weeks for a caesarean section with the doctor or nurse midwife that delivered your baby. At this visit, you will be examined to make sure your uterus has returned to normal size and your episiotomy incision or abdominal incision has healed.

<u>Notify the physician or nurse midwife if you notice any of the following:</u>

- Temperature greater than 100.4°F or chills.
- Heavy vaginal bleeding after seven days from delivery.
- Signs of breast infection (redness, warmth, excessive tenderness).
- Swelling*, redness, or pain in one calf or thigh.
- Signs of wound infection (redness, foul smelling discharge, etc.).
- Abdominal swelling, vomiting or increase in abdominal pain.

**Swelling (without redness or pain) of the legs is normal for the first seven to 10 days.*

POSTPARTUM EXERCISES

To help you regain your muscle tone, we recommend the following exercise program. If you start this program as soon as you get home from the hospital, be certain to start slowly. Avoid pushing yourself beyond the point that it hurts "your stitches." If you notice any discomfort in the pelvis or any persistent changes in the vaginal discharge (such as color, odor, increased amount), stop the exercises and discuss these changes with your physician or nurse midwife.

We recommend doing exercise numbers one through four the first week. Add exercise five the second week. Each exercise should be repeated four times.

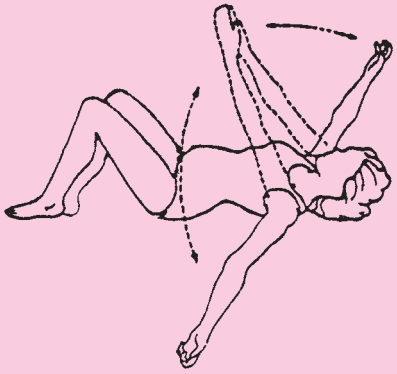
Caesarean Section

Do not begin this exercise program until you have your postpartum checkup.

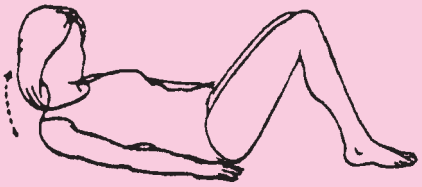
First Week

1. Abdominal Breathing–Breathe in deeply to expand abdomen. Exhale slowly while drawing in abdominal muscles tightly.

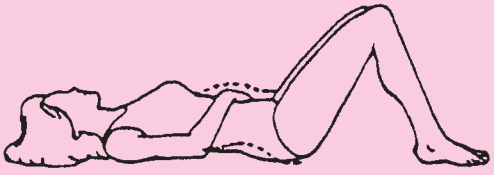
2. Arm Raising–Lie flat on the floor, legs slightly apart. Stretch arms away from shoulders on floor with elbows stiff. Raise arms, elbows stiff, above torso and touch hands. Slowly return arms to floor.



3. Neck Stretch–Lie flat on back, no pillows. Exhale and raise head to touch chin to chest.

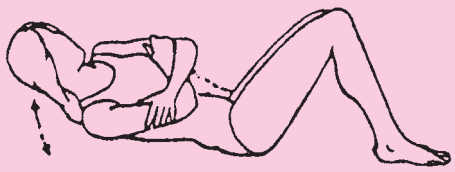


4. Pelvic Tilt–Lie on floor with knees bent. Inhale. While exhaling, flatten back hard against floor so that there is no space between back and floor. Tighten abdominal and buttock muscles as you flatten back.



Second Week

5. Abdominal Strengthening–Lie back on floor, cross arms on chest. Exhale and raise head and shoulders as you draw your abdomen in. Inhale and slowly return to lying flat on the floor. Use deep abdominal muscles.



Baby Care

Your new little person is an individual with unique and special characteristics. You will never stop discovering them. How you love and care for your child will be unique to you.

While in the hospital, you will learn some of the basics in caring for your baby. Your nurse will teach you these techniques and you may watch some of our baby care videos. If you are feeling uncertain about what to do with your new baby, remember that she does not know what to do with new parents either!

Remember:

YOU ARE YOUR BABY'S ONLY PARENTS.
NO ONE LOVES HER MORE THAN YOU.

JAUNDICE AND YOUR NEWBORN

From the American Academy of Pediatrics

Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color.

What is jaundice?

Red blood cells normally break down in the baby's bloodstream before and after birth. A substance that is left over, called bilirubin, sometimes collects in the baby's system. The bilirubin causes a yellowish-orange color to the skin. If the bilirubin level is extremely high, it can damage the brain and inner ear cells. This is extremely rare today because treatment is readily available.

Why is jaundice common in newborns?

Everyone's blood contains bilirubin, which is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

How can I tell if my baby is jaundiced?

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

Can jaundice hurt my baby?

Most infants have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

How should my baby be checked for jaundice?

If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin test or blood test to check your baby's bilirubin level. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

Does breastfeeding affect jaundice?

Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in infants who are not nursing well. If you are breastfeeding, you should nurse your baby at least eight to 12 times a day for the first few days. This will help you produce enough milk and will help to keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help. Breast milk is the ideal food for your baby.

When should my newborn get checked after leaving the hospital?

