

As soon as you hear “It’s positive,” your life changes. And those changes are going to become more and more amazing throughout your pregnancy and delivery, and through every single day of parenthood.

At Carolinas Medical Center, we are so honored to share this exciting journey with you. In order to help you become familiar with what is to come, we prepared this booklet. We hope to answer most of the questions you have about your pregnancy, delivery and postpartum experience, and the care of your baby. Also included is some important information that we hope will make your hospital experience more meaningful. Please bring this booklet with you to each appointment, class and especially when you come to the hospital to have your baby.

If you have other questions we haven’t answered, please ask your nurses or doctors. We are here to help you become a well-prepared parent.

Congratulations!



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A PARTNER IN PARENTHOOD: CHOOSING A DOCTOR FOR YOUR BABY

In anticipation and preparation for the birth of your baby, you will need to choose a doctor who will care for your baby in the hospital and after discharge. We recommend that by the seventh month of your pregnancy, you select the pediatric or family medicine group to care for your child. It is important to make sure the pediatrician/clinician you choose is an approved provider under your insurance plan and has privileges to provide care at Carolinas Medical Center.

When you are admitted to The Maternity Center, you will be asked to provide the name of your baby's doctor. After the birth of your baby, the practice group you selected will be notified of your baby's birth. A pediatrician will examine your baby and visit with you to talk about your baby's plan of care.

It is very important to select a pediatrician before the birth of your baby.

For more information about our exceptional pediatric and family medicine providers, please call 704-355-7500.

AN EASY WAY IN: PRE-REGISTER ONLINE

Carolinas Medical Center is excited to announce that we now offer online pre-registration services to our patients! Our online services make pre-registration as effortless and convenient as possible.

Simply follow these easy steps to pre-register online:

1. Go to www.carolinasmedicalcenter.org.
2. On the sidebar to the left, highlight "Patients & Visitors," and choose "Patient Registration" from the pull-down menu.
3. Click on "Online Pre-registration," and follow the prompts to complete the process.
4. You will receive confirmation that your information has been accepted.
5. You may be contacted if additional information is needed.

For questions regarding pre-registration, please call 704-512-2000.

Please note that pre-registration must be completed at least 72 hours in advance of your admission to the hospital.

STEP: STOP TOBACCO EDUCATION PROGRAM

Your baby deserves a smoke-free life — so now that you're expecting, it's more important than ever to stop tobacco use. As dedicated healthcare professionals and members of your treatment team, we're here to help you take this important step toward better health for your whole family.

Tobacco use causes disease all over the body and shortens life on average by 14 years. It is the number one preventable cause of cardiovascular disease. It is a major cause of heart attack and stroke ("brain attack"). It causes cancers of the lungs, mouth, lip, throat, larynx ("voice box"), esophagus, stomach, pancreas, kidneys, bladder and cervix, and acute myeloid leukemia. It causes emphysema and bronchitis, worsens asthma symptoms, and increases your risk for pneumonia, cataracts, hip fractures, peptic ulcers, congestive heart failure and abdominal aortic aneurysm.

When you smoke during pregnancy, there is an increased risk for complications, miscarriage and premature delivery as well as reduced fetal growth leading to low birth weight. There is also growing evidence that exposure to secondhand smoke leads to disease.

Quitting tobacco can be challenging; however, there are resources available to help. Talk with your nurse and/or physician. You may also call a free quit-line: the National Cancer Institute's (1-877-448-7848) or the American Lung Association's (1-866-784-8937). These quit-lines have trained staff who provide one-to-one counseling on the most effective quit strategies to help you break free of tobacco.

Quitting tobacco is one of the most important things you can do for your health. So do it now — because this is a time of amazing life changes.

IT'S TIME TO LEARN! CLASSES AT CAROLINAS MEDICAL CENTER

As a parent-to-be, you want to be as prepared as possible for your baby's arrival — and we want to help you become "baby ready!" That is why we offer a full range of classes for you and your family. Plus, since many of these classes are centrally located in Carolinas Women's Pavilion at CMC – Morehead Medical Plaza, you can get to know our campus while you learn about parenthood.

A selection of classes is also offered at other locations, including CMC – Northcross in Huntersville. Please note that class times, locations and class selection change often. Visit www.carolinasmedicalcenter.org/maternityclasses for a complete, updated list of classes. Click on each class link for a class description, schedule and sign-up information. You may also contact the OB Education Department at 704-355-BABY (2229).

In your first or second trimester, we recommend taking the following classes.

Expectant Parent Tour

New Beginnings

Safe Home for Baby

Between the 29th and 35th weeks, and to be completed by the 36th week, the following classes are recommended.

Boot Camp for New Dads

A Parent's Guide to Breastfeeding

Car Seat Inspection

Cesarean Childbirth

Infant/Child CPR

Infant CPR

Grandparenting Class

Grandparent Tour

Introduction to Infant Massage

Labor Support

Multiples

Prepared Parent Childbirth

Sibling Tour

Taking Care of Baby

Taking Care of Baby/Infant CPR Combination Class

Transition Into Motherhood

For parents who have previously attended classes, we offer the following, to be completed by the 36th week.

Infant/Child CPR

Refresher Childbirth

After your baby is born, we recommend both you and your baby attend these classes.

B.A.B.Y. (Beginning A Beautiful Year)

Infant Massage

A description of these classes follows.

Expectant Parent Tour

Where you have your baby is an important decision. The maternity tours at Carolinas Medical Center provide information and answer questions about the LDR suites, Postpartum Unit and Newborn Nursery. Tours are offered mornings, evenings and weekends. Free of charge.

New Beginnings

This early pregnancy class for new parents is taught by a registered nurse and is offered once a month at Carolinas Medical Center. Free of charge.

Safe Home for Baby

Getting your home ready for a new baby can be a joy. Most parents are unaware that injuries caused by accidents in the home are predictable and preventable. A registered nurse will provide room-by-room strategies to show you how to create a safe environment in your home. \$5 per couple for one class.

Boot Camp for New Dads

Taught by fathers, Boot Camp enables new dads to step up to the tremendous challenge of being a dad and feeling confident bringing the new baby home. Breastfeeding, diaper changing and supporting mom are just a few of the topics that will be covered in this class. \$10 for one class.

A Parent's Guide to Breastfeeding

Taught by a certified lactation consultant or a lactation educator, these classes are ideal for mothers considering breastfeeding. This class covers such important topics as "latching on," milk supply and feeding schedule. Fathers/support persons are encouraged to attend. All mothers will receive a copy of *Breastfeeding: A Parent's Guide*. \$30 for one class.

Car Seat Inspection

This class is taught by our Certified Child Passenger Safety Technicians. Parents will need to bring their car seat to the class. Free of charge.

Cesarean Childbirth

For those parents who are anticipating a scheduled Cesarean, this class will help address your questions and give you an overview of what is to come. Taught by a registered nurse in our Maternity Center. \$10 for one class.

Infant/Child CPR

This three- to four-hour class is for parents who are expecting their second child and would like to learn lifesaving skills for their new baby and older child. Class includes information for newborns to eight years of age. All classes are taught by certified CPR instructors. \$10 per person for one class.

Infant CPR

This class teaches parents and caregivers how to perform lifesaving skills. After watching a video on infant CPR, parents will work with infant mannequins to perfect their skills and will receive a book for reference. Free of charge.

Grandparenting Class

Taught by a registered nurse, this class deals with CPR, safety and suggestions for expectant grandparents. It's offered once a month at Carolinas Medical Center. Free of charge.

Grandparent Tour

Dramatic advances have taken place in maternity centers over the past 30 years. Grandparents are encouraged to take part in an expectant parent tour. Free of charge.

Introduction to Infant Massage

Learn massage techniques to help your baby with sleep and feeding during the first few weeks before you can both attend the Infant Massage class. This class is taught by a registered nurse and certified infant massage instructor. Free of charge.

Labor Support

In this class, taught by a certified childbirth educator/certified labor support specialist, you and your partner will expand upon the knowledge you obtained from Childbirth Preparation Classes on relaxation, positioning and massage techniques. Your partner will also learn numerous methods on how to be emotionally and physically supportive before, during and after labor. \$10 for one class.

Multiples

This is one more way for parents expecting multiple children to become prepared for the growth of their family. In this one-time class, parents-to-be will be given helpful tips on how to go through birth with more ease, breastfeeding more than one child and how to cope with the challenges of having more than one baby. \$10 for one class.

Prepared Parent Childbirth

We offer prepared parent childbirth classes that cover what to expect during labor and delivery, relaxation and breathing techniques and pain management choices. In addition to in-class discussions on the above topics, films on birth and cesarean section are shown. All classes are taught by certified childbirth educators who are registered nurses in The Maternity Center. Weekend and evening series are offered. \$60 per series.

Sibling Tour

A tour of The Maternity Center helps alleviate the fears of “where mommy is,” and makes children feel more like participants in the big event. After the tour, the children are instructed on how to be “mommy’s helper” and receive a graduation certificate and coloring book. We suggest you bring a camera. We also offer a special program for two- to three-year-olds. Free of charge.

Taking Care of Baby

Both mother and father are encouraged to attend these classes for taking care of your baby. Taught by a registered nurse, these classes give you a chance to learn the basics of newborn care and ask questions before your baby arrives. \$10 per couple for one class or free of charge if you take the prepared childbirth classes at Carolinas Medical Center.

Taking Care of Baby/Infant CPR Combination Class

For your convenience, it’s possible to combine the “Taking Care of Baby” and the “Infant CPR” classes into one visit. Most classes are held at Carolinas Medical Center.

Transition Into Motherhood

A “Boot Camp for New Moms,” this class is taught by registered nurses and is for women only. Free of charge.

Refresher Childbirth

For couples who have previously had children but need a review of childbirth principles and hospital procedures. \$25 for one class.

B.A.B.Y. (Beginning A Beautiful Year)

An educational support group for new parents led by other parents and facilitated by registered nurses who are certified childbirth educators. This group is designed to provide help for parents with children from birth through the first year. Please bring your baby to class with you! Free of charge.

Infant Massage

Infant massage is an expression of love for your baby through touch. Massage helps your baby relax, sleep better and grow emotionally and physically. All classes are taught by a certified infant massage instructor. This three-class series is for babies between the age of three weeks and six months. Please bring your baby to class with you! \$40 per series.

NOTE: Prices are subject to change. A complete listing of dates and times for upcoming classes is available at www.carolinasmedicalcenter.org. For your convenience, we have included a “My Classes” page for you to record the dates and times of the classes you will attend.

TO REGISTER, CALL 704-355-BABY (2229).

MY CLASS SCHEDULE

Expectant Parent Tour	Date:	Time:
New Beginnings	Date:	Time:
Safe Home for Baby	Date:	Time:
Boot Camp for New Dads	Date:	Time:
A Parent's Guide to Breastfeeding	Date:	Time:
Car Seat Inspection	Date:	Time:
Cesarean Childbirth	Date:	Time:
Infant CPR	Date:	Time:
Grandparenting Class	Date:	Time:
Grandparent Tour	Date:	Time:
Introduction to Infant Massage	Date:	Time:
Labor Support	Date:	Time:
Multiples	Date:	Time:
Prepared Parent Childbirth	Date:	Time:
Sibling Tour	Date:	Time:
Taking Care of Baby	Date:	Time:
Transition Into Motherhood	Date:	Time:
Infant/Child CPR	Date:	Time:
Refresher Childbirth	Date:	Time:
B.A.B.Y. (Beginning A Beautiful Year)	Date:	Time:
Infant Massage	Date:	Time:

YOUR BIRTH PLAN: A GUIDE TO A WONDERFUL EXPERIENCE

A birth plan is a way of communicating your wishes for your birth experience with your healthcare providers. Your physician, nurse midwife, pediatrician and the nursing staff at The Maternity Center at Carolinas Medical Center are eager to help make this the experience you want it to be. Please complete this form and share it with your physician or nurse midwife. They will ensure that a copy is sent with your prenatal records to The Maternity Center at Carolinas Medical Center. If you have questions or need more information on a birth plan, please call our Baby Line at 704-355-BABY (2229).

BIRTH PLAN:

Mother's Name _____ Age _____

MD/CNM/Clinic Site Name _____

Due Date _____

Support Person _____ Relationship to Mother _____

About the Mother-To-Be:

Please indicate any medical conditions that may affect labor and delivery:

- Diabetes (high blood sugar)
- Gestational diabetes (sugar due to pregnancy)
- Chronic hypertension
- Placenta previa
- PIH (high blood pressure w/pregnancy)
- Harrington rods
- C-section
- VBAC (vaginal birth after Cesarean)
- Other (please specify):

Allergies:

Births: (please add additional births on back)

Date	Location	Vaginal or C/S	Complications
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Child's name _____

Date	Location	Vaginal or C/S	Complications
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Child's name _____

Please indicate the prenatal classes you attended:

- Expectant Parent Tour
- Labor Support
- New Beginnings
- Prepared Parent Childbirth
- A Parent's Guide to Breastfeeding
- Taking Care of Baby
- Cesarean Childbirth
- Transition Into Motherhood
- Infant/Child CPR Class
- Other (please list):

Describe any personal/cultural/religious customs that are important in caring for you and your new baby:

Select a diet preference: Regular Diabetic Vegetarian Kosher Other (please specify):

Will you or your family need an interpreter? YES NO Language:

Visitor Reference:

We DO DO NOT want the hospital staff to help limit visitors during labor.

We would like for the following people to be present during labor:

During the birth of the baby, we would like to have the following people present:

During labor/birth we request incoming telephone calls come directly to the room: YES NO

Labor and Birth:

Please select any of the following options you may want to utilize during labor/birth:

- Relaxation breathing
- Massage by support person
- Music
- Hot/cold packs
- Shower if available
- Birth ball
- Squatting bar
- Dimly lit room
- IV medication
- Epidural
- Enema
- Other (please specify):

After Delivery:

Dad/Coach would like to:

- Cut the umbilical cord
- Announce the sex of the baby
- Assist with the first bath
- Present baby to mom
- Other (please specify):

We plan on: Breastfeeding Bottle feeding our baby. Formula preference:

We will be bringing our own cord blood banking kit. YES NO

We Request:

- Our infant to room-in with us at all times.
- Our infant to go to the nursery at night.
- Our infant not be given a pacifier.
- If possible, early discharge.
- Our breastfed infant not be supplemented with formula unless medically indicated.

Our baby's doctor will be:

We WANT DO NOT WANT to have our male baby circumcised.

Other special requests:

We realize that a birth plan is a way to share ideas for the birth of our baby and not a binding agreement with our physician, nurse midwife or The Maternity Center's staff. We understand that the process of labor may include some unexpected situations and we appreciate our healthcare provider's and The Maternity Center staff's commitment to the health of mother and baby.

Mother's Signature

Coach's Signature

PACKING FOR PARENTHOOD: WHAT TO BRING TO THE MATERNITY CENTER

Please leave jewelry, cash and other valuables at home.

- ✦ Address book/phone list
- ✦ Barrettes or ties for your hair
- ✦ Camera/camcorder/flash/film/batteries (Memories may be captured on videotape following delivery.)
- ✦ Going-home clothes for mom (maternity size) and baby
- ✦ Hairbrush and hair dryer
- ✦ Handbook from childbirth class
- ✦ Infant car seat
- ✦ Insurance card, Social Security number
- ✦ Lip balm
- ✦ Nightgown or pajamas
- ✦ Pillows (if you prefer)
- ✦ Robe, socks and slippers
- ✦ CDs and videos
- ✦ Toiletries and cosmetics
- ✦ This book, "A Wonderful Welcome"

WHEN "IT'S TIME": YOUR ARRIVAL AT THE MATERNITY CENTER

If you come to Carolinas Medical Center for admittance to The Maternity Center between 4:30 a.m. and 9 p.m., go to the hospital's front entrance. After 9 p.m., you will be greeted at the entrance to the Emergency Department where you will be assisted with your admission to the hospital. Parking instructions will be provided at that time.