It is important for your baby to be seen by a nurse or doctor when the baby is between three and five days old, because this is usually when a baby's bilirubin level is highest. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

Which babies require more attention for jaundice?

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following:

- A high bilirubin level before leaving the hospital
- Early birth (more than two weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent or brother or sister who had high bilirubin and received light therapy

When should I call my baby's doctor?

Call your baby's doctor if:

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

How is harmful jaundice prevented?

Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. Treatment can prevent the harmful effects of jaundice.

Putting your baby in sunlight is not recommended as a safe way of treating jaundice. Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home because your baby will get cold, and newborns should never be put in direct sunlight outside because they might get sunburned.

When does jaundice go away?

In breastfed infants, jaundice often lasts for more than two to three weeks. In formula-fed infants, most jaundice goes away by two weeks. If your baby is jaundiced for more than three weeks, see your baby's doctor.

The information contained in this section should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Treatment Options for Jaundice

If it is determined that your baby has a high level of jaundice, this will be verified by blood tests ordered by your pediatrician. Treatment options may include phototherapy. In this procedure, the baby is placed under special fluorescent lights for a day or two until the liver matures enough to handle the bilirubin load. Her eyes will be covered during the treatments to protect them from the light. It is important that your baby remain under these lights except during feeding and diaper changing times in order to lower the bilirubin level.

It may also be recommended by your pediatrician that you supplement your breastfed baby with formula for a day or two to help increase bilirubin excretion through bowel movements. As soon as the bilirubin level begins to decrease, your pediatrician will advise you to return solely to breastfeeding.

TAKING YOUR BABY'S TEMPERATURE

Knowing how to take a baby's temperature is one of the many new skills parents must learn. Try to become comfortable taking a temperature before you leave the hospital. You will better remember how to do this during a time of "crisis" if you have actually practiced it instead of just having read about it.

There are two ways to take your baby's temperature. The **RECTAL method** and the **ARMPIT method**. Many physicians consider the rectal method to be the most accurate, but be sure to ask your baby's doctor which method is preferred. Also, note below the normal temperature range is different for the two methods. Ask your doctor which temperature to report (rectal or armpit).

Armpit Temperature (axillary)

1. Place the thermometer in the baby's armpit. Be sure there is dry skin contacting the tip all the way around and that no clothing is in the way.
2. Hold the baby's arm snugly against her body for time period as directed by thermometer instructions.
3. **The NORMAL RANGE FOR ARMPIT TEMPERATURE IS 97.0° TO 98.6°.**
4. If the temperature is abnormal, take the temperature again for certainty.

Rectal Temperature

1. Put a small amount of petroleum jelly or water-soluble jelly (KY) on the tip of the thermometer.
2. Lay the baby on her stomach on your lap and spread the buttocks so that the opening to the rectum can be seen.
3. Slowly insert the thermometer with a slight twisting motion, until a little less than one inch is inside the baby's body.
4. Hold the thermometer continuously for time period as directed by thermometer instructions and keep your hand on the baby so that she cannot kick the thermometer.
5. The **NORMAL RANGE FOR RECTAL TEMPERATURE IS 98.0° TO 100.4°.**
6. If the temperature is abnormal, take the temperature again for certainty.

BASIC BABY SAFETY

1. Anytime you put your baby down to sleep, position her on her back.
2. Babies can choke easily. After feedings, set your baby in a position that will allow her to keep her airway clear if she spits up; sitting upright or laying on her side (the right side seems to reduce spitting up). Ask nurses to show you how to use the bulb syringe.
3. Even a newborn can roll over or scoot on a surface. Never leave her alone for even a second on a changing table or open bed.
4. ALWAYS, ALWAYS, ALWAYS use your infant safety seat in the car. Check and double check to see that you are using it correctly. Even if you believe that using seat belts should be a choice, remember, your baby cannot ask for one.
5. You may want to enroll in an infant CPR class. Your nurse can provide you with the number to register.
6. As your baby grows, keep your house safe from additional hazards. There are many infant and child books available that can help you make your home safe.

REDUCING THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS)

From the American Academy of Pediatrics

The American Academy of Pediatrics makes the following recommendations:

- Back to sleep: Infants should be placed for sleep in a supine (wholly on back position) for every sleep.
- Use a firm sleep surface. A firm crib mattress, covered by a sheet, is the recommended sleeping surface.
- Keep soft objects and loose bedding out of the crib. Pillows, quilts, comforters, sheepskins, stuffed toys and other soft objects should be kept out of an infant's sleeping environment.
- Do not smoke during pregnancy. Avoiding an infant's exposure to second-hand smoke is advisable for numerous reasons in addition to SIDS risk.
- A separate but proximate sleeping environment is recommended, such as a separate crib in the parent's bedroom. Bed sharing during sleep is not recommended.
- Balloons are not to be attached to the infant's sleep environment; ex: crib, bassinett, swing or car seat.

- Consider offering a pacifier at naptime and bedtime: The pacifier should be used when placing infant down for sleep and not be reinserted once the infant falls asleep.
- Avoid overheating. The infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult.
- Avoid commercial devices marketed to reduce the risk of SIDS. Although various devices have been developed to maintain sleep position or reduce the risk of rebreathing, none have been tested sufficiently to show efficacy or safety.
- Do not use home monitors as a strategy to reduce the risk of SIDS. There is no evidence that use of such home monitors decreases the risk of SIDS.
- Avoid development of positional plagiocephaly (flat back of head). Provide supervised "tummy time" while infant is awake and alert.
- Avoid having the infant spend excessive time in car-seat carriers and "bouncers." Place the infant to sleep with the head to one side for a week and then changing to the other.
- Assure that others caring for the infant (child care provider, relative, friend, babysitter) are aware of these recommendations.

TRANSPORTING YOUR BABY SAFELY

In North Carolina when traveling with a child, a properly used child restraint device (CRD) is required if the child is less than age eight AND less than 80 pounds. The child must be within the weight range for the CRD and it must meet federal standards in effect at time of manufacture.

Recommendations and laws relating to the use of child restraint devices are constantly changing. For more information you may want to contact the following organizations:

North Carolina Child Passenger Safety Resource Center
www.buckleupnc.org

National Highway Traffic Safety Administration
www.nhtsa.org

Safe Kids Coalition Charlotte Mecklenburg
www.safekidscharmeck.org
maintains a list of car seat checking stations

BASICS OF SAFETY SEATS AND SEAT BELTS

Adapted from the North Carolina Child Passenger Safety Resource Center (Web site last updated 11-14-07).

North Carolina has three occupant restraint laws.

Their basic requirements are:

- All drivers and front seat passengers, regardless of age, must be properly buckled up.
- All children less than 16 years old must be buckled up in either the front or back seat.
- Children younger than eight and who weigh less than 80 pounds must be properly secured in a child restraint.
- Child restraints for children less than age five and less than 40 pounds must be installed in the rear seat in vehicles with active passenger-side air bags.
- When a child reaches age eight (regardless of weight) or 80 pounds (regardless of age), a ***correctly fitted*** seat belt may be used instead of a child restraint to restrain the child.
- Children less than 12 are prohibited from riding in the open bed of a pickup truck or other open cargo area.
- Drivers are responsible for obeying these laws.

There are differences between what is legal and what is recommended for buckling up children.

Protecting children in crashes requires three important steps:

- The restraint must be the right type for the size and age of the child.
- The child must be buckled correctly into the restraint according to the manufacturer's instructions.
- The restraint must be correctly installed in the vehicle according to instructions.

BASICS OF RESTRAINT SELECTION

The restraint used must be the right type for the size and age of the child:

- Use rear-facing child restraints for children until at least one year of age AND at least 20 pounds. Most children reach 20 pounds before age one and need to be in a rear-facing convertible child restraint approved for heavier babies. ***Keep children facing the rear as long as possible.***
- Use forward-facing child restraints with a harness and/or shield for children

over one year old. Use the harness and/or shield until it is outgrown, usually 40 pounds. There are a few models that have harnesses or shields that can be used over 40 pounds.

- Use belt-positioning booster seats that make a lap and shoulder belt combination fit correctly for children who have outgrown their harness-type child restraint until they are large enough for the seat belt to fit correctly. Add-on shoulder belt adjusters are not recommended since they are not covered by any federal standards and may, in fact, do more harm than good. Never tuck the shoulder belt under the arm or behind the back.
- Use seat belts for older children only when they are large enough for the belt to fit correctly. Usually, this will be about eight years old and about 80 pounds. To tell if a child is big enough to use just the vehicle lap and shoulder belt, ask the following questions: 1) can he sit all the way back against the auto seat, 2) do his knees bend comfortably at the edge of the auto seat, 3) does the shoulder belt cross his shoulder between his neck and arm, 4) is the lap belt positioned low and touching his thighs, and 5) will he stay seated like this for the whole trip? If the answer is "no" to any of the these questions, a belt-positioning booster seat is needed for the best crash protection.
- Whenever possible, keep children younger than age 13 buckled up in a rear seat of the vehicle.
- Child restraints older than 10 years should not be used. Any child seat, regardless of age, that has been in a severe crash should be replaced.

BASICS OF HARNESSING

The child must be buckled correctly into the restraint according to the manufacturer's instructions:

- The type of harness or shield must be appropriate for the size of the child. Harnesses with shields do not fit small infants well.
- All parts of the harness must be present and in good condition.
- In general, the harness straps should be at or below shoulder level for rear-facing restraints and at or above shoulder level for forward-facing restraints. Refer to the child restraint manufacturer's instructions to be sure.
- The harness must be as snug as possible without pressing into the child's skin and causing physical discomfort. You should not be able to pinch the strap to make a fold in the harness webbing.