Options for Pain Management

Your comfort is important to us. That is why we are committed to offering you choices for pain management, supporting your choice and helping you manage any discomforts during your birthing experience. The Maternity Center offers a variety of support interventions to assist you, including 24-hour coverage by board-certified anesthesiologists.

VISITATION: SUGGESTIONS FOR GUESTS

You may want to pass along these useful hints to your family and friends about visiting you and your baby:

- ✦ A normal labor and birth lasts 8 to 20 hours, and this is a busy and private time. Waiting rooms are located close to the labor and delivery units for family to await the arrival of your baby.
- ✦ You, your baby and your partner will be very tired after delivery and may want some quiet time together. In addition, mom and baby need undivided attention during the recovery period. (This is even more crucial after a Cesarean birth.)
- ✦ To make sure it is a convenient time to visit, ask your guest to please stop by the nurses' desk before entering your room.
- ✦ Suggested visitation hours are 12:30 p.m. to 8:30 p.m.
- ✦ Carolinas Medical Center is a tobacco-free environment. Use of tobacco products is not permitted in The Maternity Center or on Carolinas Medical Center property.

HEADING HOME: DON'T FORGET YOUR CAR SEAT!

Your nurse and healthcare provider will assist you in preparing for your departure. For the safety of your child and in accordance with North Carolina law, infants weighing less than 20 pounds and those younger than one year of age must be securely fastened in an approved, rear-facing infant safety seat. Take time prior to your delivery to review the owner's manual for your safety seat and your vehicle. Take our free Car Seat Inspection class or visit www.safekidscharmec.org for a list of car safety seat inspection stations.

See *Keeping Your Newborn Safe and Safety on the Move* in Section 5 for more information.

WEB NURSERY

Prior to discharge, you may choose to have your baby's picture taken by our digital photo service. With your permission, photos can be made available for sharing with friends and family through a protected Web site.

ADVANCED CARE STARTS WITH PREGNANCY

Carolinas Medical Center works with more high-risk pregnancies than any other hospital in the region. That makes us thoroughly prepared to help you, should you be experiencing a higher-risk pregnancy. Our **Center for Maternal and Fetal Care** will help you get the information you need on your condition so you can be as prepared as possible. This center brings together experts in every area of prenatal care.

Genetic Counselors are on staff to identify families at risk for genetic diseases, discuss various diagnostic options and review the test results in depth with the expectant parents.

Maternal-Fetal Medicine Specialists conduct sophisticated sonographic studies to monitor and diagnose various fetal conditions, ranging from structural abnormalities to growth problems and other disorders. A number of fetal conditions can be treated before a baby is born, thanks to advanced fetal diagnosis and fetal therapy.

High-Risk Obstetric Unit Nurses work closely with physician specialists 24 hours a day to care for pregnant and postpartum patients who may need fetal monitoring or maternal observation.

A PLACE OF MAJOR CAPABILITIES: NEONATAL INTENSIVE CARE UNIT (NICU)

Our technological capabilities for newborns are so advanced that this is the place where hospitals across the region send their at-risk infants. Our **Neonatal Intensive Care Unit (NICU)** is a Level IV regional referral center and state-designated regional referral center for high-risk perinatal and neonatal services, equipped with progressive tools and staffed with a leading team of pediatric professionals. This NICU has the only ECMO (heart/lung respiratory assistance) system in the region, and the only pediatric cardiovascular surgery program in the western half of North Carolina.

Neonatologists are here 24 hours a day, caring for critically ill newborns and premature infants from across the region — as are our maternal-fetal medicine specialists and neonatal nurse practitioners.

THIS IS THE PLACE TO GET HELP FOR DOMESTIC VIOLENCE

If you're a victim of domestic abuse, you're not alone — one in 12 pregnant women experiences Intimate Partner Violence (IPV). These victims have health risks that can include low weight gain during pregnancy, anemia, various infections, first and second trimester bleeding, depression, substance abuse and suicidal thoughts. Women who experience abuse one year before or during pregnancy are 40 to 60 percent more likely than non-abused women to report high blood pressure, vaginal bleeding, severe nausea, kidney or urinary tract infections and hospitalization during pregnancy.

Remember, abuse during pregnancy can have lasting effects on you as well as your developing fetus and newborn. If you're a victim of Intimate Partner Violence, the **Domestic Violence Healthcare Project (DVHP)** at Carolinas Medical Center – Main provides free, 24-hour on-site advocacy and phone consultations. If you need assistance or would like to speak to someone at DVHP, call 704-446-3999. Other support services available:

- ※ **Battered Women's Shelter**, 704-332-2513, with a 24-hour crisis line, counseling and residential services.
- ※ **Victim Assistance**, 704-336-4126, for assistance obtaining Personal Protective Orders and court assistance.
- ※ **Women's Commission**, 704-336-3210, for adult and child emotional support, employment and legal assistance.
- ※ **National Domestic Violence Hotline**, 1-800-799-SAFE (7233), 1-800-787-3224 (TTY).

LEVINE CHILDREN'S HOSPITAL: OUR WORLD REVOLVES AROUND CHILDREN

Carolinas Medical Center is here for your baby's birth — and for every stage of childhood — with the largest dedicated children's hospital between Washington, DC and Atlanta. Levine Children's Hospital leads the region with **more than 30 pediatric specialties** including neurosurgery, kidney and heart transplants, cardiac and cancer care, and rehabilitation. The hospital also has **the most physicians board certified in pediatric specialties in the region**, and the region's only children's emergency department that is open 24 hours a day.



No matter what challenges your family will face, Levine Children's Hospital is here, with world-class care serving the entire Southeast.

YOUR LABOR/DELIVERY/RECOVERY SUITE: A VERY WARM WELCOME

Carolinas Medical Center has one of the most technologically progressive maternity centers in the region — and we've made it feel just like home. Here, you can have your baby in a comfortable, private Labor/Delivery/Recovery suite. These spacious suites are furnished with extras like VCR/DVD and CD players, flat-screen TVs, chairs, wireless Internet access and accommodations for an additional overnight guest. You'll stay in this same room through the delivery of your baby. Then, once your baby is born, you'll move to your own postpartum room, which is just as warm and inviting. You'll stay in this room for the remainder of your visit, keeping your baby with you as much as you'd like.

To ensure personalized care, we keep a **one-to-one nurse to patient ratio** for mothers who have been induced or are in the second stage of labor. Our highly skilled nurses are certified in monitoring the stages of labor, and have special training in fetal monitoring and the care of newborns.

Anesthesia is delivered by board-certified anesthesiologists, who are on site 24/7. We even continue to support your new family after you take your baby home, with our Outpatient Lactation Center and 24/7 Breastfeeding Support Line.

WHO'S WELCOME WHEN IT'S TIME: LABOR AND DELIVERY VISITING HOURS

We have open visitation hours for family members and friends while a patient is in labor. Patient safety is always our first concern — and the number of visitors during your labor will be determined by you and your nursing and medical team.

For delivery, our policy allows two support people to be in attendance for a vaginal delivery and one for a Cesarean delivery.

During the immediate recovery phase for vaginal or Cesarean deliveries, we may adjust your visitors to keep you and the baby safe while offering privacy to bond as a new family.

PHOTOGRAPHING AND RECORDING YOUR BABY

At Carolinas Medical Center, we understand that some parents may want to photograph, audiotape or videotape the birth of their infant. In order to protect

the confidentiality of our patients and the privacy of our staff, **photographing or recording obstetric patients and their newborns is limited to the family's important "private time" after the birth of their baby, when mom and baby are both considered stable.**

Recording the patient and newborn during that private time requires the consent of the patient and the permission of the attending obstetrician, pediatrician and other staff members present. Similar approval is required for recording in the Neonatal Intensive Care and Transitional Care nurseries.

THE NEWBORN CHANNEL: WATCH AND LEARN!

Carolinas Maternity Center wants you to learn all you can about newborn care and postpartum — and one way you can do this is by tuning in to the Newborn Channel in your room. This channel carries helpful segments on a range of topics related to caring for your baby and your own body. The staff will assist you in locating the channel on television.

SPECIAL SAFETY MEASURES

Nothing is more important to us than the safety and security of you and your baby. You can rest easy knowing that throughout your time here, you and your new little one are in the very best of hands. To help ensure a safe environment, we created some guidelines that your nurses will review with you.

Infant Security: Keeping Careful Watch on You and Your Child

Our staff makes every effort to ensure your family's safety during your stay. We monitor visitors as much as we are able, but we need your help. Please follow these guidelines:

- ❖ Please make sure the electronic infant security tag is snug and intact at all times. The bracelet is activated in the labor and delivery room and will be taken off just before you go home. A computer system monitors the infant's location and will alarm if there is a problem the staff needs to check.
- ❖ Have your baby's ID bracelet number compared with your own anytime he or she is returned to you from the nursery and also at discharge.
- ❖ Question anyone who does not have an ID badge. All maternity, postpartum and nursery staff wear a picture identification badge marked in a special color.

- ❖ 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.
- ❖ Call your nurse if you are unsure about allowing your baby to leave the room. A staff member may occasionally ask to take your baby to the nursery for an exam or care. You are welcome to accompany your baby.

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.

Preventing Falls: Staying Steady on Your Feet

When you're having a baby, you're more at risk for falling. You might have tests, medicine or treatments that could make you feel dizzy or weak, or you could be off balance due to changes in your body.

Keeping you safe while you're in the hospital is very important to us. Here are a few points to remember to prevent falling while you're here.

- ❖ Make sure your call light, table, telephone and anything else you need are within reach before the staff leaves your room.
- ❖ Ask your doctor or nurse what you can do without help. Ask the staff to help you when you need it. **Wait for help to come.**
- ❖ Ask for help **before** you get up if you feel weak, light-headed or dizzy. If you are in the bathroom, use the call light in the bathroom to get help **before** you try to get up.
- ❖ Wear slippers or socks that will not slip. Ask for some no-slip socks if you do not have any. The staff can get some for you.
- ❖ Keep the side rails up when you are in bed. Do not lean against them.
- ❖ Move slowly. Take your time. Sit at the side of the bed for a few minutes before you get up.
- ❖ Do not use a rolling IV pole for support. It will roll away from you if you begin to fall.
- ❖ Go to the bathroom often so you will not have to hurry. Call for help **before** you stand if you're not sure how steady you are on your feet.
- ❖ Do not bend over to pick up anything or plug in your pump. Bending over can make you dizzy. Call for help.
- ❖ Do not wear long nightgowns or robes. They can make you trip.
- ❖ Keep a light on in your room all the time. Dark rooms can be confusing and dangerous.
- ❖ Consider using a cane or walker to help you walk.
- ❖ Ask our staff to clean up any spills or slippery places that may be on the floor.

CodeCare: An In-Hospital Hotline for Immediate Care

While you're in the hospital, if you feel like you or your loved one needs extra care during an emergency situation, call CodeCare by dialing **55000**. Use any phone in the hospital.

Reasons to Call CodeCare:

- ❖ When there is an urgent need for patient care in a serious situation
- ❖ When there is a breakdown in communication

When you call CodeCare, the hospital operator will ask you for the patient's location and name, and the reason for the call. A caregiver will respond promptly.

CONGRATULATIONS! YOU'RE OFFICIALLY A PARENT: BIRTH CERTIFICATE INFORMATION

A birth certificate is an important legal document that will be needed many times during your child's life. We hope the following information will answer your questions and help you in obtaining the certificate. If you need more information, your nurse will ask the statistician to contact you. We have statisticians available to complete birth certificate applications. You will be seen after your baby is born to start the process.

Hello, _____: Naming Your Baby

The name of a baby will be the mother's choice. The baby can have the father's last name if it is different from yours. No nicknames are allowed on the birth certificate.

About Marital Status

If you have been unmarried or divorced for more than 280 days at the time of delivery and would like the father's name to be added to the birth certificate, an affidavit of parentage for the child must be signed by both parents in the presence of the statistician or hospital notary. This must be done while you are in the hospital. The statistician's office hours are 7 a.m. to 2 p.m. The father must have a picture ID or driver's license for identification. If there are any problems concerning this identification, please tell the statistician.

Signing the Birth Certificate

When the statistician brings you the birth certificate, please read it carefully. You will be asked to sign your name on the birth certificate, which indicates that all the information on the birth certificate is correct. Once the birth certificate is mailed to Raleigh, some changes may be made at the Vital Records office in Charlotte, while others will require a court order.

Obtaining a Permanent Copy of the Birth Certificate

You may obtain a certified copy of the birth certificate for your child from the Mecklenburg County Health Department in Charlotte for a fee of \$10. Birth certificates are normally received in the Vital Records office about two weeks after the birth of the child. This is a permanent record and duplicates may be obtained at any time.

Address: Vital Records Office
Bob Walton Plaza
700 East Stonewall Street
Suite 320
Charlotte, NC 28202

Hours: 8:30 a.m. – 4:30 p.m.
Monday through Friday

Ninety days after the birth of the child, a certificate may also be obtained from the Vital Records Branch, Department of Health and Human Services, P.O. Box 29537, Raleigh, NC 27626-0637. The fee is \$15.

A MESSAGE FROM THE SOCIAL SECURITY ADMINISTRATION

Important Information About When You Will Receive Your Baby's Social Security Card

You should receive your baby's Social Security card in about 12 weeks. In North Carolina, it takes about eight weeks for your baby's birth to be recorded at the Vital Records office. After the birth is registered in North Carolina, Social Security is given a computer tape, which we use to issue your baby a Social Security card. This card will be mailed to you approximately one week after we are notified by the state that your baby's birth has been recorded.

If your baby needs a Social Security card immediately, please contact your nearest Social Security Office for assistance.

If you are filing for welfare benefits for your baby, notify your caseworker when you receive your baby's Social Security card.

E-MAIL THE BIG NEWS! FREE CHS GUEST WIRELESS NETWORK

Be sure to bring your laptop to the hospital. The Maternity Center offers free wireless data network access to our patients, visitors and guests. This service works with Wi-Fi-enabled portable computers, personal digital assistants (PDAs) and similar devices.

CHS Guest Wireless Network requirements include:

- ⌘ A Wi-Fi-enabled notebook (802.11b/g), tablet PC or PDA
- ⌘ Up-to-date virus protection installed and enabled on your wireless device
- ⌘ Agreement to the terms and conditions of the *CHS Guest Wireless Acceptable Use Policy*

Accessing the CHS Guest Wireless Network

How-to instructions may vary depending on the Wi-Fi card or adapter that you are using, but with many operating systems, such as Microsoft® Windows® XP, the setup process is typically automatic.

You will need the following settings to configure your Wi-Fi-enabled device for access to the CHS Guest Wireless Network:

- ⌘ Devices must be set to receive the wireless signal = **802.11b/g**
- ⌘ The SSID (or network identifier) for the CHS Guest Wireless Network = **CHSGuest**
- ⌘ Encryption is **not** required

Note: Your device may need to be restarted for the new wireless settings to take effect.

CHS Guest Wireless Network Access Guidelines

Any changes that you make to your device while trying to access the guest wireless network are your responsibility. We're sorry, but CHS staff members are unable to assist in making changes to your device or network settings or to perform any troubleshooting on your device. If you have questions or problems accessing the CHS Guest Wireless Network, make sure your device meets the CHS Guest Wireless Network suggested requirements and configuration, contact your device's manufacturer for support or refer to your owner's manual for assistance.

Please be aware that while we are providing free guest wireless access, printers are not available via the CHS Guest Wireless Network.