BASICS OF INSTALLATION

The restraint must be correctly installed in the car according to instructions:

- NEVER install a rear-facing restraint in front of an active air bag.
- The rear seat is safer for children than the front seat. Whenever possible, child restraints should be installed in the center-rear seat.
- Infants less than a year in age should ride in a restraint that faces the rear of the car. Follow the child restraint's instructions for the correct recline angle.
- The vehicle seat belt must be routed correctly through or around the restraint according to the child restraint's instructions.
- LATCH (Lower Anchors and Tethers for Children) is a new system that can make child restraint installation easier and without using seat belts. LATCH is found on most child restraints and vehicles manufactured after September 1, 2002.
- The child restraint must be installed tightly in the vehicle. To check, hold the shell of the child restraint at the seat belt path (where the seat belt goes through the child restraint or where it would go through if not using the lower LATCH attachments) and pull toward the front of the car and side-to-side. There should be no more than one inch of movement in either direction.
- The seat belt or LATCH attachments must be locked in order to stay tight. Locking clips are needed on some seat belts. Check the vehicle owner's manual to be sure.
- Top tethers can make most front-facing restraints work better. Follow instructions to install and use tether straps whenever possible.

Additional details and information about the North Carolina occupant restraint laws, recommendations, harnessing, seat selection and basics of installation can be found at **www.buckleupnc.org**.

Your child's safety depends on you!

CHAD: Children Have An Identity

This safety seat child identification program has been developed as the result of a traffic crash involving a 13-month-old boy named Chad. The babysitter who had been driving was killed. Chad was injured, but no one at the scene knew his identity. Only because an emergency room nurse recognized him could his parents be quickly located and his injuries be treated. To ensure rapid identification of your child in such an emergency, please fill out a sticker with the information below and place it on the right corner (child's right) under the cushion or center back of your child's safety seat.

CHAD Sticker Information

Child's Name	Birth Date	
Address	City/State	
Mother	Home Phone	Work Phone
Father	Home Phone	Work Phone
Child's Physician	Phone	
Name of Emergency contact (other than parent)		
Relationship	Phone	

CARE OF THE NAVEL CORD

As your baby's umbilical cord dries up, it begins to separate from the skin. The separation is not painful to the baby and the cord should be kept as dry as possible. Follow these instructions for proper care:

- Wash your hands prior to touching the baby's navel cord area.
- Fold diapers away from the navel until the cord falls off.
- Cleanse with soap and water if area becomes soiled with urine or bowel movement.
- Keep the cord area above the water if you bathe the baby in a tub.

The cord usually falls off in 10 to 15 days, though some babies keep theirs longer. If odor or redness occurs at the separation site, call your pediatrician.

DIAPERING

There are many things to consider about diapers. Diapering is something you will be doing for two to three years.

Cloth Diapers

These diapers are reusable and very handy to have around the house for burp cloths, spills, etc. When using cloth diapers, human waste goes into the water treatment system and is handled as it should be. You can launder your own diapers, or a commercial diaper service may be available in your area. (Check the Yellow Pages.) New kinds of diaper covers and sizes make cloth diapers more convenient.

Disposable Diapers

These are used once and thrown away. In the past few years, less bulky packaging and thinner diapers have reduced the resources needed to produce them. Human waste should be disposed of properly in the toilet.

Diaper Costs

This can vary and you should look at many options. Remember that you will be changing diapers eight to 16 times per day for two years. When considering cost, remember that the newborn size disposable diaper package contains a lot of diapers, but by the time your child wears a larger size, there are less than half the number of diapers for the same cost.

How To Diaper

Whichever form of diapering you decide to use, change the baby when wet, even if the diaper feels dry. Ammonia is a gas, formed from urine, which irritates the skin. Use alcohol-free baby wipes or a wet washcloth at every diaper change to avoid irritating the skin. Generally, no ointments or powder are recommended, but check with your baby's pediatrician. Leaving the baby without a diaper for periods of time can help prevent diaper rash. Ask your baby's doctor for recommendations of diaper rash products.

When changing female babies, remember to wipe them from the front to the back. In the first week, there may be a small amout of blood-tinged mucous. This is because the baby has been exposed to mom's hormones.

When changing male babies, remember that cool air often causes "squirts." You should point his penis down when the clean diaper is put on or he will wet his shirt instead! Remember to clean under the scrotum and in the skin folds.

CLOTHING

Be sure to wash infant clothing according to the directions on the tag. The sleepwear that is flame retardant will have to be washed in a detergent, not a soap (like Ivory), because soap residue on the fabric will burn. Some babies are sensitive to regular detergents so you might try something like Dreft or CheerFree.

When dressing your baby, remember that she has a nice layer of fat under the skin and needs to be dressed in the same number of layers that you are comfortable in whether indoors or out. Since most babies do not have a lot of hair to keep their heads warm, a hat may be more comfortable in cooler weather.

A home temperature of 68° to 78° F is comfortable for your baby. If your home is cooler or warmer, simply adjust the layers of clothing accordingly. Keeping the baby too warm can make her fussy and may contribute to heat rash. Too warm of an environment has also been linked to SIDS, Sudden Infant Death Syndrome.

BATHING

The number of baby bath contraptions available today may seem overwhelming. The easiest to use with a newborn is the kind that will fit in or on your kitchen sink. They are very helpful in supporting the baby, but they will not hold her up. DO NOT LEAVE HER ALONE FOR EVEN A SECOND!

A baby does not get very dirty, except on the bottom, and sometimes around the neck if she spits up. She will not need a bath every day, but she might like it. In the couple of weeks while the cord is still attached, avoid getting the cord wet. Only wash around it. Dry the navel area really well. See "Care of the Navel Cord" on page 70.

Wash the baby's hair every other day to help reduce "cradle cap," the oily and crusty patches in the scalp. A soft toothbrush with shampoo is helpful to remove it.

Remember to check the thermostat on your hot water heater. The temperature should be set at 120° F or below to avoid scalding.

How To Wash A Baby

If you are sponge-bathing the baby, remove only the clothing necessary. If you will be putting the baby into a tub, undress her completely. Do not let the baby's umbilical cord be underwater until it has fallen off. Always begin with the most clean part of the baby first. Use plain water and a clean part of the washcloth for each area.

1. Begin with the eyes. Clean from the nose side of the eye to the outer side.
2. Clean the face and ears. No soap. Do not use Q-tips in the ears or nose.

3. Wash the arms, neck and body with mild baby soap. Pay particular attention to those hiding places in the creases.
4. Wash the feet and legs.
5. Wash the bottom and genital area last.
6. Wrap the baby in a towel and dry her well.
7. Shampoo her hair next, holding her like a football under your arm. Using baby shampoo, lather her hair (you can use a soft brush on the scalp). Don't be afraid to wash the fontanels or "soft spots" on the baby's head. Rinse hair under running warm water. Be careful with running tap water! It can become hot or cold quickly! It sometimes helps to keep your hand or arm in the running water all the time, so you will notice any changes first.
8. Dry the baby's head and hair well.
9. A clean and dry baby will generally not need powder or lotions on the skin. Powder can cause lung irritation if not used carefully. If you do apply lotion, use sparingly.

FINGERNAIL CARE

You may wait until the baby is asleep to file or cut her nails, so that her fingers will not be moving. The easiest way to care for your newborn's fingernails is to use an emory board. This may be used to smooth the nails without the worry of cutting too close to the skin. A newborn's fingernails are still attached closely to the finger underneath, so filing them instead of cutting minimizes the risk of bleeding. No matter how well you file her nails, your baby will probably still scratch herself. Some people recommend covering the baby's hands; however, remember that touch is the best-developed sense in a newborn. Covering her hands deprives your baby of her best means for exploring her new world.

As the baby grows you may prefer to change to blunt-tipped baby nail scissors or baby nail clippers. Cut the nails straight across. Do not leave any jagged edges. It may help to pull the skin back away from the nail a little before trimming.

WHAT TO DO FOR A FEVER

Fever is a response of the body to deal with an infection or foreign substance of some kind. Fevers rarely cause damage to a baby and babies often have fevers higher than adults. It is not uncommon for infants to have a fever of 102°F or higher and the temperature can vary widely in a rather brief period of time. Convulsions or seizures occur rarely and are probably related to how fast the temperature rises rather than how high it gets. How your child **looks** and **acts** are additional indicators of the seriousness of an illness. **Ask your baby's doctor what to do in the case of a fever! Call about any fever in a baby under three months of age.**

Body temperature changes that are **not a fever** can occur from morning to late afternoon and are normal. Factors such as too much clothing or very high indoor or outdoor temperatures can temporarily raise the child's temperature to as much as 100° F rectally. Holding a baby very close for a long time can also raise her temperature. A normal temperature range is 97°F to 100.4°F.

If you think your baby has a temperature above the normal range and you think it is a fever, repeat the temperature. If it is still elevated, you should call your baby's doctor. Have a pencil and paper ready to record the doctor's instructions and be ready to tell him or her:

- **What seems to be wrong.**
- **The temperature reading, preferably a rectal temperature.**
- **The name and phone number of a nearby pharmacy.**

Many parents find it helpful to put a note: "TAKE TEMP" next to the doctor's phone number in the phone book so they will remember to do this before calling the doctor.

Once you have spoken with the doctor, the following things may help make your baby more comfortable:

- Dress the baby lightly.
- Do not overheat the room.
- Provide clear liquids to drink, though your baby may take these only a sip at a time.
- Provide lots of time for naps and rest.
- Do not rub the baby with alcohol. You may give the baby a **lukewarm** tub or sponge bath to gradually cool her off if she is very hot.
- Follow the doctor's instructions for medicine to reduce the fever.

Being a new parent can seem to be an overwhelming responsibility. During times of "worry," you may feel inadequate as a parent. Even experienced parents feel this way sometimes. Asking questions and looking for reassurance and help only indicate your love and concern for your child. Do not hesitate to call your doctor if you have questions.

THE CIRCUMCISION

At birth, boys are born with a "foreskin" covering the end of the penis. (See drawing on page 49.) The inner layer of the foreskin is attached to the end, called the "glans." When a circumcision is performed, the foreskin layers are separated from the glans and removed surgically. A baby should urinate within 12 hours of the circumcision procedure. Be sure to notify the pediatrician if he does not.

To make your son more comfortable, keep things quiet, use soft lights and do not allow lots of people to hold him. You may also want to ask the pediatrician if you can give the baby acetaminophen (Tylenol) drops in the first 24 hours.