You must agree to the terms and conditions of the *CHS Guest Wireless Acceptable Use Policy* offered on the initial connection page.

CHS Guest Wireless Acceptable Use Policy

To view all terms and conditions see the Guest Wireless Internet Access initial connection page that will appear once you access the service.

- ⌘ Security of public wireless networks and "hot spots" is difficult, and in many cases, nonexistent. Therefore, it is possible that other wireless users could intercept information being sent and received from your device. As a result, you should use caution and not transmit credit card information, passwords or any other sensitive personal information while using any wireless network or "hot spot." CHS will not be responsible for any personal information (e.g., credit card) that is compromised.
- ⌘ CHS will not be responsible for any damage to your hardware or software due to electrical surges, security issues, viruses or hacking.
- ⌘ CHS general policy is to maintain its network in a responsible manner, complying with federal, state and local laws and including, but not limited to, not transmitting or receiving illegal or harmful material, committing fraud or downloading copyrighted material. You are responsible to use the CHS Guest Wireless Network under the same policy. Your traffic will be monitored as a part of our normal network management processes.
- ⌘ Carolinas Medical Center will not be responsible for lost or stolen equipment. You are asked to keep watch over your valuables.

Thank you for your understanding and compliance with these guidelines. Enjoy your free wireless!

All of a sudden, your little one discovers that he's no longer back in the warm and comfortable — albeit a bit crowded — womb where he has spent the last 8 to 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.

*Jan Barger, RN, MA, IBCLC
Baby's Second Night*

HELLO, LITTLE ONE

If you think you have quite an adjustment to make in these next few days after childbirth — think of your child! Your baby has left the only world he or she has known — and a very comfortable, cozy world it was. He or she needs comforting and guidance through this introduction to a whole new world.

In the meantime, your baby will have discovered the ability to protest. Loudly. Be patient. This isn't easy on a baby!



WELCOME, BABY!

Introducing

(name)

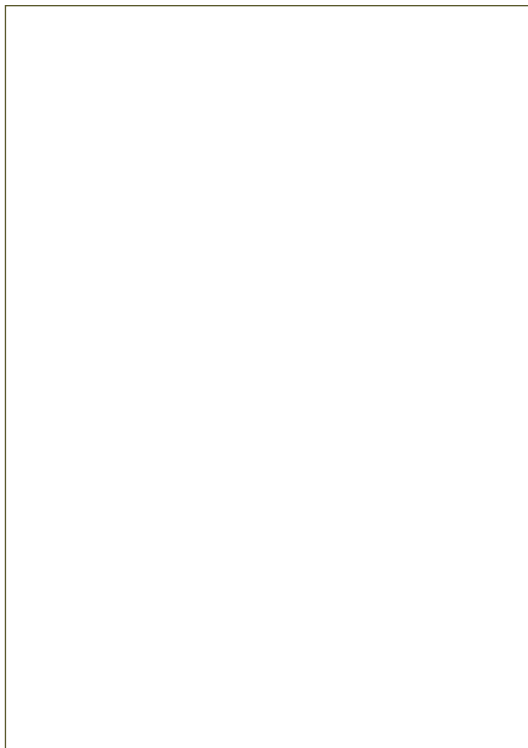
Arrived (day)

at (time)

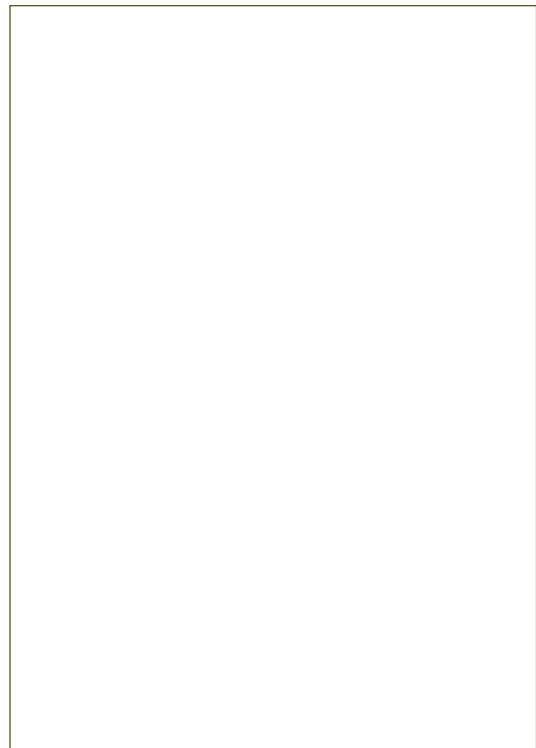
Weight (lbs. and oz.)

Length (inches)

MD / Certified Nurse Midwife (CNM)



footprint



footprint

HOSPITAL PROCEDURES FOR YOUR BABY

Newborn Screening: Getting an In-Depth Look at Your Baby's Health

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

To prevent early and permanent damage from these diseases, the newborn screening sample should be drawn early in an infant's life. The optimal time for screening is between 24 to 72 hours of age. Therefore, before your baby leaves The Maternity Center, blood will be collected on absorbent filter paper. The sample will then be sent to the State Laboratory of Public Health for testing.

Some of the tests performed for the newborn screening in North Carolina include:

- ✱ Phenylketonuria (PKU)
- ✱ Hypothyroidism
- ✱ Galactosemia
- ✱ Congenital Adrenal Hyperplasia (CAH)
- ✱ Maple Syrup Urine Disease
- ✱ Sickle Cell Anemia

Test results will be sent by the State Laboratory of Public Health to your baby's healthcare provider.

Hearing Screen

During your stay, your baby's hearing will be tested in the nursery or in the mother's room. This test is done by placing a small eartip in the ear canal. A sound is presented to the ear and a response from the ear is recorded through the eartip. The test is not painful and takes only a few minutes to complete. You will be given the results of the test and information about hearing, speech and language development.

If your baby does not pass the hearing test, it does not necessarily mean the baby has a hearing problem. More testing will be needed to check your baby's hearing ability. At your baby's follow-up appointment, be sure to inform your baby's healthcare provider if your baby did not pass the hearing screen in the nursery. During this appointment, the clinician will arrange for your baby to have another hearing test.

See *The Carolinas HealthCare System Infant Hearing Program* in Section 4 for more information.

Transcutaneous Bili

Your baby will be screened for jaundice prior to leaving the hospital. During this screening, a small, handheld scanner will be placed on your baby's forehead to determine the baby's bilirubin level. If levels are elevated, a blood test will be performed to verify the results.

See *What You Should Know About Jaundice and Your Newborn* in Section 5 for more information.

Infant Pictures

Our hospital photographer will take your baby's picture prior to your leaving the hospital. You will be provided with proofs to choose items for purchase. Please ask your baby's nurse for more details.

Regimen for a Healthy Start: Your Baby's Medications

After birth, your baby will receive vitamin K, erythromycin ointment and a hepatitis B vaccine. The following explains why these medications are important for your child.

Vitamin K

Bacteria normally found in the intestine make vitamin K for our bodies, which is essential for normal blood clotting. 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, required by North Carolina state law, is given in the first hours after birth to prevent serious eye infections that can be caused by certain undetected bacteria the baby was exposed to during the birthing process. The ointment does not sting the baby's eyes, but may make their 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, which may lead to chronic infection of the liver and serious disease, especially if it is acquired during infancy or childhood. The first of three doses of the Hepatitis B vaccine is usually given before the baby leaves the hospital. 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. More information can be found on the Vaccine Information Sheet, which will be provided by your baby's nurse.

Keeping Your Baby Comfortable

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, performing a circumcision or getting blood by sticking a heel.

The nurses and clinicians who care for your infant are trained to know the 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 recognize these signs, too.

If your infant does show signs of being uncomfortable or in pain, we will take special 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. These nurses will teach you how to comfort your infant in these ways, too.

All infants receive a sucrose solution prior to procedures, and other medications may be ordered as well. All infants who are circumcised receive local anesthesia.

Please feel free to talk with your baby's caretakers about any questions or concerns you have regarding your infant's care and pain management.

THE CAROLINAS HEALTHCARE SYSTEM INFANT HEARING PROGRAM: A LEADER IN DIAGNOSIS, TREATMENT AND TRAINING

Information About Your Baby's Hearing Screening

The first three years of life are the most important for a baby's speech and language development. Babies learn to talk by listening, and good hearing is essential to that process. A baby with hearing loss misses out on valuable learning time.

But with early detection, a baby with a hearing loss can receive appropriate treatment and early intervention services quickly. Carolinas HealthCare System has an Infant Hearing Program that promotes the early identification of hearing loss in newborns. Results of the hearing screening are reported to the North Carolina Newborn Hearing Screening Program, as required by law.

Who Needs a Hearing Screening?

All newborns should have their hearing checked. Screening is offered at our hospital.

What if I Don't Want My Baby's Hearing Checked?

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

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. **If you do not want your baby's hearing screened**, please let your baby's nurse know as soon as possible and at least before the baby is 12 hours old.

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 takes only 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 the words 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.

How Much Does the Routine Hearing Screening Cost?

There is no charge for the routine hearing screening performed by hospital staff or volunteers.

How Will I Know the Results of the Routine Hearing Screening?

An information sheet with the results of the hearing screening will be given to you before the baby is discharged from the hospital. If you have not received this information sheet when you are ready to leave the hospital, please ask the nurse to get it for you.

What do the Results of the Routine Hearing Screening Mean?

PASS means a good response was recorded from both ears. It suggests your baby has near normal hearing, at least for higher-pitch sounds.

REFER means a good response could not be recorded in one or both ears. It does not mean your baby has a hearing problem, but that a hearing loss could not be ruled out. Additional hearing testing is needed.

Sometimes a response cannot be recorded because:

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

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 in the future about your baby's hearing, speech or language development, even if your baby has passed the routine hearing screening, talk to your baby's doctor.

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, which is a more comprehensive test, in place of the routine hearing screening. The diagnostic test, which is administered by a licensed audiologist, provides information about the degree and type of hearing loss, if present, and 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. The baby's doctor, neonatal nurse practitioner or the audiologist will discuss the results of the diagnostic hearing test with you, and you will also be informed of any recommendations for follow-up.

What Follow-Up is Needed After the Routine Hearing Screening or Diagnostic Hearing Test?

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

REFER: Babies who refer on the routine hearing screening need a repeat hearing test. The baby's doctor will make a referral during a follow-up office visit. 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 CSHS Speech and Hearing Team sites. Call the CSHS Helpline 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.

Can My Baby Develop Hearing Loss Later?

Yes, different things can cause babies and toddlers to develop a hearing loss later. It is important to watch your child for any sign of a hearing problem. If you have questions about your child's hearing or speech and language development, talk to the baby's doctor or call 1-800-737-3028.

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

Children's Special Health Services (CSHS) Helpline
1-800-737-3028

BEGINNINGS
1-800-541-HEAR (4327)

Audiology Services at Carolinas Rehabilitation
704-355-4430

YOUR CHILD'S WORLD OF SOUND

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 child's corrected age.

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 or 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 "tata," "upup" and "bibibi."

Imitate different speech sounds. Use speech or non-crying sounds to get your attention. Have one or two words like "bye-bye," "dada," "mama" and "no," even though the words may not be clear.

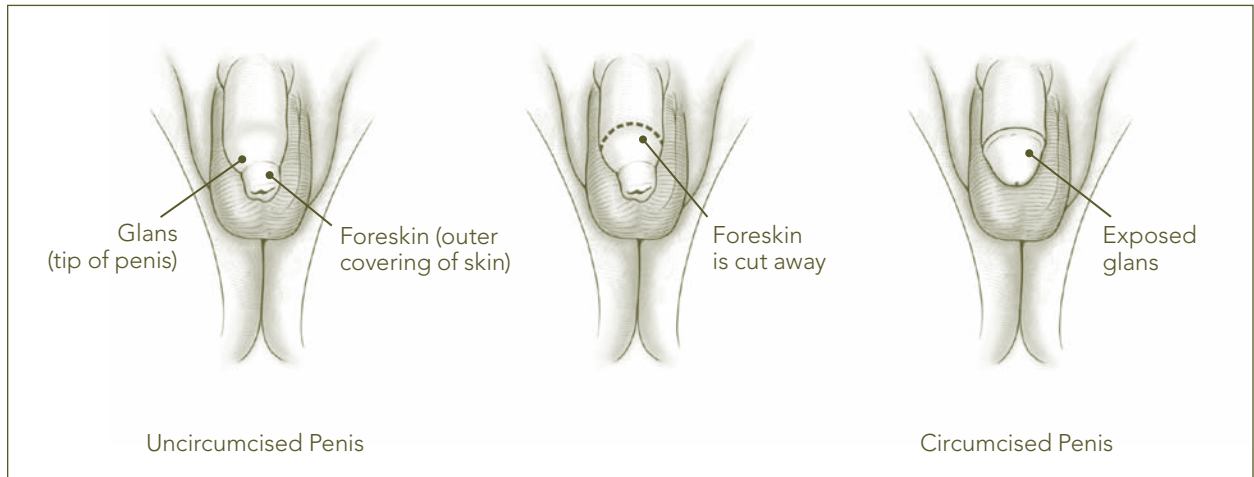
1 to 2 Years

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 one- to two-word questions, like "where kitty?" or "go bye-bye?" Put two or more words together, like "more cookie" or "no juice."

A PERSONAL CHOICE: ALL ABOUT CIRCUMCISION

Circumcision is a surgical procedure performed with local anesthesia, in which the outer skin (foreskin) covering the end (glans) of the penis is removed. Circumcision is usually performed by a doctor in the first few days of life. An infant must be stable and healthy to be circumcised safely.

Circumcision Information



The value of or need for circumcision is controversial. While scientific studies show some medical benefits of circumcision, these benefits are not sufficient for the American Academy of Pediatrics (AAP) to recommend that all infant boys be circumcised. However, parents may want their sons circumcised for religious, social and cultural reasons. Since circumcision is not essential to a child's health, parents should choose what is best for their child by looking at the benefits and risks.

Many parents choose to have their sons circumcised because "all the other men in the family were circumcised" or because they do not want their sons to feel "different." Others feel that circumcision is unnecessary and choose not to have it done. Some groups, such as followers of the Jewish and Islamic faiths, practice circumcision for religious and cultural reasons. Since circumcision may be more risky if done later in life, parents may want to decide before or soon after their son is born if they want their son circumcised.

As noted above, research studies suggest that there may be some medical benefits to circumcision. These include the following:

- ※ A lower risk of urinary tract infections (UTIs). A circumcised infant boy has about a 1 in 1,000 chance of developing a UTI in the first year of life; an uncircumcised infant boy has about a 1 in 100 chance of developing a UTI in the first year of life.
- ※ A lower risk of getting cancer of the penis. However, this type of cancer is very rare in both circumcised and uncircumcised males.
- ※ A slightly lower risk of getting sexually transmitted diseases (STDs), including HIV, the AIDS virus.
- ※ Prevention of foreskin infections.
- ※ Prevention of phimosis, a condition in uncircumcised males that makes foreskin retraction impossible.
- ※ Easier genital hygiene.

Just as there are reasons parents may choose circumcision, there are reasons why parents may choose NOT to have their son circumcised:

- ❖ As with any surgery, circumcision has some risks. Complications from circumcision are rare and usually minor. They may include excessive bleeding, infection, scarring or adhesions, damage to the glans, excessive foreskin removal and improper healing.
- ❖ Some believe the foreskin is necessary to protect the tip of the penis. When removed, the tip of the penis may become irritated and cause the opening of the penis to become too small. Rarely, this can cause urination problems that may need to be surgically corrected.
- ❖ Some people believe that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life. This has not been proven by any medical or psychological study.
- ❖ Many parents are also concerned about the pain the infant feels with circumcision. When done without pain medicine, circumcision is painful. However, there are pain medicines available that are safe and effective. The American Academy of Pediatrics recommends that they be used to reduce pain from circumcision. Local anesthetics can be injected at the base of the penis to lower pain and stress in infants. There are also topical creams that can help. Talk to your pediatrician about which pain medicine is best for your son. Problems with using pain medicine are rare and usually not serious.

If you have questions about circumcision, please discuss them with your physician. If you decide to have your infant circumcised, please inform the nursery nurse within 24 hours after your son's birth. A consent form will be brought to your room for your signature.

Options for Circumcision

There are two methods used for circumcising: the traditional method and the Plastibell Ring method. Your physician will determine which method is best for your baby.

During a traditional circumcision, the prepuce or the foreskin, which is the skin that covers the tip of the penis, is removed. The procedure takes only about five to ten minutes.

With the Plastibell Ring method, a plastic ring is applied to the area. This ring and a tie string work together to remove the prepuce over the course of about a week. The plastic ring on the penis typically drops off in five to eight days, and it usually takes about 10 additional days for the penis to fully heal.

Circumcision Care

For traditional circumcision: For boys who have been circumcised with the traditional method, the glans (tip) of the penis will initially look red and swollen. Clean the penis gently with mild soap and water as you clean the diaper area during diaper changes. Gently apply petroleum jelly to the glans each time you change your baby's diaper for a week, until the glans heals. If bleeding occurs, call your doctor.

For Plastibell Ring: If your baby has been circumcised with the ring method, follow the instructions on the special sheet you will be given for care. **DO NOT FOLLOW THE ABOVE INSTRUCTIONS FOR TRADITIONAL CIRCUMCISION CARE.**

Problems After Circumcision: When to be Concerned

Problems after a circumcision are very rare. However, call your pediatrician right away if:

- ❖ Your baby does not urinate normally within six to eight hours after the circumcision.
- ❖ There is persistent bleeding.
- ❖ There is redness around the tip of the penis that gets worse after three to five days.

It is normal to have a little yellow discharge or coating around the head of the penis, but this should not last longer than a week. See your pediatrician if you notice any signs of infection such as redness, swelling or foul-smelling drainage.

Choosing Not to Circumcise

If you choose not to have your son circumcised, talk to your pediatrician about how to keep your son's penis clean. When your son is old enough, he can learn how to keep his penis clean just as he will learn to keep other parts of his body clean.

The foreskin usually does not fully retract for several years and should never be forced. The uncircumcised penis is easy to keep clean by gently washing the genital area while bathing. You do not need to do any special cleansing, such as with cotton swabs or antiseptics.

YOUR BABY, HEAD TO TOE

Meeting Your Baby: The First Few Hours

There is no feeling in the world like seeing your baby for the first time. But you may be a little surprised when you see your child in those first moments, because many babies have a blue coloring upon birth. Not to worry — your baby will gradually turn pink in the first few minutes after birth. As the baby cries and clears his or her lungs, he or she will become pinker, but the hands and feet will probably stay blue or pale. This is normal.

Your child will also appear wet. It is important to dry your child immediately and keep the baby 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.

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

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

The Apgar score is a quick medical assessment of the baby. A score is usually given at one minute and at five minutes of age and is a general indicator of the baby's status immediately after birth.

Eyes

Your baby's eyes may appear a little red and the eyelids puffy for the first week because of the medication required by law to be put in them at birth. A small amount of drainage may be normal. You can wash off the eyelids with warm water and a soft cloth.

Do not wash your baby's eyes with eyedrops and do not use boric acid. If redness and drainage last past the first week, if it worsens and is very red or if there is a lot of discharge, call your doctor.

Mouth

Sometimes breast milk or formula gets stuck to the baby's tongue and gives it a white appearance. This is normal. However, many babies get thrush, a yeast infection that causes buildup of a white, cheesy

material on the tongue, gums and inside the cheeks. Milk wipes off easily, but thrush does not. If you think your baby has thrush, call your doctor for an appointment to be seen.

Breasts

Your baby's breasts may be swollen during the first two weeks of life. This is normal. The swelling will gradually go away. Do not squeeze or rub the baby's breasts even if a milky discharge is seen. If the breasts become red or warm, take your baby to the doctor.

Care of the Cord

As your baby's umbilical cord dries up, it begins to separate from the skin. This 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. Do not use bellybands.
- ❖ Clean with soap and water if the area becomes soiled with urine or bowel movement.
- ❖ Keep the cord area above water. Do not bathe the baby in a tub until after the cord falls off.

The cord usually falls off in 10 to 15 days, though some babies keep theirs longer. If odor, pus, redness or more than a few drops of blood occur at the separation site, call your doctor.

Jaundice

Many infants develop a yellow color of the skin and eyes in the first weeks of life. The yellow color is due to a pigment called bilirubin. There are several reasons why it develops. Most of the time the bilirubin level in the blood is not high and drops to normal in a few days.

As mentioned earlier, your baby will be screened for jaundice prior to leaving the hospital. A small, handheld scanner will be placed on your baby's forehead to determine the baby's bilirubin level. If levels are elevated, a blood test will be performed to verify the results. If necessary, special light therapy may be used.

If you detect this yellow coloring in your infant at any time, you should call your physician for advice.

See *What You Should Know About Jaundice and Your Newborn* in Section 5 for more information.

Skin Rashes

Rashes are very common in newborns. Most of these go away in two to three weeks without any treatment. It is normal for term newborns to have dry skin. A mild

lotion can be applied but is not necessary. Particularly in the summer, your baby may have a fine, red, raised rash in the skin folds called heat rash. Keep your infant dressed coolly, sponge the skin areas frequently with water and pat dry thoroughly. Leave skin area exposed to the air as much as possible. If your baby is sick and has a rash or if you have questions about a rash, you should call your doctor.

Diaper Area Rash

Urine and bowel movements can irritate the skin. Try to prevent diaper rash by exposing the diaper area skin to the air as much as possible. Check the diaper frequently and change as soon as possible once it is soiled. Wash the diaper area with warm water and a soft cloth. If the baby has a large, sticky or smelly stool, use mild soap, rinse well with warm water and pat bottom dry with a soft cloth. Using a small amount of cream on the area after each bowel movement may help if the baby starts to get a rash. A product like Vaseline® or commercial diaper ointments can be used; be sure the skin is clean before applying. Do not use powder or oil in the diaper area.

Avoid plastic pants as much as possible and be sure to check the diaper frequently when the infant is wearing plastic pants. At the first sign of a rash, leave the diaper off for as long as possible several times a day; this will help to dry the skin. If the rash continues, becomes moist and drains or if the skin peels, call your doctor.

Genitals

Girls may have a white or even bloody discharge from the vagina during the first few weeks of life. This is a normal response to the mother's hormones and should disappear by about two weeks of age.

If you notice swelling surrounding the testes in a boy's scrotum you should ask your doctor to take a look at it. If the swelling gets discolored or painful it should be examined immediately.

Legs and Feet

Baby's feet may seem to turn in or out until they start to walk and many times their legs look bowed. Most of these "funny-looking" positions are normal, especially if you can gently move the feet to a "normal" position. The legs and feet will look straighter after the baby is walking. If you aren't sure, ask the doctor at the next well-child visit.

STEP ONE: SHOW YOUR LOVE

Your baby needs for you to touch, hold, feed and talk to him or her. He or she needs to look at your face and watch you smile and talk. Talk and sing as you bathe and feed. Call your baby by name. Your infant will not be spoiled by this type of love, but will respond and learn.

Toys that move above the crib and have many colors help babies to focus their eyes. If the moving toys are not too high, the baby will try to touch them.

Everyone will want to see your new baby. Most of your family and friends will be anxious to give you advice about caring for your baby, but sometimes what is best for another person's baby may not be best for yours. Use your own common sense.

You can take great pride in your baby and enjoy being a parent and growing together. Remember, your baby is an individual as well as a part of your family. Don't expect him or her to follow the same feeding, growth and emotional patterns of other babies. A baby's needs should be satisfied in a happy family setting and a routine that is comfortable for both the parents and the child.

And, a "helpful hint...your little one's hands were his or her best friends in utero...baby could suck on a thumb or fingers any time he or she was the slightest bit disturbed or uncomfortable. And all of a sudden, someone has put mittens on those fingers! Now more than ever, babies need to touch — to feel...So take the mittens off and loosen the blanket so your baby can get to those hands. He or she might scratch himself, but it will heal very rapidly — after all, your child had fingernails inside your uterus, and no one put mittens on them then!"

Source: Jan Barger, RN, MA, IBCLC, Baby's Second Night

SKIN-TO-SKIN CONTACT FOR YOU AND YOUR BABY

What's "Skin-to-Skin"?

Skin-to-skin means your baby is placed belly-down, directly on your chest, right after he or she is born. Your care provider will dry your baby off, put a hat on the baby, cover your child with a warm blanket and get the baby settled on your chest. Snuggling skin-to-skin lets you and your baby get to know each other. Skin-to-skin helps baby's breathing, heart rate and temperature to be more stable. If your baby needs to meet the pediatricians first, or if you deliver by c-section, you can unwrap him or her and cuddle shortly after birth. Newborns crave skin-to-skin contact, but it's sometimes overwhelming for new moms. It's okay to start slowly as you get to know your baby.

Breastfeeding

Snuggling gives you and your baby the best start for breastfeeding. Eight different research studies have shown that skin-to-skin babies breastfeed better. They also keep nursing an average of six weeks longer. The American Academy of Pediatrics recommends that all breastfeeding babies spend time skin-to-skin right after birth. Keeping your baby skin-to-skin in his first few weeks makes it easy to know when to feed.

A Smooth Transition

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

Bonding

Skin-to-skin cuddling may affect how you relate with your baby. Researchers have watched mothers and infants in the first few days after birth, and they noticed that skin-to-skin moms touch and cuddle their babies more. Even a year later, skin-to-skin moms snuggled more with their babies during a visit to their pediatrician.

Skin-to-Skin Beyond the Delivery Room

Keep cuddling skin-to-skin while you are in the hospital and at home — your baby will stay warm and comfortable on your chest, and the benefits for bonding, soothing and breastfeeding likely continue well after birth. Skin-to-skin can help keep your baby interested in nursing, even if he or she is sleepy, and can also help you produce more milk. Dads can snuggle, too. Fathers and mothers who hold babies skin-to-skin help keep them calm and cozy.

About the Research

Multiple studies over the past 30 years have shown the benefits of skin-to-skin contact. In all the studies described here, mothers were randomly assigned to hold their babies skin-to-skin or see them from a distance. For more information, see Anderson GC, Moore E, Hepworth J, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. [Systematic Review] *Cochrane Pregnancy and Childbirth Group Cochrane Database of Systematic Reviews*. 2, 2005.

Source: Massachusetts Breastfeeding Coalition, "It's my birthday, give me a hug! Skin-to-Skin Contact for You and Your Baby," © 2005 MBC and Alison Stuebe.



A SHORT GUIDE TO GENERAL BABY CARE

Sleep

It is best for the baby to sleep in his or her own bed in the same room as the mother. This is known as “co-sleeping.” The American Academy of Pediatrics now recommends that infants sleep in the same room as their parents, since this is associated with a reduced risk of Sudden Infant Death Syndrome, or SIDS. Sleeping near one’s infant has also been shown to increase maternal responsiveness to the infant’s “signals” during the night. It’s also easier for the mother to succeed at breastfeeding. Breastfeeding has been shown to reduce the risk of many illnesses, and to reduce the risk of SIDS. (See *Serious Advice: Reducing the Risk of Sudden Infant Death Syndrome (SIDS)* in Section 5 for more information.) Do not put your infant on an open bed to sleep, because babies move and may fall and get hurt. We discourage sleeping with the infant in your bed, since you might roll over and suffocate the baby.

Carry on your usual family activities and the baby will quickly adjust to your lifestyle and learn that the house is quieter at night than during the day and realize this is a better time for sleep. The crib should be sturdy and have high sides with good latches. The mattress should be firm and fit the crib snugly. A foam rubber mattress is ideal because it is firm and easy to clean. A mattress pad is desirable.

A Few Safety Pointers:

- ❖ Never use thin plastic as a mattress cover because your baby could smother.
- ❖ A pillow should NOT be used for the same reason.
- ❖ Be sure crib side slats are less than 2-3/8 inches apart so that the baby cannot get his/her head caught between them.
- ❖ Keep the door to the room where your baby sleeps closed for fire safety.
- ❖ Do not place toys or stuffed animals in the crib with your baby.
- ❖ Do not place a heavy blanket on top of the baby.
- ❖ Do not use position aids.
- ❖ Do not use bumper pads.

Each baby has his or her own sleep pattern and the amount of sleep varies; it is best to allow babies to set their own limits. Sleep needs will change with age. In the first few weeks, most infants will sleep between feedings and may have a fussy period once a day. An infant of about nine months tends to take two short naps and sleeps nine to ten hours at night.

Play with your baby when awake before feedings, but let the baby rest after feedings. Put your baby down on his or her back to sleep. Studies have shown the risk of Sudden Infant Death Syndrome (SIDS or crib death) is decreased when infants are laid down on their backs. However, when you are in the same room with your baby, it is fine to place the baby on his or her stomach when they are awake. This will strengthen your baby’s arm and shoulder muscles and help prevent flattening of the back of your baby’s head.

Feeding

See Section 6 *Feeding Your Baby* for more information.

The Environment

The temperature of the infant’s room should be around 70° F. You may open a window when the weather is warm, but the baby should not get chilled or be in a direct draft of air. In hot weather, a fan in the room is acceptable as long as the infant is not in a direct draft. Babies may go outside if the weather is mild and they are kept warm enough without getting too hot. Do not expose the baby’s skin to direct sunlight, since a baby’s skin is very sensitive. Use sunscreen made specifically for infants.

Smoking

Your baby should not be exposed to any cigarette smoke. Their bodies are sensitive to the smoke and cigarettes can burn them. People in the house should not smoke and no one should hold or feed the baby while smoking. Infant exposure to smoking has been shown to increase the risk of Sudden Infant Death Syndrome (SIDS or crib death), asthma and other respiratory illnesses. If your baby is around people who smoke, make sure they wash their hands and change their clothes before holding your baby.

Clothing

If the weather is hot, you need to prevent overheating, so don’t bundle the baby in more clothes than would be comfortable for you. Most people tend to overdress their baby. Dress him or her according to the weather. The hands and feet will feel cool at times; this is normal. Usually infants will be comfortable in an undershirt and/or pajamas, diaper and a blanket. Always use soft material next to the skin.

Bathing

Your baby should be given sponge baths until the umbilical cord falls off and is well healed, usually within three weeks. Do not use powder or oil; these are not necessary and can cause some problems.

When bathing the baby, pick the time of day you will be the least hurried and least interrupted. Have everything you need for bathing and dressing the baby ready and within easy reach before you start the bath. Do not leave the baby on an open bed or table while you turn to get something because the baby may roll off and get hurt. The best place to bathe the baby is in the crib, with the side part of the way up. That way, you know your baby will not roll and fall.

Choose a warm but not hot room in which to bathe the baby. Test the water with your hand; it should feel warm but not hot. Use a mild, non-perfumed soap or baby soap and a soft cloth. Protect the baby's eyes.

Your baby's face and diaper area need to be washed several times a day, but the rest of the baby may need washing only several times a week. If your baby is a girl, wash the genital area by wiping toward the rectum, using a clean area of the cloth each time you wipe from front to rectum.

Wash the scalp with baby shampoo several times a week to avoid "cradle cap." It is best not to use oil on the scalp. If cradle cap does form, scrub the area with mild shampoo or soap, water and a soft brush or cloth every day. You can bathe the soft spot just like the rest of the head.