Circumcision Care

Right after the circumcision procedure, your baby will need to be held or cuddled. He may want to nurse or suck a pacifier for comfort. Leave the petroleum jelly gauze on for 24 hours. Do not change it unless it becomes very dirty with stool. If it comes off within 12 hours, apply another one. If the gauze does not come off on its own within 24 hours, soak it by sitting the baby in warm water or putting a warm, wet cloth on the penis for a few minutes. This will loosen the gauze so you can remove it. Do not use soap or baby wipes on the penis for at least three days. To clean the penis, rinse with warm water only. If there is loose skin around the penis, gently retract it behind the glans and rinse underneath so scar tissue does not form there.

When diapering the baby, it is helpful to smear a generous amount of petroleum jelly on the front of the baby's diaper to prevent the penis from sticking while it is healing. It is normal to see some red, pink, orange or yellow smudges on the diaper, but apply pressure for 10 minutes if there is bleeding and check with your pediatrician if it does not stop. If there is a clot present, do not remove it. You will need to ensure that his genital area is kept both extra clean and moist with petroleum jelly for five to seven days. Before going home, be sure you know how to diaper the baby and care for the circumcision area.

Do not use petroleum jelly (Vaseline) if your baby has a plastibel circumcision. Follow any specific guidelines provided by your pediatrician.

Appearance

Your baby's penis may be covered by petroleum jelly gauze and may appear red or "raw" where the foreskin was separated from the glans. This area may ooze slightly, but should not "bleed." The nurses will check the baby's circumcision area frequently during the first hour. The baby will be uncomfortable when touched in this area on the first day or two, but you will notice he is more comfortable after 24 to 48 hours.

You may notice some yellowish discharge on the glans around the second day and it may be crusty. This is part of the healing process and should not be washed off.

A baby should urinate within 12 hours of the circumcision procedure. Be sure to notify the pediatrition if he does not.

To make your son more comfortable, keep things quiet, use soft lights, do not allow lots of people to hold him and position him on his side. You may also want to ask the pediatritican if you can give the baby acetaminophen (Tylenol) drops in the first 24 hours

Behavior

Newborns sometimes withdraw from pain by sleeping more. He may also be fussy. Either way, this time is likely to be difficult for the whole family because many other stressors are also present. Everyone notices the fatigue of birthing a baby most by the second day and now the baby might be a bit more fussy because of the circumcision.

Most infants are circumcised the day they go home, which is often the day their birth stores of fat and fluids are diminishing and they are more hungry. The breastfeeding mother's milk is not at full volume yet and she is making arrangements to leave the hospital. Recognizing these stressors will make it much easier for you to put them in perspective and realize that things will not be like this for long.

Whether you are bottle or breastfeeding, try not to let the baby sleep too long on the day of his procedure. If breastfeeding, wake him to nurse every two to three hours during the day and avoid giving a bottle or pacifier, as the frequent feedings are needed to establish your milk supply. Bottle-fed babies should be awakened every three to four hours for feedings. If he is fussy, he may need to nurse more frequently or may want a pacifier if he is formula feeding. Rock him and hold him close. Offer skin-to-skin contact with your baby for 45 min. to one hour before feedings to provide comfort and develop feeding cycles.

UNCIRCUMCISED BOYS

At birth, the penis is covered by a continuous layer of skin. The section of skin that covers the rounded end or glans is called the foreskin. The foreskin is actually two layers—the outer skin and an inner lining that is firmly attached to the glans. (See drawing on page 49.) Over time, the inner lining of the foreskin begins to separate by shedding the cells in between. The cells are regularly discarded and r eplaced throughout life. The discarded cells accumulate as whitish, cheesy "pearls" called smegma, which gradually work their way out of the foreskin at the tip.

Eventually, five, ten, or more years after birth, the foreskin is fully separated from the glans and may be pushed back and away from the glans. This is called foreskin retraction and it occurs naturally with erections that happen normally throughout a boy's life. If the foreskin does not seem to retract easily early in life, it is important to

realize that this is normal and that it should eventually retract.

The uncircumcised penis is easy to keep clean. No special care is required! It is not necessary to manipulate or forcibly retract the foreskin. There is no need for special cleansing with Q-tips or for antiseptics. Soap and water on the external surfaces are fine. Do not forcibly retract the foreskin.

When the foreskin is naturally fully retractable, occasional cleansing beneath is sufficient. When the child reaches adolescence, he should be instructed to clean beneath the foreskin during his daily bath.

INFANT SLEEPING PATTERNS

Sleep dominates the life of an infant. Newborns will spend between 15 and 20 hours per day sleeping, with the average being 16.6 hours. This sleep will be broken into an average of seven sleep periods a day, lasting 20 minutes to five hours. A newborn's longest periods of wakefulness will reach two hours and that time frame lengthens with every month of life.

Scientists do not exactly know why we need to sleep, but research indicates that important and complex biochemical functions occur during this time. A newborn's body is growing at a faster rate than at any other time in life and her need for sleep appears to be tied to that growth. As the growth rate begins to slow, the total hours of sleep needed fall from 17 to 20 for a newborn to 12 to 14 for a six- month old.