Do not use cotton swabs (for example, Q-tips®) in the nose or ear canal.

Fingernail Care

At birth, use a nail file on your baby's fingernails. Then, as your baby grows, the nail will not be as close to the finger as it is in the first few weeks. To cut the nails with a clipper, wait until the baby is asleep so that his or her fingers won't be moving when you clip them. Use blunt-tipped baby nail scissors or baby nail clippers. Cut the nails straight across, and don't leave any jagged edges.

No matter how well you trim his or her nails, your baby will probably still scratch him or herself. Some people recommend covering the baby's hands; however, remember that touch is the best-developed sense in a newborn. Covering the hands deprives your baby of the best means for exploring this new world.

Circumcision Care

For traditional circumcision: For boys who have been circumcised with the traditional method, the glans (tip) of the penis will initially look red and swollen. Clean the penis gently with mild soap and water as you clean the diaper area during diaper changes. Gently apply petroleum jelly to the glans each time you change your baby's diaper for a week, until the glans heals. If bleeding occurs, call your doctor.

For Plastibell Ring: If your baby has been circumcised with the ring method, follow the instructions on the special sheet you will be given for care. **DO NOT FOLLOW THE ABOVE INSTRUCTIONS FOR TRADITIONAL CIRCUMCISION CARE.**

See *A Personal Choice: All About Circumcision* in Section 4 for more information.

Uncircumcised Males

Cleaning the uncircumcised penis is quite easy — washing with a mild soap and rinsing on a daily basis are all that is required. Do not forcefully pull back the foreskin on an infant, as this may cause pain, bleeding and even adhesions. "Leave it alone" is good advice. The natural separation of the foreskin from the glans may take several years. There is no need for concern if it takes five years or more. Teach your son how to clean his penis as he gets older.

See *A Personal Choice: All About Circumcision* in Section 4 for more information.

Diapers

Soft gauze cloth diapers can be used. Use a mild detergent such as Dreft® or Ivory Snow® to wash the diapers and rinse well (at least twice) so that the diaper is soft and absorbent. A fabric softener may be added to the second rinse if needed. Diapers may be soaked in water, detergents or other suitable products before being washed.

You may use disposable diapers but they are more expensive than cloth diapers. If you use them, always put the soft absorbent side next to the baby's skin.

Diaper liners may be used, especially at night.

Change the diaper as soon after it is soiled as possible, no matter what kind of diapers you use.

Crying

All babies cry sometimes! Some possible reasons for crying are soiled diapers, being too cold or too hot, air bubbles in the stomach and tight clothing. When your baby cries, you should check for these things first. Sometimes none of these seems to be the problem but the baby cries for a while anyway. In these cases, you should calm the baby after a few minutes of crying.

The usual crying periods become less frequent as the baby gets older. If crying lasts for a long time or if the baby turns blue or the breathing seems unusual, you should call the doctor.

Some babies experience what some people call colic; the babies cry a lot and move about as if in pain. Mothers of babies experiencing this often say that their baby

screams a lot, is hard to burp, hard to feed, hard to calm, passes gas and is never satisfied. The cry is fussy at first and gets louder. The usual times of crying are late in the afternoon or at night, and the crying may last two to three hours. While it is very hard to listen to a fussy baby every day, remember that after a few weeks these babies become more satisfied and happy.

There are some things that you can do to help calm your baby. First, gently rub the tummy. Also, some babies do better if you hold them and walk with them. And especially be aware of the need to burp your baby. Don't give medicines unless your doctor prescribes them. Infant massage techniques can be very helpful.

It is hard to stay calm when the baby is upset, but try. Since it can help a lot to talk with someone, you can talk about the problem with the nurse or doctor. Ask a family member, friend or neighbor to watch your child if you need to get away from the crying for a few minutes.

Do not get mad at the baby and do not shake the baby out of anger or frustration. Shaking a baby can cause brain damage.

If the baby's crying seems to worsen; if the baby is vomiting, has diarrhea and/or is constipated; or if the baby does not take feedings as usual, you should call your doctor.

Immunizations

Immunizations are a very important way to keep your child healthy, and your baby needs to receive immunizations according to the recommended schedule. Since the recommended schedule is undergoing changes as new vaccines are approved, your doctor can review the current schedule with you.

The vaccines used now are considered to be very safe, and most children do well with their immunizations. However, irritability and swelling at the shot site may occur; your doctor will give you more detailed information at the time of the immunization.

At discharge, your nursery nurse will give you a card on which are recorded your baby's immunizations. You will need to keep this record up-to-date and accurate

because you will need to show it when you enroll your child in school. Bring the card with you to all your child's doctor's appointments.

Usually your child will receive the first immunization, for hepatitis B, before discharge from the hospital. Your child will receive other immunizations throughout childhood.

Stools

The number of stools (bowel movements) varies with each baby. And breastfed babies may have more stools than bottlefed babies. The first stools are greenish-black and sticky, then watery and yellow with seedy material. The amount of material increases until the stool is pasty. Frequency of passing stools may vary from one every other day to two to ten per day. The way the stool appears means more than the number of stools. Usually the stools are pasty or seedy and the color may vary from yellow to yellow-green to brown, depending on the food the baby is taking. After the first month the number of stools decreases.

After two months of age, a tablespoon of prune juice in one ounce of water can be given once a day for constipation. Do NOT use suppositories, castor oil or other laxatives. We do not recommend rectal stimulation without talking to your doctor. Straining or turning red when passing the stool can be normal if the consistency of the stool is normal.

If the stools become more watery than usual or contain mucus and/or blood, you should call your doctor right away.

Urination

Most babies wet their diaper almost every one to two hours until they are two to three months old, and then they wet every two to three hours through the first year. Your doctor needs to know if the amount of your baby's urine decreases suddenly. This may mean the baby is dehydrated, especially if there is vomiting or a large number of watery stools or if the baby is not taking formula or breast milk well.

WHAT YOU SHOULD KNOW ABOUT JAUNDICE AND YOUR NEWBORN

Jaundice, the yellow color seen in the skin of many newborns, 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, 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, is fussy or is 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 recommends based on individual facts and circumstances.

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SERIOUS ADVICE: REDUCING THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS)

What is SIDS? SIDS is the sudden death of an infant under one year of age that remains unexplained after a complete post-mortem investigation.

SIDS is the leading cause of death in infants between age one month and one year. In the United States, it occurs in approximately 1 in 1,000 babies. In the past few years, approximately 3,000 babies have died per year due to SIDS.

To reduce the risk of SIDS, 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: Also, avoiding an infant's exposure to secondhand smoke is advisable for numerous reasons in addition to SIDS risk.
- ❖ A separate but close sleeping environment is recommended, such as a separate crib in the parent's bedroom. Bed-sharing during sleep is not recommended.
- ❖ Since early pacifier use reduces breastfeeding duration, the AAP recommends waiting until one month of age before using a pacifier.
- ❖ 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 effectiveness 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): Encourage "tummy time" when baby 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.
- ❖ Ensure that others caring for the infant (childcare provider, relative, friend, babysitter) are aware of these recommendations.

TAKING CARE: WHEN YOUR BABY IS SICK

Despite everything a parent does, sometimes babies get sick. The best sign that a baby is sick is if he or she begins to act differently. The baby may be very fussy or may want to sleep a lot more than usual. Repeatedly refusing to breastfeed or take a bottle can be a sign of illness.

If your baby seems very weak, won't cry loudly, won't drink more than half the usual amount of formula or nurses poorly, won't wake up to play for a little while or just doesn't look right, he or she needs to be seen by a doctor right away. If the baby is working hard to breathe, he or she needs to be seen immediately. (Noisy breathing may be normal if your baby is comfortable, but having to work hard to breathe isn't normal.)

A baby gets dehydrated quickly. If your child is having large or more frequent watery stools or vomiting (not just spitting up), and especially if your baby isn't drinking well, you need to see the doctor immediately. If your baby is having diarrhea or vomiting, continue to feed breast milk or formula. Do not give water or other clear liquids unless a doctor tells you to. A temperature greater than 100.4° F in an infant less than two months old is also a sign a baby needs to be seen immediately by a doctor.

Temperature

It is important to check your baby's body temperature if the baby feels too hot or too cold. Either can indicate the baby may be uncomfortable or sick. Your infant's temperature may be taken under the arm or in the rectum with a digital thermometer. We do not recommend using old mercury thermometers. For an under-the-arm temperature, which we usually use on a baby to prevent irritation to the rectum, place the thermometer under the armpit and hold the arm down to keep the thermometer in place. NEVER leave your child alone with a thermometer in place. If the temperature is below 97° F or above 100° F then take the temperature again using the rectal method. For a rectal temperature, lubricate the thermometer well with Vaseline® and gently insert the bulb about 1/4 to 1/2 inch into the rectum and hold in place. If the temperature is below 97° F, put clothing on the baby, cover with more blankets and recheck the temperature in 30 minutes. If it does not increase you should contact the doctor. If the temperature is 100.4° F or above, call the doctor for specific directions for the infant who is between birth and two months of age or go to the Emergency Department if the office is closed. If your older baby acts sick and has a fever, or if fever is present for more than a day, call your doctor.

TEMPERATURE CONVERSION			
°F	°C	°F	°C
95.0	35.0	101.4	38.6
95.4	35.2	101.8	38.8
95.7	35.4	102.2	39.0
96.1	35.6	102.5	39.2
96.4	35.8	102.9	39.4
96.8	36.0	103.2	39.6
97.1	36.2	103.6	39.8
97.5	36.4	104.0	40.0
97.8	36.6	104.3	40.2
98.2	36.8	104.7	40.4
98.6	37.0	105.1	40.6
98.9	37.2	105.4	40.8
99.3	37.4	105.8	41.0
99.6	37.6	106.1	41.2
100.0	37.8	106.5	41.4
100.4	38.0	106.8	41.6
100.7	38.2	107.2	41.8
101.1	38.4	107.6	42.0

The shaded area is the usual normal range.

Sneezes and Colds

All newborns sneeze and hiccup. Sneezing does not mean your infant is getting a cold. It is his or her way of clearing his nose. Neither does a "stuffy" nose mean a "cold" in the first few weeks of life. However, if there is a runny nose and/or cough, a "cold" should be suspected and you may ask your doctor's advice. Do not give a baby cold medications without discussing it with your doctor.

The small rubber nose syringe may help clear the nose if the stuffiness bothers the baby. You can also use some saltwater drops to help clear the baby's nose. You can buy these in the store or you can mix a half teaspoon of salt in one cup (8 ounces) of warm water. Put a few drops in one side of the nose and then suck them out with the nose syringe. Repeat on the other side of the nose.

If your baby seems uncomfortable, has a fever, is very fussy or otherwise acts sick, call your doctor or have your baby seen.

Prevention

Always wash your hands with soap and water before mixing formula or handling your baby. You should keep your baby away from people who have colds, sore throats, skin infections, diarrhea and other illnesses that may be catching. It is also better not to let too many people visit and handle your baby, especially during the first few months of life.

KEEPING YOUR NEWBORN SAFE: IT'S YOUR JOB!

Playing It Safe

Your children need you to help keep them safe. You need to be especially careful about bath time, falls, burns, medicines and car seats.

It is impossible to describe every situation that could cause a problem for your baby. You will have to be alert to potential problems as your baby grows and develops new skills that allow him or her to "get into" more things. We have included some things for you to remember about some of the most common problems that can endanger your baby's life.

Bath and Water

Never leave your baby alone in the bath, even for a second. If babies slip under the water it is impossible for them to help themselves get out. Children can drown in a very small amount of water. Toilets and buckets can also be hazards.

Falls

Never leave your baby on a table, bed or chair, because he or she can fall off. Keep the sides of the crib up. Don't leave the baby in an infant seat on a table or counter because the whole seat could fall. Baby walkers with wheels are not recommended; they can tip over or older infants may "walk" them off the stairs.

Burns

Turn the thermostat on your hot water heater down to 120° F and always check the temperature of water with your hand before putting your baby in it. Have smoke and carbon monoxide detectors in your home. Don't let anyone take care of your baby while smoking, drinking hot liquids or while standing near a stove or fireplace. Don't heat baby foods or formula in microwaves, and always check the contents of bottles to make sure that the formula isn't too hot.

Choking and Smothering

Keep all soft plastic bags and wraps far away from your baby and other children. Never use soft plastic wrap as a mattress cover. Never put a ribbon, cord or necklace around your baby's neck, even to hold a pacifier. It can get caught on things and strangle the baby. Get toys that are too large to swallow and that don't have small pieces or button-type eyes or noses. Never let your baby go to sleep with a bottle in the crib and do not prop the bottle. Remove all pillows and soft bedding from the crib, and do not use bumper pads. Also, never tie a balloon to your baby's crib.

Medicines and Poisons

Do not give your baby any medicines without your doctor's approval. This is especially important if baby is less than six months of age. Even common cold medicines can cause problems in this age group. Keep all medicines, vitamins and housecleaning agents locked up and out of reach of children. Make sure your older children know not to put anything in your baby's mouth.

If your baby does get an inappropriate medicine, immediately call Carolinas Poison Center at 704-355-4000.

And remember — all homes in Mecklenburg County must have a carbon monoxide detector!

Shaking

Never shake your infant, even in play, and especially if you are angry or frustrated. What seems like gentle shaking to you can cause serious brain damage in your baby. It is not unusual for mothers and fathers to get frustrated with their babies, but it is easy to hurt a baby even when you don't mean to. If you are getting frustrated with your baby, you need to talk to someone about it. Talking with your family, friends, nurses or doctor can help a lot. You can also call the Parent Stress Line, which is open 24 hours a day, at 704-376-7244.

See *Crying under Caring For Your Baby: A Short Guide to General Baby Care* in Section 4 for more information.

Car Seats

You must use an infant car seat the first time and every time your baby rides in the car. The North Carolina Child Passenger Safety Law was passed in 1985 to help protect your baby while in the car. If there is a passenger-side airbag, car seats must be placed in the rear seat of the car. **For the latest information, check the American Academy of Pediatrics' car safety seat guide at www.aap.org/family/carseatguide.htm.**

Some models of car seats are "convertible" seats that can be used from birth until the child weighs about 40 pounds. While the child is less than one year of age and less than 20 pounds, these seats must be installed to face the rear of the car. Once the child is bigger, convert these seats to the forward-facing position. The convertible seats can then be used until the child is about four years old or 40 pounds.

If you have an infant car seat that does not convert, you will need to get a convertible or toddler car seat when the baby gets bigger. Toddler seats are designed to be used only in the forward-facing position.

Child safety seats come in several shapes and sizes because different stages of a small child's development require different types of protection. There is no "best" seat. The important thing is to find the seat that best suits you, your child and your car. Be sure that the safety seat you choose will fit the seat belts in your car. Insist on the right to return the seat if it does not fit. You should purchase a new car seat if the one you have is involved in a motor vehicle crash.

And remember, NEVER leave an infant or child alone in a car, even for a moment.

SAFETY ON THE MOVE: TRANSPORTING YOUR BABY

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 the 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.gov

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

Basics of Safety Seats and Seat Belts

North Carolina has several occupant restraint laws.

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 device.
- ❖ 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 airbags.
- ❖ 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 seat to restrain the child.

- ❖ Children less than 12 years old 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-restraint devices 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 seat approved for heavier babies. Keep children facing the rear as long as possible.
- ❖ Use forward-facing child-restraint devices with a harness and/or shield for children over one year old. Use the harness and/or shield until it is outgrown, usually at 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/her thighs, and 5) will he stay seated

like this for the whole trip? If the answer is “no” to any of 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-restraint devices should not be used for children older than ten years.