A newborn's sleep is broken up into as many as seven different segments, partly because her stomach is not large enough to hold enough breast milk or formula to stave off hunger long enough to sleep through the night. The need for a middle-of-the-night feeding disappears at some point after six weeks of age, most commonly at around three months for bottle-fed babies and somewhat later for breast-fed babies.

However, hunger is not the only reason babies do not sleep through the night. Another reason is a baby's sleeping patterns. A very young infant spends 50 percent of her sleeping hours in light, dreaming sleep (active sleep), in comparison to an adult's pattern of 20 percent of sleeping time in dreaming sleep. Because a baby is neurologically immature, she has trouble making the transition from deeper, nondreaming sleep to light, dreaming sleep, then back to deeper, nondreaming sleep.

Adults often become conscious briefly during the night. Since adults are in the habit of sleeping through the night, they roll over and go back to sleep. A baby, on the other hand, has not developed the ability to put herself back to sleep. She also makes more transitions between light and deep sleep, so it is no wonder she tends to wake more frequently.

Some babies are fussy and more sensitive to changes in schedule and may sleep less or wake more frequently than less fussy, "easy" babies. Sleeping through the night is partly dependent on physical maturation and partly on temperament. There is no fool-proof method to automatically produce this much-desired behavior. Because sleeping through the night is also partly a learned behavior, parents can encourage the process by giving a baby (not a newborn!) who wakes during the night adequate opportunity to learn to put herself back to sleep before they intervene.

WHEN YOUR BABY WILL NOT STOP CRYING

Read this at 2 a.m. when your baby is screaming.

You have heard it already. Crying is a baby's only way to communicate. She is trying to tell you something. So you, the parent, should know what it is. Or at least you should be able to figure out what it is. You have heard that babies cry when they are hungry, wet, cold, warm, tired, bored, lonely or afraid. The problem is, your baby is crying and she is not any of those things. You know. You have done everything needed to fix them. But the baby is still crying. Therefore, something must be wrong. You do not think anything is wrong with the baby so there must be something wrong with you. Anyone you come in contact with right now will be happy to tell you what you have not done right.

Remember:

YOU ARE YOUR BABY'S FAMILY.
NO ONE LOVES HER MORE THAN YOU DO.

Okay. You are the parents. No, you do not know all the answers (nobody does), but you have the advantage that you, more than anyone WANT to do the best for your baby. So be assured that your attempts and efforts to meet the baby's needs are RIGHT and VALID because they come from your love and concern. When you have an irritable baby, believe it or not, your needs are often greater than your baby's needs. Please read on.

What Is "Colic" (Irritable Infant Syndrome)?

Colic is a behavioral disorder that occurs in about 15 to 25 percent of all infants, regardless of sex, birth order, race or whether they are born early or late. The babies have persistent, unexplained crying, difficulty being soothed and periodic excessive activity. Colic usually shows up when the baby is about two

weeks old, peaks at about six weeks of age and may persist until the baby is three to six months old. The irritability and crying have a day/night pattern, and are more common in the evening.

What Is Not "Colic?"

Do not assume that a period of crying is colic. Normal, un-colicky babies have crying periods. Often babies appear to be in pain, have gas or a stomach ache. Because a baby responds to discomfort located anywhere in the body by tensing her whole body, it is difficult to pinpoint what is going on. Some babies need to "fuss" for a time on their own in order to go to sleep.

What Causes Excessive Crying?

In numerous scientific, medical and psychological studies of irritable, "colicky" babies, researchers have not found clear causes for the syndrome. Immature digestive function, milk allergy, maternal anxiety and breastfeeding mother's diets have all been tested and have NOT been found to cause irritable babies. Researchers have focused on trying to find causes and treatments, with no clear results. Only recently have a few professionals begun to both look at and study what families find is the most important issue: the effect of excessive crying on the parent/child, husband/wife and other family relationships. One author reports that excessive infant irritability is a crisis situation for the family.

What Can Parents Do?

First, have your baby checked by a physician to make certain there is no physical reason for your baby's crying. The doctor may have some suggestions, but often these are no more or less helpful than any other suggestions you will get.

Love your baby, take care of yourself and ask for help. Do not be afraid to share your feelings with others, even feelings you do not like or are ashamed of. Accept reasonable offers of help, and DO get away from the baby, even if it is only for an hour at a time. Get professional help if you think you need it. This is not a failure in your ability to parent.

What Can Family and Friends Do?

Most importantly, parents of crying babies need help. Not the kind that proposes more "solutions" necessarily, but the kind of help that gives parents relief from the stress. Parents of an irritable baby are often very reluctant to subject someone else to their crying baby in order to get a break. The crying is not nearly as difficult to handle for someone who is not around it all day.

In studies of families dealing with infant colic, investigators described "parent colic," characterized by parental crying, fatigue, depression and resentment of the infant. These parents need help coping, reassurances about their parenting ability and a chance to get away from it. If the parents are feeling the effects of depression, however, they may not feel like getting away and being social.