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 seat 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 airbag.
- ❖ The rear seat is safer for children than the front seat. Whenever possible, child-restraint seats should be installed in the center-rear seat.
- ❖ Infants less than a year in age should ride in a restraint seat that faces the rear of the car. Follow the child-restraint device’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 device’s instructions.
- ❖ LATCH (Lower Anchors and Tethers for Children) is a new system that can make child-restraint seat installation easier and without using seat belts. LATCH is found on most child-restraint devices and vehicles manufactured after September 1, 2002.

- ❖ The child-restraint device must be installed tightly in the vehicle. To check, hold the shell of the child-restraint seat at the seat belt path (where the seat belt goes through the child-restraint device or where it would go through if not using the lower LATCH attachments) and pull toward the front of the car and from 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 and seat selection and about basics of installation of restraint devices 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

FEEDING YOUR BABY

Feeding time is very special time for your baby. Meeting your baby's need for food in a loving and comfortable way in infancy can provide 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 him/her.

If you are a first-time parent, you and your newborn will be learning together about this business of feeding and of comforting.

Breastfeeding

If you choose to breastfeed, a board-certified lactation consultant will be available to assist you in getting started.

Care of Mother

Good news! You can enjoy eating what you want in moderation while nursing. While it was once believed that spicy foods the mother ate might cause gas or cause the baby to refuse her milk, current research tells us that babies enjoy the variety of tastes. And a bonus benefit is that breastfed toddlers are less picky when food is introduced because they have tasted it before in breast milk!

Be sure to eat a wide variety of foods, including:

- ❖ Breads / Grains
- ❖ Fruits / Vegetables
- ❖ Dairy / Calcium-rich foods
- ❖ Protein-rich foods

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

Breastfeeding and Dietary Supplements

Occasionally, mothers find some dietary supplements to be helpful with certain breastfeeding conditions. To ensure product quality, these supplements can be purchased at a local natural food store. As with any medication, always consult your healthcare provider for specific recommendations relative to your particular needs before taking any dietary supplements.

Some books that contain information on the use of dietary supplements related to lactation are:

- ❖ Sheila Humphrey, BSc, RN, IBCLC, *The Nursing Mother's Herbal*. Minneapolis: Fairview Press, 2003.
- ❖ Merrily A. Kuhn and David Winston, *Herbal Therapy & Supplements: A Scientific & Traditional Approach*. New York: Lippincott, 2000.

Organizations with Web Sites Containing Information on Breastfeeding and Dietary Supplements:

www.bfmed.org

The Academy of Breastfeeding Medicine

www.drjaygordon.com

Dr. Jay Gordon, Pediatrician

www.herbalgram.org

American Botanical Council

www.lalecheleague.org

La Leche League International

www.kellymom.com

www.breastfeeding.com

YOUR MILK FOR YOUR BABY

Your milk is the perfect food and is made especially for your baby. Your earliest 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.

For one to two hours after birth, babies are usually quiet and alert. Babies who nurse in this alert and wakeful period, according to research, generally have an easier time learning to breastfeed than those who wait until later. So, if it is possible, breastfeed within the first hour after birth or soon thereafter.

Shortly after birth, newborns enter a sleep phase that helps them recuperate from the birth process. It is normal for babies to be sleepy for up to three days, gradually becoming more awake about the time the mother's breasts begin to feel full with milk. 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 of formula 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.

Your baby will nurse for a while and then go back to sleep. But when you then take him or her off the breast to put in the crib, the baby will be disturbed, start crying and "starts rooting around, looking for you. ...[This is] 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."

Source: Jan Barger, RN, MA, IBCLC, Baby's Second Night

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

Nurse as long as your baby wants.

BABIES WERE BORN TO BREASTFEED

Early breastfeeding is the time when the milk supply is set, so breastfeed frequently to help make lots of milk. Enjoy the time after your baby is born, and rest to regain your energy.

The American Academy of Pediatrics (AAP) recommends that you offer your breast at least eight to twelve 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. A **Feeding and Diaper Record**, which you can use to record your baby's activities, is included in this guide.

Some babies must be awakened to nurse. If your baby is sleeping, watch for movements indicating light sleep, including eye movements under the eyelids, mouth movements or hands at the 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 then try again. When your baby is back to birth weight, usually by two weeks of age, you may no longer have to awaken him/her to nurse.

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; and touching your baby's cheeks, chin and lips with your fingers, then tickling the bottom lip to elicit their rooting reflex. Once your baby's mouth is open wide, bring your baby to your breast and begin nursing.

Nurse on the first breast without time restriction, approximately 15 to 30 minutes, before offering the second breast. Nurse until the infant is satisfied. Some infants are satisfied after 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 milk supply is very responsive to breast stimulation. The more your baby nurses, the more milk your body will make. "Even his touch on your breast will increase your oxytocin levels, which will help boost your milk supply!" [Source: *Jan Barger, RN, MA, IBCLC, Baby's Second Night*] Your baby will nurse for comfort, for 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. (See *Positioning the Both of You for Breastfeeding* on the next page.) The nurse or a board-certified lactation consultant will be 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 following birth, 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.

See *Expressing Milk: A Key to Continuing Breastfeeding* in this section for more information.

ABOUT PACIFIERS AND 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:

- ✧ You have no breast or nipple pain.
- ✧ Your baby easily attaches to your breast and nurses vigorously.
- ✧ 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 it is placed in your baby's mouth. However, when a rubber nipple is introduced later, babies can learn to suck both with no difficulty.

POSITIONING THE BOTH OF YOU FOR BREASTFEEDING

Your Position

It is important that you find a comfortable position.

If you are sitting down to feed, try to make sure that:

- ✦ Your back is straight and supported
- ✦ Your lap is almost flat
- ✦ Your feet are flat (you may need a footstool or a thick book)
- ✦ You have extra pillows to support your back and arms or to help raise your baby if needed

Your Baby's Position

There are various ways that you can hold your baby for breastfeeding. Whichever way you choose, here are a few guidelines to help make sure that your baby is able to feed well:

1. Hold your baby very close.
2. Your baby should face the breast, with ear, shoulder and hip in a straight line.
3. Your baby's nose or top lip should be opposite the nipple.
4. Your baby should be able to reach the breast easily without having to stretch or twist.
5. Remember to move your baby toward your breast, rather than your breast toward your baby.

Remember:

- ✦ Tummy to Mummy
- ✦ Nipple to nose
- ✦ Baby to breast, not breast to baby

Source: UNICEF UK Baby Friendly Initiative

Breastfeeding lying down can be very comfortable.

It is especially good for night feeds since you can rest while your baby feeds.

Try to lie fairly flat with a pillow under your head and your shoulder on the bed.

Lie well over on your side. A pillow supporting your back and another between your legs can help with this.

Once your baby is feeding well, you will be able to feed him or her comfortably anywhere, without needing pillows.

Source: UNICEF UK Baby Friendly Initiative

cross-cradle hold



cradle hold



football hold



side-lying hold



Latching Your Baby to the Breast

It is important to make sure that your baby latches on to the breast properly, or he/she may not get enough milk during the feeding and your nipples may become sore.

Position your baby as described in the positioning section, with his/her nose or top lip opposite your nipple.

Wait until your baby opens his or her mouth wide, or gently brush the lips with your nipple to encourage your baby to open wide.

Quickly move your baby to your breast, so that his or her bottom lip touches the breast as far away as possible from the base of the nipple. Your nipple will be pointing toward the roof of the baby's mouth.

When your baby is properly latched to your breast, you will notice that:

- ❖ the baby's mouth is wide open and he or she has a big mouthful of breast
- ❖ baby's chin is touching the breast
- ❖ the top and bottom lip are curled back
- ❖ if you can see any of the areola, the darker skin around the nipple, more is visible above the top lip than below the bottom lip
- ❖ your baby's sucking pattern changes from short sucks to long deep sucks with pauses



Start by positioning baby with nose or top lip opposite your nipple.



Your nipple should point toward the roof of your baby's mouth.

"Help your baby adjust to this new world. When your baby 'drifts off to sleep at the breast after a good feed,' handle him or her very gently, to not break the mood and to not wake the baby. 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 with 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 half hour or so. If he starts to root and act as though he wants to go back to breast, that's fine...this is his way of settling and comforting."

Source: Jan Barger, RN, MA, IBCLC, *Baby's Second Night*



Gently break the suction with your finger when baby has finished feeding.

BABY CARE AFTER FEEDING

Burping Your Baby

A bubble of air in the stomach can make your baby feel full before he/she really is, and it may be uncomfortable. Burp him or her after every one-half to one ounce of expressed mother's milk or formula, or as needed. Breastfed babies should be burped following a feeding. Some may need to burp when switched from one breast to the other. And, this can help wake a sleepy baby.

Your baby may need more burping after crying for a time before the feeding, since crying makes a baby swallow more air. If your baby seems to not need to burp, he or she may actually not have the need, or 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, and raise the head of the mattress when putting him/her down to sleep. Avoid lots of jostling after the feeding.

Vomiting

This is different from spitting up because the baby brings the feeding back up forcefully, ejecting milk away from his/her body, and 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.

Growth Spurts

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.

RELIEVING THE DISCOMFORT OF ENGORGED BREASTS WHILE BREASTFEEDING

Care Plan for Engorged Breasts

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

Breasts that become engorged are uncomfortably firm and the nipples can become flattened because of swelling inside the breasts. 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 flow more easily.

However, do not use cabbage if you are sensitive to cabbage or to sulfa drugs. If that is the case, call your lactation consultant for alternative therapies.

Using Raw Cabbage Compresses to Treat Engorgement

1. Tear off the outer leaves of green cabbage and discard. Tear off the next layer of leaves, rinse them with water and pat them 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 for 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.
6. Discontinue using cabbage when engorgement decreases and your milk flows easily, usually within a day or two. If engorgement continues, contact your lactation consultant.
7. Excessive use of cabbage leaves may decrease your milk supply.

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.

EXPRESSING MILK: A KEY TO CONTINUING BREASTFEEDING

Preparing Yourself for Expressing Milk

- ❖ Always wash your hands before pumping or expressing milk. Wash your hands thoroughly with soap and water for at least 15 seconds. Pay particular attention to the area around and under the fingernails.
- ❖ Use containers and pumping equipment that have been washed in hot soapy water and rinsed in hot water. If available, cleaning in a dishwasher is acceptable; dishwashers that additionally heat the water may improve cleanliness. If a dishwasher is not available, boiling the containers once daily is recommended. Boiling is particularly important where the water supply may not be clean.
- ❖ Make yourself as comfortable as possible.
- ❖ Create a pampering ritual: soft music, a comfortable chair, a picture of your baby, a blanket your baby has been wrapped in and a few minutes of quiet time to relax.
- ❖ 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 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 funnel-shaped parts (flanges) of the pump kit centered on your nipple(s). Be sure that your nipple is centered in the flange. Use just enough pressure to make an airtight seal. (If you are pumping at home, you may wish to put a small amount of olive oil or lanolin on your nipple and the dark area around the nipple before you start to pump.)
- ❖ Flanges come in different sizes to accommodate differences in mothers' nipple size. The standard size is 24mm; flanges are also available in 22mm, 27mm, 30mm, 36mm and 40mm.
- ❖ Experiment to find the most comfortable and effective level of suction. Start with the suction on MINIMUM. Increase it as much as is comfortable. If it hurts, stop and turn the suction down, adjust the funnel or ask for help.

- ❖ **Expressing milk should not hurt.** If you are experiencing discomfort, contact your lactation consultant.
- ❖ If pumping both breasts at the same time, pump for approximately 10 to 15 minutes, or two minutes after the milk flow has stopped. If single pumping, pump so that each breast is expressed for 10 to 15 minutes, or two minutes after the milk flow has stopped. Pump longer if milk keeps flowing; don't stop pumping when your milk is flowing easily. Use the times given as a guide only. Learn your body's signals and what works best for you.
- ❖ Use a new milk storage container each time you pump.
- ❖ Be realistic in your expectations. The first few times you pump you may only see drops. Before your mature milk begins to flow, your milk will be small in quantity and may appear yellowish in color. Save every drop for your baby; it is important that your baby receive this early milk.

To Increase Your Milk Supply While Pumping

- ❖ **REMEMBER...** your milk supply depends on pumping regularly! Pumping more often will help you make more milk. Frequent pumping sessions are more beneficial than pumping for longer periods of time.
- ❖ Pump every two to three hours during the day and evening. Pump at least once during the night, so your breasts are stimulated at least every four to six hours. Aim to pump a total of at least eight times during each 24 hours.
- ❖ Use a double, electric, hospital-grade breast pump.
- ❖ Pump both breasts for 20 minutes.
- ❖ Massage your breasts gently before and partway through pumping to get more milk.
- ❖ To help the milk release, put warm moist cloths over each breast or pump right after you shower.
- ❖ Be sure to drink enough water or caffeine-free fluids (at least eight eight-ounce glasses per 24 hours).
- ❖ Hold your baby with his/her bare skin against your bare skin. Put your baby to your breast to nuzzle as soon as possible.

Call the IBCLC (lactation consultant) if your milk supply has not increased in three to five days, after following the above information.

COLLECTING AND STORING YOUR BREAST MILK FOR YOUR HEALTHY TERM INFANT

- ❖ Milk should be refrigerated if it will not be given to the baby at the next feeding.
- ❖ Milk may be kept at room temperature (up to 20° C or 68° F) for six to eight hours. Temperatures greater than 20° C (68° F) may not be safe for room temperature storage. Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
- ❖ Milk may be stored in an insulated cooler bag with three frozen ice packs for 24 hours at 15° C (59° F).
- ❖ 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 — although frozen milk still helps protect babies from disease and allergies and is much better for your baby than formula.
- ❖ Milk may be safely refrigerated at 4° C (39° F) for up to eight days. Store milk in the back of the main body of the refrigerator, where the temperature is the coolest.
- ❖ You can use either hard-sided containers, such as hard plastic or glass, for storing milk or milk storage bags designed for freezing human milk. Hard-sided containers are the preferred containers for long-term human milk storage. These containers should have an airtight seal. Be sure to clean them well.
- ❖ Plastic milk storage bags offer convenience and take up less room in the freezer. Plastic bags specifically designed for human milk storage can be used for short-term (less than 72 hours) milk storage.
- ❖ Glass or plastic containers should have a top that fits well. Don't fill them up to the top — leave an inch of space to allow the milk to expand as it freezes.
- ❖ Consider storing smaller-size portions (one to two ounces [30–60 mL] each) for unexpected situations. A small amount of milk can keep a baby happy until mom comes to nurse the baby.
- ❖ Several expressions throughout a day may be combined to get the desired volume in a container. Chill the newly expressed milk for at least one hour in the main body of the refrigerator or in a cooler with ice or ice packs, and then add it to previously chilled milk expressed on the same day.
- ❖ Do not add warm breast milk to frozen milk because it will partially thaw the frozen milk.
- ❖ Be sure to label every container of milk, with waterproof labels and ink if possible, 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.
- ❖ Expect that the milk will separate during storage, because it is not homogenized. The cream will rise to the top of the milk and look thicker and whiter. Before feeding, gently swirling the container of milk will mix the cream back through again. Avoid vigorously shaking the milk.
- ❖ The color of milk may vary from day to day, depending on your diet. It may look bluish, yellowish or brownish. Frozen breast milk may also smell different from fresh breast milk. There is no reason not to use the milk if the baby accepts it.
- ❖ The type of freezer in which the milk is kept determines timetables for frozen milk. Generally, store milk toward the back of the freezer, where the temperature is most constant.

HOW LONG TO STORE HUMAN MILK

Mother’s Milk Storage Guide

	Room Temp. 20° C (68° F)	Refrigerator 4° C (39° F)	Defrosted	Freezer in refrigerator -20° C (14° F)	Deep freezer -20° C (14° F)
TERM INFANT	8 hours	8 days	24 hours	6–12 months	12 months
PRETERM INFANT	4 hours	48 hours	24 hours	3 months	6 months

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

Thawing or Warming Milk

1. The oldest milk should be used first.
2. The baby may drink the milk cool, at room temperature or warmed.
3. Thaw milk by placing it in the refrigerator the night before use, or gently rewarm it by placing the container under warm running water or in a bowl of warm water.
4. Do not let the level of water in the bowl or from the tap touch the mouth of the container.
5. Milk may be kept in the refrigerator for 24 hours after it is thawed.
6. Never use a microwave oven or stovetop to heat the milk, since these may cause scald spots and will also destroy antibodies.
7. Swirl the container of milk to mix the cream back in to distribute the heat evenly. Do not stir the milk.
8. Milk left in the feeding container after a feeding should be discarded and not used again.
9. As with all foods, do not refreeze breast milk once it is thawed or partially thawed.

Cleaning Your Supplies

- ❖ Prior to using the breast pump for the first time — disassemble and sanitize by boiling the collection and chamber pieces for 10 minutes.

After each use of the breast pump — disassemble and wash, in warm soapy water, all parts that come in contact with the breast and milk. Rinse in clear water. Air-dry on a clean towel and cover the parts when not in use. All parts may also be washed in the top rack of the dishwasher.

- ❖ The glass or plastic containers for storing expressed milk should be washed in hot, soapy water and rinsed well in hot water; or cleaned in the dishwasher; and allowed to air-dry before use.
- ❖ Refer to the manufacturer’s instructions for cleaning of breast pump parts.

GOING BACK TO WORK AND WANT TO CONTINUE TO BREASTFEED? YES, YOU CAN!

Women everywhere are successfully combining breastfeeding and working. Advance planning, family and workplace support, and a high-quality breast pump can make it work for working moms.

Why Continue to Breastfeed?

The American Academy of Pediatrics recommends breastfeeding for at least 12 months. The longer babies are breastfed, the greater the health effects for both mom and baby. Breastfeeding is good for your employer, too: it reduces parental absences for baby's illnesses.

For children, breastfeeding reduces cases of:

- ✱ Ear infections
- ✱ Diarrhea
- ✱ Infections
- ✱ Pneumonia
- ✱ SIDS
- ✱ Diabetes
- ✱ Cancer
- ✱ Urinary Tract Infections
- ✱ Meningitis

For mothers, breastfeeding reduces cases of:

- ✱ Postpartum bleeding
- ✱ Ovarian cancer
- ✱ Premenopausal breast cancer
- ✱ Obesity (breastfeeding women return to pre-pregnancy weight quicker)
- ✱ Broken bones from osteoporosis

How Can I Establish a Good Supply of Breast Milk?

Early breastfeeding is the time when the milk supply is set, so breastfeed frequently to help make lots of milk. Enjoy the time after your baby is born, and rest to regain your energy.

Avoid frequent bottles when you and baby are together. Begin offering small bottle feeds when the baby is three weeks old, to help baby get used to bottles. Offer only one bottle per day, two to seven times a week.

How Can I Keep My Milk When Back at Work?

Flexible scheduling, telecommuting or job sharing can help. Plan three 15-minute pumping breaks during each eight-hour workday. If your shift is longer than eight hours, try to add another short pumping session.

Double pumping cuts down pumping time, but it is important to pump for 12 to 15 minutes during each break.

Learn how to breastfeed lying down while you rest and breastfeed often in the evenings. Nighttime breastfeeding boosts supply! The simplest way to increase a low supply is to breastfeed or pump more often.

How Much Milk is Enough?

Breastfeed your baby before you leave for the day. Some moms fit in one last breastfeeding at the sitter's. Breastfeed as soon as you are together again at the end of the day. Babies need about three to five ounces per feeding from months one through six. Store milk in hard plastic or glass bottles, or in disposable bags specifically designed for breast milk.

How Do I Feed My Baby While I Am Away?

It is important to get breastfeeding off to a good start before introducing bottles. Start expressing milk at about the third or fourth week so that you can begin to introduce bottles. Pump once every day at about the same time of day so that you can store some extra milk in the freezer for a backup supply. Small amounts of an ounce or so can help the baby get used to the bottle without interfering with breastfeeding. Use a little of your freshly pumped breast milk for the next day's practice feeding. Slow-flow bottles are best. Have someone else offer the bottle. For a valuable handout on how to correctly bottle-feed a breastfed baby, see www.kellymom.com/bf/pumping/bottle-feeding.html.

Once you return to work, the milk you pump at work one day is used the next day to feed the baby. Frozen milk can be stored in two- to five-ounce packets and thawed when needed for use as a backup supply. After pumping, cool your milk in the refrigerator or a cooler. Use a cooler carrier with frozen ice packs to transport your milk from work or to the sitter's.

What Can I Expect During the First Week of Work?

It can be overwhelming for a new mom to begin work. Start slowly, with a few hours or a half-day, beginning midweek. It is normal to feel tired at first. On days off, nap with your baby. Enjoy your time together, and breastfeed often. Protect your milk supply by expressing often while away and breastfeeding often when with the baby. Avoid becoming overly full, as engorgement sends a signal to your body to slow milk production. You may find it helpful to have the support of another pumping mom.

YOUR BREASTFEEDING SUPPORT NETWORK: 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.

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 volume has increased yet.
- ※ It is difficult to get your baby on the breast for feeding.
- ※ Your breasts or nipples hurt.
- ※ Your baby is four days old and does not have four to six wet diapers each 24 hours.
- ※ Your baby is not calm, happy or 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 one-half ounce a day overall, or has not regained birth weight by two weeks of age.
- ※ 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.

For breastfeeding support and supplies, please see the phone numbers in Section 8, Page 1.

TAKING CARE OF YOU: POSTPARTUM INSTRUCTIONS

Nursing Checks

The nursing staff will routinely check your vital signs, which include your blood pressure, temperature, pulse and respiration. It will also be necessary to check your uterus to make sure it stays firm and your bleeding stays under control.

Nutrition/Diet

Your body needs certain foods to get well after delivery, to keep your stools soft and to produce healthy breast milk. Eat a well-balanced diet that includes meats, fruits, vegetables, breads and cereals. Drink a lot of fluids such as water, juice and milk. Continue to take the vitamins and iron you were taking while you were pregnant. You will be given a prescription if needed.

C-section patients usually have an intravenous line (IV) until at least twelve hours after delivery. You may also have clear liquids during this time (broth, Jell-O®, apple juice). Take fluids slowly at first to decrease nausea and vomiting. When you are able to take fluids, the IV may be taken out. You may eat regular food when you pass gas. If you need help to pass gas, you may be given a suppository.

Using the Bathroom

Every delivered patient needs to ask for help the first time they get up to go to the bathroom. C-section patients will have a catheter in their bladder for the first twelve hours after delivery. Please tell the nursing staff when you need to empty your bladder. We will measure your urine to make sure your bladder is working well.

BMs/stools need to be kept soft to keep pressure off stitches and hemorrhoids. You will be offered stool softeners at bedtime. If you need to keep taking the stool softener, you can get them at the drugstore without a prescription. Stop taking stool softeners if your stools get watery or loose. C-section patients may not have a bowel movement until eating habits return to normal.

Bleeding

Keep your bottom clean by using your periwash bottle every time you use the bathroom. Pat dry from front to back. Change your pad every time you use the bathroom. Your vaginal bleeding will normally continue for two to four weeks. It starts out dark red, then changes to pink, dark brown and finally to a yellow-white color before stopping. When you are more active, you may see increased bleeding. If this happens, slow down and put your feet up. It is normal to have increased bleeding

when you first get up in the morning, with cramping or after breastfeeding. Your period will usually start in four to ten weeks.

Stitches/Hemorrhoids

Your bottom may be sore for several days. If you have stitches, they will dissolve slowly and will not need to be removed. Apply any medication to your bottom as ordered by your doctor. An ice pack or sitz bath may be offered to you in the hospital if you have swelling. Use a cold-water sitz bath to decrease swelling. Then, use a warm-water sitz bath to help you heal. Do not put anything in your vagina for four to six weeks (no sex, no tampons and no douches). Take a shower or sponge bath instead of a tub bath. Use a mild soap and do not take bubble baths.

Incision Care for C-Sections

An ice bag will be put on your incision for twelve hours after delivery to reduce swelling. The dressing will be removed after you shower for the first time. Pat your incision dry; do not rub. The staples to your incision are usually removed on the third day after delivery. At this time, small pieces of tape called steristrips are applied. These will come off on their own after four to seven days. Take a shower or take a sponge bath if no shower is available.

Breast Care

When breastfeeding your baby, the care of your breasts is very simple. Clean your breasts with warm water daily. Do not wash your breasts directly with soap because it has a drying effect on the breasts. You may wear a comfortable, supportive bra. Make sure it is not tight. To help clean, soothe and heal sore nipples, you can express drops of milk and apply to your nipples after each feeding. Let your nipples air-dry. Wash your hands before and after breastfeeding. You may experience breast fullness between the second and fifth day after delivery. Breastfeed your baby often or when your baby acts hungry.

When bottle feeding, keep your breasts clean and wear a comfortable supportive bra even when sleeping. While showering, it is okay to let warm water soak your breasts to soften them. Gently massage breasts and manually express milk to relieve the pressure and discomfort. After your shower, you may apply some cold green cabbage leaves to decrease swelling and your milk supply.

See *From Breast to Bottle: Lactation Suppression* in Section 6 for more information.

Call your doctor if your breasts get very hard, red and/or painful. Use pain medication as needed. It may take up to two weeks to dry milk from your breasts.

Activity/Exercise

- ❖ It is important to walk, but it is also important to call for help your first time out of bed.
- ❖ Limit the number of stairs that you climb.
- ❖ Do not lift anything that weighs more than your baby. If you have a toddler, allow him or her to crawl onto your lap; do not lift him or her.
- ❖ Slowly return to everyday activities. It is okay to drive a car and do light housekeeping your second week home.
- ❖ Try to get as much sleep as possible.
- ❖ If you have increased pain, bleeding or feel very tired, your body is telling you to slow down.
- ❖ C-section patients or patients with tied tubes will need to turn, cough and take deep breaths every two hours after surgery. Do this until you are able to get out of bed regularly. Also, wait until your checkup before exercising.
- ❖ You should not go to school or work for four to six weeks, as directed by your doctor.

Pain Medications

You will be offered ibuprofen every eight hours for cramping and discomfort, unless you are allergic to aspirin. Do not take similar medications (aspirin, Advil® or Motrin®) at the same time. If you need something stronger, you will need to let your nurse know. All pain medications should be taken with food when possible.

Shots

You may need a RhoGAM® injection if you have Rh-negative blood. If you are not immune to rubella (a form of measles), you will receive a rubella shot (vaccine). If you receive the rubella vaccine, please avoid getting pregnant for one month.

You may ask your care provider if you need another vaccine named Tdap (tetanus, diphtheria, pertussis). During the months of October through March, you will be asked if you want to receive a flu shot.

None of these shots will affect your ability to breastfeed.

To find out more information on vaccines, visit www.immunize.org.

Birth Control

You should not have sex until after you have been to your four- to six-week checkup. If you do have sex, always use birth control. You can easily get pregnant after having a baby. Your doctor will often prescribe a method for you before you leave the hospital or at your follow-up appointment.

See *About Your Sex Life* later in this section for different birth control methods.

Postpartum Blues

About three to five days after delivery, many women experience the desire to cry. These feelings are caused by hormone changes in your body and feeling tired after delivery. "Blues" should not last for more than a few days. In some cases, these feelings are more severe and need a doctor's help and medication.

See *Knowing the Difference Between Postpartum "Blues" and Postpartum Depression* later in this section.

Call Your Doctor If You Have:

- ❖ A temperature that is higher than 100.4 (fever)
- ❖ Breasts that get very hard, red or painful
- ❖ Flu-like symptoms with a high fever
- ❖ Soaked a pad in one hour with bright-red bleeding or large clots
- ❖ Foul, "rotten" smell to your vaginal bleeding
- ❖ Increased stomach or abdominal pain
- ❖ Nausea or vomiting
- ❖ Burning or pain when "passing water" or urinating
- ❖ Redness, swelling, increased pain, discharge or opening of stitches or incision
- ❖ Feelings of depression or "blues" lasting more than one week or the inability to sleep or care for yourself

These are general instructions. Please follow your doctor's advice for specific conditions.

ABOUT YOUR SEX LIFE

To help your body heal from childbirth, after your baby is born you should not have sex until you have been to your four- to six-week checkup. And after that, if you do have sex, remember — sex can make you pregnant!

Right now, planning for yet another baby could be the furthest thing from your mind. But many moms are surprised to find themselves pregnant again, soon after the birth of a child. Most parents prefer to space their timing between births. If that is your case, you will want to know all you can about birth control options.

Birth Control Methods: Know Your Options

There are many ways to keep from getting pregnant. This is a short list of birth control methods. Choosing the right method is not always easy. Some methods will be better for you than others, depending on your lifestyle and your current health. Always ask your doctor for help in choosing the right birth control method for you.

ABSTINENCE AND CONDOMS ARE THE ONLY METHODS THAT HELP PROTECT YOU AGAINST SEXUALLY TRANSMITTED DISEASES!

Abstinence

Abstinence means not having sexual intercourse at all. It is the only method that is 100 percent effective. This method has no side effects and is the perfect method for teenagers who are not yet ready to be parents. But remember — it is okay to say no to sex no matter what age you are.

Barrier Methods

Barrier methods include diaphragms and condoms. Condoms are available for both males and females, and can be bought at most drugstores. Condoms should be placed on a man's erect penis or put inside a woman's vagina every time a person has sex. A diaphragm is a dome-shaped soft rubber cup that covers the cervix (the opening to the womb) and, when inserted correctly, prevents pregnancy by stopping sperm from entering the cervix. The diaphragm must be prescribed and fitted by a doctor. Diaphragms should always be used with a spermicidal jelly or cream. A diaphragm does NOT protect against sexually transmitted diseases!

Barrier methods work by killing the sperm that can make you pregnant or by keeping the sperm from reaching the egg. These methods have almost no side effects and can be 85 to 95 percent effective.

THE FOLLOWING METHODS DO NOT PROTECT YOU AGAINST SEXUALLY TRANSMITTED DISEASES.

Rhythm and Withdrawal

Rhythm is a method used when a couple does not have sex during the time in a woman's cycle when she could get pregnant. A woman must keep good records of the first day of her last period or the rising and falling of her body temperature. Withdrawal occurs when a man removes his penis from the woman during sex before he releases his sperm. (It is almost impossible to know if you are doing this method successfully.) A prescription is not needed for either of these methods, and they have little or no side effects. When used correctly, these methods can be 50 to 90 percent effective. THESE METHODS ARE THE LEAST RELIABLE AND CAN LEAD TO UNWANTED PREGNANCY!

Birth Control Pills

Birth control pills work by keeping your body from releasing an egg. A doctor's prescription is needed for this method. There are possible side effects with the pill, and you must remember to take them regularly. Birth control pills can be 98 to 99 percent effective if taken correctly. However, it should be noted that taking birth control pills before your baby is six weeks old has been known to cause a reduction in milk supply in breastfeeding mothers.

Depo-Provera® Injections

Depo-Provera injections are shots that are given once every three months at a doctor's office. This shot keeps your body from releasing an egg. As long as the shots are received on time, they are 99 percent effective. Like birth control pills, Depo-Provera may lead to a reduction in milk supply in breastfeeding mothers if used before your baby is six weeks old.