Empathy and understanding from friends and family are most valued by families dealing with irritable baby syndrome. Other people validating that the baby IS irritable (*This is real. You aren't imagining it.*) helps parents feel better. Being supportive includes listening, being accessible and actually caring for the infant at times—NOT offering streams of advice. Mothers who report having this support are less distressed and overwhelmed by their stresses.

Certainly Something Works to Quiet the Baby?!

Once the baby has been examined by a physician and it is determined that there is really no physical reason for the crying, parents are somewhat on their own.

Though no particular treatment or suggestion is effective every time for every baby, the most success has been found with activities that combine motion with a static or "white" noise. Car rides, walking and humming, the sound of vacuum cleaners, hair dryers or radio static (do not put these devices in the crib!) and placing the baby in a carrier on top of a running dryer (do not leave her alone!) were somewhat helpful, at least for a time. Other suggestions include wrapping the baby tightly (swaddling), using a baby swing or a warm bath and rocking. Some parents find the wear-your-baby infant carriers to be lifesavers.

Among breastfeeding mothers, switching to formula is almost never helpful except in documented cases of milk intolerance, because changes in the mother's diet have been inconclusive.

Parents who have survived colic will give you a long list of remedies they tried, but calming is often temporary and the baby may respond well sometimes and not at other times. Trying in itself seems to be helpful to parents, though. At least they are doing SOMETHING.

Harvey Karp, pediatrician and author of "The Happiest Baby on the Block," suggests that a baby's transition into the world can be very abrupt and that while many parents worry about overstimulating their baby, they should really be more concerned about understimulation. He reasons that babies need and want hypnotic, repetitive and rhythmic noise and movement that is jiggly. Karp's recommendation for getting a quiet baby to rest are "the 5 S's": swaddling, side/stomach position, shhhing, swinging and sucking. He prescribes these steps:

1. To calm a fussy baby, wrap her tightly in a square blanket, pinning the baby's arms against her sides so she can't break loose. Note: This is preparing the baby for the calming efforts to come. The baby may actually cry harder at being swaddled.
2. Position the baby in your arms on her side or stomach.
3. Make a shhhh sound loudly in her ear to imitate the sounds in the uterus.
4. Next, swing your baby.
5. Finally, give your baby something to suck on.
   Some infants respond quickly to two or three of these steps, while very colicky newborns may require all five steps.

If you are the parent of a crying baby, it may seem that the crying will never end. But truly it will. Chances are, if you talk with parents of former "crying" babies, they'll tell you their infants have grown into wonderful children. Try to be patient. You really are a good parent.

Nap Time

Our staff are committed to providing you and your family with excellent care during your stay at The Maternity Center. Part of your care includes ensuring an environment that promotes rest and healing. Research has shown that new mothers benefit from a daily period of rest with limited interruptions. In November 2007, our staff began supporting Nap Time daily between 2 p.m. and 4 p.m.

At 2 p.m. each afternoon, we offer a nap time or rest period for our mothers. We encourage you to limit visitors and telephone calls during this time. Your nurse will coordinate your care to limit disturbances to you, but will remain available to you.

You are encouraged to participate in this time daily as it provides an opportunity for mother and baby to have a quiet time together for sleeping, feeding and bonding. Your nurse will assist you to ensure that we meet your individual family needs.

Our goal is to send home a happy, healthy, well-rested family.

Feeding and Diaper Record

Keep a written record of when your baby nurses.
This will help you remember when your baby will need to nurse again.

Time	Minutes at breast	Wet	BM

Time	Minutes at breast	Wet	BM

Offer the breast at least 8-12 times every 24 hours.
Expect the following wet/soiled diapers:
First 24 hours: At least 1 dark bowel movement; 1-2 wet diapers
Second 24 hours: At least 2-3 dark bowel movements; 2-3 wet diapers
Third 24 hours: At least 3 or more yellow/green bowel movements; 3-4 wet diapers
After day 4: 3 or more bowel movements; 6 or more wet diapers

Website Resources for New Parents

AMERICAN ACADAMY OF PEDIATRICS
www.aap.org

AMERICAN ACADAMY OF PEDIATRICS IMMUNIZATION INFORMATION
www.cispimmunize.org

AMERICAN SIDS INSTITUTE
www.sids.org
1-800-232-SIDS

BABY CENTER
www.babycenter.com
A valuable parenting website

CENTERS FOR DISEASE CONTROL
www.cdc.gov
1-800-CDC-INFO

CONSUMER PRODUCT SAFETY COMMISSION
www.cpsc.gov
1-800-638-2772 (product recalls)

FIRST CANDLE
www.firstcandle.org
SIDS- Sudden Infant Death Syndrome prevention and support

JOHNSON & JOHNSON PEDIATRIC INSTITUTE
www.jjpi.com
A valuable parenting website

La LECHE LEAGUE
www.lalecheleague.org
For help finding a local breastfeeding support group

NATIONAL SAFE KIDS CAMPAIGN
www.safekids.org
www.safekidscharmeck.org
1-202-662-0600

INJOY PRODUCTIONS
www.SeeWhatYouRead.com
A valuable interactive website for mother and baby care

UNC CENTER FOR MATERNAL & INFANT HEALTH
www.mombaby.org

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www.carolinasmedicalcenter.org

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