IUD

An intrauterine device is a small, plastic device that is inserted into the uterus to prevent pregnancy. This device makes it hard for the sperm to get to the egg. An IUD works best for a woman who has only one sexual partner. There is no need for anesthesia for the device to be placed, and it can be placed during a visit to your doctor's office. Once inserted, you will not have to worry about using any other form of birth control for one to ten years. There are possible side effects with an IUD, and you will need to discuss these with your doctor. This method of birth control is 99 percent effective.

Sterilization

Sterilization is surgery done to permanently keep sperm from reaching the egg. There are almost no long-term side effects with sterilization. This procedure is not always 100 percent effective, but should be considered permanent. You will have to sign a consent form before the operation is done. The cost of trying to reverse this operation is very expensive and is not covered by Medicaid.

NuvaRing®

NuvaRing is a clear, flexible vaginal ring that is used to prevent pregnancy. It is about the size of a silver dollar. It contains a combination of two hormones — estrogen and progestin — that are released after the ring is inserted into the vagina and left for three weeks. After three weeks the ring is removed for one week, during which you will have your period. This ring does not protect against human immunodeficiency virus (HIV infection) or other sexually transmitted diseases. One of the serious side effects of this ring is an increased risk of blood clots, which can lead to stroke and heart attack. Women who use this method of birth control are advised not to smoke, because cigarette smoking increases the risk of high blood pressure and heart disease. Ask your doctor for more information about this method of birth control.

ORTHO EVRA® (Birth Control Patch)

ORTHO EVRA is a thin, beige, flexible, square patch you wear on your body. This patch is highly effective in preventing pregnancy when used correctly. It is worn for one week at a time during which hormones are continuously delivered through the skin and into the bloodstream. These hormones are similar to those in birth control pills. Apply the patch once a week on the same day each week (your patch change day) for three weeks in a row. You will not wear the patch during week four. You will have your period at this time. After week

four, repeat the same application routine each month. Side effects can include blood clots, stroke or heart attacks. These side effects are increased if you smoke cigarettes. Cigarette smoking increases the risk of cardiovascular side effects, especially if you are over 35. Women who have blood clots, certain cancers, a history of heart attack or stroke, or who may be pregnant should not use this patch. The contraceptive patch does not protect against HIV or other sexually transmitted diseases. This medicine may not work as well in women who weigh 198 pounds or more. Talk to your doctor for more information about this form of birth control.

IMPLANON™

IMPLANON is a type of birth control for women. It is a flexible plastic rod the size of a matchstick that contains a hormone. It is put under the skin of your arm. This birth control method works by stopping the release of an egg from your ovary. It changes the mucus in your cervix, and this change may keep sperm from reaching the egg. IMPLANON also changes the lining of your uterus. This method is 99 percent effective at preventing pregnancy. It is not known if IMPLANON is as effective in very overweight women. This method does not protect you from human immunodeficiency virus (HIV infection) or any other sexually transmitted disease. Most women have changes in their menstrual bleeding while using this type of birth control. You will need to have regular medical checkups and at any time you are having problems while on this method. Always tell all healthcare providers you are using IMPLANON and seek medical attention if any warning signs appear. If you want to become pregnant, your ability to get pregnant could return within 24 hours of having IMPLANON removed. Talk to your doctor for more information about this form of birth control.

KNOWING THE DIFFERENCE BETWEEN POSTPARTUM “BLUES” AND POSTPARTUM DEPRESSION

About three to five days after delivery, many women experience the desire to cry. These feelings are caused by hormone changes in your body and feeling tired after delivery. “Blues” should not last for more than a few days. In some cases, these feelings are more severe and need a doctor’s help and medication. The “baby blues” affect up to 80 percent of new mothers and usually subside within three weeks of delivery.

To assist with managing the “baby blues,” try some of these helpful tips:

- ✦ Exercise
- ✦ Avoid being alone
- ✦ Let others help you
- ✦ Eat a healthy diet
- ✦ Express your feelings to others or through journaling
- ✦ Sleep when the baby sleeps
- ✦ Join a mothers’ support group
- ✦ Find time for yourself

Postpartum Depression is a much more serious condition. It occurs during pregnancy and up to a year after delivery in about 15 to 20 percent of new mothers. Women with this condition report that they feel restless, anxious, fatigued and worthless — and these feelings do not go away quickly. These symptoms usually last past the first few weeks after delivery or past the “baby blues” time period.

The cause of postpartum depression is unknown, but there are several contributing factors: hormone level changes, premature birth or loss of a baby, multiple births, feeling overwhelmed or stressed, lack of support, difficulty making decisions, sleep or financial problems, physical or mental abuse, and any previous history of depression or anxiety.

If these feelings of depression cause limitations in your ability to carry out day-to-day activities, including caring for yourself or your baby, seek help immediately. Contact your medical professional for personalized treatment and therapy options.

HANDLING STRESS IN RELATIONSHIPS

Many women experience different types of stress following delivery. Some women experience stress from their job, finances, health problems and/or relationships. Some relationships are especially stressful if they are non-supportive and include controlling or violent behavior from an intimate partner.

If you’re a victim of intimate partner violence (IPV), you’re not to blame for the abuse you’re experiencing. And you’re not alone. Nearly one in three women will experience IPV in her lifetime. This is a common phenomenon across all cultures where one intimate partner attempts to control the other partner. IPV includes not only physical abuse but also mental, emotional and financial abuse; isolation; and sexual violence. IPV is very dangerous and typically gets worse over time. This escalation can lead to victims sustaining serious injury, including paralysis and even death.

Information and help are available through a variety of confidential resources in the community. Free, confidential help is available through the **Domestic Violence Healthcare Project (DVHP)** at Carolinas Medical Center (CMC). DVHP provides 24-hour on-site advocacy at CMC and phone consultations to patients and staff at other Carolinas HealthCare System facilities. If you need help accessing resources or would like to speak to an advocate, notify your healthcare provider or call DVHP at **704-446-3999**.

If you are not a victim of IPV but are experiencing other types of relationship stress, you can request to speak to a social worker to find out about resources in the community. If you have been discharged from the hospital and live in Mecklenburg County, call 211 to locate resources. If you live outside of Mecklenburg County, contact your local United Way or mental health services. You may also locate resources through the United Way Web site: www.liveunited.org

See *Domestic Violence* later in this section for more information.

WOMEN'S HEALTH: YOUR BABY NEEDS A HEALTHY MOM!

As a new mom, you have an even better reason to make sure you take care of yourself. You need to take an active role in your own healthcare. Know the most common health risks for women and how to get the help you need if you're facing one of these life-threatening issues.

Heart Disease and Stroke

One in two women is at risk of suffering from heart disease or stroke. These conditions occur when arteries that supply the heart and brain with blood become clogged from a buildup of cells, fat or cholesterol.

To lower your risk for cardiovascular disease:

- ✦ Refrain from smoking
- ✦ Lower your cholesterol and blood pressure
- ✦ Stay physically active and maintain a healthy weight
- ✦ Treat diabetes

Warning signs of a heart attack may include:

- ✦ Discomfort in the chest, neck or arms
- ✦ Shortness of breath
- ✦ Cold sweats
- ✦ Nausea, lightheadedness or weakness

Warning signs of a stroke may include:

- ✦ Sudden numbness, especially in one side of the body
- ✦ Sudden confusion or trouble speaking or seeing
- ✦ Loss of balance or coordination
- ✦ Sudden severe headaches with no known cause

To find out more:

- ✦ Carolinas Heart Institute:
704-355-4005
- ✦ American Heart Association:
www.americanheart.org
- ✦ American Stroke Association:
www.strokeassociation.org

Heart attack and stroke are life-or-death emergencies — every second counts. If any of the warning signs appear, call 911 and get emergency medical help immediately.

Cancer

One out of three women in the United States will be diagnosed with cancer. This disease occurs when abnormal cells in a part of the body grow out of control.

To help prevent cancer it is important to:

- ✦ Refrain from smoking and avoid secondhand smoke
- ✦ Eat five fruits and vegetables a day
- ✦ Exercise 30 minutes, five days a week
- ✦ Maintain a healthy weight
- ✦ Keep alcohol consumption to a minimum
- ✦ Protect skin when outdoors (sunscreen, clothing/hats, etc.)

Having regular checkups, conducting self-exams and recognizing symptoms are important ways to detect cancer early when it is most treatable. It is important to contact your physician if you have any of the following symptoms, especially if they last longer than several weeks:

- ✦ Unexplained weight loss
- ✦ Fever, excess fatigue or unusual pain
- ✦ Changes in the skin (lesions, irregular moles, etc.)
- ✦ Unusual bleeding or discharge
- ✦ Thickening or lump in breast or other parts of the body
- ✦ Indigestion or difficulty swallowing
- ✦ Nagging cough or hoarseness

To find out more:

Carolinas Medical Center Blumenthal Cancer Center:
704-355-2884

Domestic Violence

One in three women will experience domestic violence at some point in her lifetime.

Does your partner:

- ❖ Push, slap or hit you?
- ❖ Embarrass you with bad names or put-downs?
- ❖ Act in ways that scare you?
- ❖ Control what you do, who you see or talk to or where you go?
- ❖ Stop you from seeing or talking to friends and family?
- ❖ Take your money, make you ask for money or refuse to give you money?
- ❖ Make all the decisions?
- ❖ Say you're a bad parent or threaten to take away or hurt your children?
- ❖ Destroy your property or threaten to hurt your pets?
- ❖ Act like the abuse is no big deal, blame you for the abuse or deny abusing you?
- ❖ Threaten to kill you or himself?

If you answered yes to any of the above questions, you may be in an abusive relationship. Domestic violence professionals can help you with emotional support, safety planning, a safe place to stay, children's services and legal assistance. Follow these safety tips to help protect yourself and your baby.

When a fight breaks out:

- ❖ Move away from the kitchen, bathroom or any place where there are dangerous or sharp objects.
- ❖ Plan the easiest escape. Decide on a door or window to exit quickly and safely.
- ❖ Find a neighbor, friend or family member whom you can trust to help you and your children, or call the police.

If you decide to leave your partner:

Make copies of keys and important papers and leave them with a friend, neighbor or religious organization. Some important items to have include birth certificates, legal papers/proof of residency, money, medications, a few clothes, phone numbers, sentimental items and special toys if you have children. Do not tell your partner where you are going or that you are planning to leave.

To help ensure your safety once you're separated:

- ❖ Change the locks on your doors.
- ❖ Learn about your legal rights. If you have legal papers to protect you, always keep them with you.
- ❖ Tell neighbors, friends, landlords or coworkers that your partner no longer lives with you. Ask them to notify you and/or police immediately if they see your abusive partner near your home or workplace.
- ❖ If your former partner is dangerous, tell someone at work. Provide them with a picture and ask them to call 911 if your former partner comes around.
- ❖ This is the time you are most at risk. Seek assistance from a domestic violence professional to get through this challenging time.

To get help:

- ❖ **If you are in immediate danger, call 911.**
- ❖ **Domestic Violence Healthcare Project:** 704-446-3999, 24-hour crisis services including safety assessment and planning, counseling and referrals.
- ❖ **Battered Women's Shelter:** 704-332-2513, with a 24-hour crisis line, counseling and residential services.
- ❖ **Victim Assistance:** 704-336-4126, with assistance obtaining Personal Protective Orders and court assistance.
- ❖ **Women's Commission:** 704-336-3210, with adult and child emotional support, employment and legal assistance.
- ❖ **National Domestic Violence Hotline:** 1-800-799-SAFE (7233), 1-800-787-3224 (TTY)

Additional resources:

- ❖ National Coalition Against Domestic Violence (NCADV) www.ncadv.org
- ❖ North Carolina Coalition Against Domestic Violence (NCCADV) www.nccadv.org
- ❖ Family Violence Prevention Fund www.endabuse.org
- ❖ United Way www.liveunited.org

CAROLINAS MEDICAL CENTER BREASTFEEDING HELPLINE

24-Hour Breastfeeding Support Line

Local.....704-355-6547
 Toll-free.....1-888-456-7491

Lactation Center Contact Information or outpatient assistance, contact:

CMC Outpatient Lactation Services704-355-6547
 Carolinas Lactation Center–Pineville with offices at CMC–University..... 704-541-2943
 CMC–Cleveland Regional Lactation Services704-487-3887
 CMC–Myers Park Pediatrics.....704-446-1422
 CMC–Union Lactation Center704-225-2890

If You are Using WIC, Call Your Local WIC Office

Mecklenburg County..... 704-336-6464
 Union County..... 704-296-4899
 Lincoln County..... 704-736-8637
 Gaston County..... 704-853-5181
 Stanly County..... 704-986-3003
 Cabarrus County..... 704-920-1204

The Milky Way, a boutique for breastfeeding accessories and breast pump rentals and sales

Morehead Medical Plaza Location..... 704-335-0020
 East Boulevard Location 704-374-9200

For Mother-to-Mother Support Groups in the Charlotte area 1-800-525-3243 (La Leche)

CMC Childbirth, Lactation & Family Education Services 704-355-2229 (BABY)

- ※ Breastfeeding Support Group
- ※ B.A.B.Y. — Beginning A Beautiful Year (a complimentary educational support group for new parents)
- ※ Infant Massage Class

A PARENT’S PARTNER: YOUR TEAM FROM CAROLINAS MEDICAL CENTER

Carolinas Medical Center is here not only for the birth of your baby, but for every stage of your family’s life. Our network of physicians includes obstetricians as well as family practice doctors and pediatricians. We’re ready to help you and your child through every medical challenge, be it a sprained ankle, routine checkups or something more serious.

Visit **www.carolinasmedicalcenter.org** for an up-to-date listing of our physicians and more information, or contact the group directly for details.

WEB SITES FOR ADDITIONAL INFORMATION

- American Academy of Pediatrics.....www.aap.org
- American Board of Obstetrics and Gynecology.....www.abog.org
- American College of Obstetricians and Gynecologists..... www.acog.org
- American Medical Association www.ama-assn.org
- American Psychological Association www.apa.org
- Center for Food Safety and Applied Nutrition,
part of the U.S. Food and Drug Administration (FDA)www.cfsan.fda.gov
- International Board of Certified Lactation Consultant Examinerswww.iblce.org
- International Lactation Consultant Association www.ilca.org
- La Leche League International..... www.lalecheleague.org
- March of Dimes..... www.marchofdimes.com
- Moms of Multiples.....www.ncmom.org
- National Clearinghouse for Alcohol and Drug Information.....www.ncadi.samhsa.gov
- National Institute of Child Health and Human Development www.nichd.nih.gov
- National Institute on Alcohol Abuse and Alcoholism..... www.niaaa.nih.gov
- National Organization on Fetal Alcohol Syndrome..... www.nofas.org

WE ARE SO PROUD TO BE A PART OF YOUR NEW LIFE AS A PARENT.

All of us at Carolinas Medical Center are proud to have shared this special time with you. We hope this guide will help you, as you and your baby grow together. It's impossible within this book to answer every question you might have, so please feel comfortable calling us at 704-355-BABY (2229) with any other questions.

Don't forget: your baby needs a checkup between one and two weeks of age and immunizations when he or she is two months old.

If you are using a Carolinas Medical Center clinic site, we will help you make an appointment before your baby's discharge or give you instructions on making an appointment if your baby is discharged on a weekend day. If you live in another county or will be using a local doctor's office, call them as soon as possible to find out when your first appointment is scheduled.

If you want to read more about baby care, we suggest your local library or bookstore. There are many fine books available, and new books are published regularly. We've also enclosed a list of suggested Web sites, which offer a wealth of health and parenting information.

Good luck on your journey together

— and remember to keep in touch along the way!
