

*Newborn's Care*

*Mother's Care*

*Feeding Baby*

*Infant Safety*

*Resources for Parents*

*Hospital General Information*

*Congratulations*



*Congratulations,*

*With your baby's arrival, you may have questions now and in the weeks to come.*

*We hope this information will be helpful to you while you are at the Mother Child Center and after you are home.*

*Staff of the St. Elizabeth's Mother Child Center*



**St. Elizabeth's Hospital**

*An Affiliate of Hospital Sisters Health System*

**Mother Child Center**

211 South Third Street  
Belleville, Illinois 62220

**phone** 618/234/2120 ext. 1260

[www.steliz.org](http://www.steliz.org)



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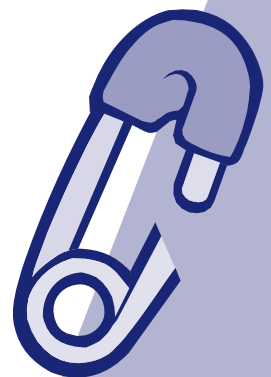
*Questions?*

*Call the*

*Mother Child Center*

*anytime*

*234-2120 extension 1260*



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*Thank you  
for selecting  
St. Elizabeth's  
Mother Child Center  
for your baby's  
birthplace!*

This information packet has been prepared by our nursing staff to help you and your family learn about and participate in the care of your baby. Please keep in mind that the information provided here serves as a guide for baby's care. Please check with your doctor for more specific instructions.



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## *Hospital General Information*

### Visiting Hours

Baby's father may visit anytime. He, as well as brothers and sisters of the baby, and grandparents should wash their hands before holding the baby. Anyone who is not feeling well, or has a cold, should not have contact with baby, since the baby has very little resistance to germs during the first several months of life.

### Visitors

Other than those named above—may visit from 2 to 8 p.m., but not have contact with the baby.

### Telephone Calls

Friends and family may reach you by calling 618-234-2120.

To place a local call from your room, dial 79 and the seven-digit number.

To place a long distance call from your room, dial 700 and the seven-digit number—if within the 618 area code.

If outside the 618 area code, dial 700, the area code and the seven-digit number. Long distance calls must be made collect or with a calling card.

### Gift Shop

The gift shop is located off the main lobby of the hospital (level two). It offers a wide selection of personal care items, candies, magazines, newspapers, flowers and gift ideas.

Hours are 8 a.m. to 8 p.m. Monday through Friday; 9 a.m. to 8 p.m. on weekends (holiday hours may vary). For delivery service call the gift shop at ext. 1300.

### Cafeteria

The cafeteria is located on the first floor of the hospital. The grill is open from 10:30 a.m. to 8:30 p.m. weekdays; 10 a.m. – 8 p.m. weekends, breakfast 6 a.m.– 8:30 a.m. daily.

Breakfast, lunch and dinner are available. The menu includes: hot entrees, sandwiches, soups, desserts, salad bar, and hot/cold beverages.

“At Your Request Room Service” dining is available from 6:30 a.m. to 6:30 p.m.

### Pictures

Baby pictures are taken prior to discharge. You may dress the baby in an outfit of your choice. Order forms should be returned before discharge. Questions should be referred to First Photo at 1-800-325-3550.

### Birth Certificates

Birth certificates must be signed before you are discharged. The following information is required:

- Spelling of baby's name
- Social Security numbers of mother and father
- Name of your township if you do not live within your city limits
- Name of your birth state or country.

### Family Celebration Meal

In celebration of your baby's birth, St. Elizabeth's is pleased to offer a complimentary dinner for two. Menus will be presented for your choice of entrees in time for the special dinner. Please complete and return the menu a minimum of four hours before you plan to have the meal.

### TVs and VCRs

Televisions and VCRs are available to you at no charge. Feel free to use them at any time. Please ask if you have any questions regarding operation of this equipment. Movies on baby care are available for you to view while in the hospital.

Use of personal DVD players, video games, etc. are discouraged for safety reasons only.

### Special Care Nursery

Your infant will receive special care here in our nursery. You and your immediate family may visit with your baby as often as the baby's condition permits. Your doctor may request a consultation with our neonatologist. The unit staff includes a neonatal nurse practitioner and nurses specially trained to meet the needs of the baby and family.



# Newborn's Care

## Mother's Care

## Feeding Baby

## Infant Safety

## Resources for Parents

Agency	Services and Information
<b>St. Elizabeth's Hospital</b> 211 South Third Street Belleville, Illinois 234-2120 www.steliz.org	Infant CPR instruction Illinois Child Passenger Safety Systems Technicians Inpatient/Outpatient Services Lactation and Doula call line at extension 1980 Maternity Care Lactation counselors Breastfeeding support group SHARE
<b>Call for Help, Inc.</b> 9400 Lebanon Road Edgmont, Illinois 397-0968	Domestic Counseling Parenting Classes Emergency Services for food, clothing and shelter
<b>Catholic Social Services</b> 8601 W. Main Belleville, Illinois 394-5900	Adoption Family Planning Pregnancy Counseling
<b>Daimler/Chrysler</b> 1-877-FIT 4 A KID www.fitforakid.org	Car Seat Safety Check Call for nearest dealership
<b>La Leche League Leaders</b> 398-MOMS www.lalecheleague.org	Breastfeeding Support Groups Breastfeeding information
<b>Lutheran Child &amp; Family Services</b> 208 N Illinois Street Belleville, Illinois 234-8904	Adoption and Family Counseling
<b>National Highway Traffic Safety Administration</b> 1-888-327-4236 www.seatcheck.org	Information about a car seat technician in our area
<b>Poison Control</b> 24-hour line 1-800-543-2022	Poison Information

Agency	Services and Information
<b>St. Clair County Department of Public Aid</b> 218 W. Main Street Belleville, Illinois 257-7400 http://www.idph.state.il.us/	Financial Assistance Medicaid Cards Food Stamps A-Z listing of Health Fact Sheets including immunization and STDs
<b>Pregnancy Care Center</b> 220 W. Lincoln, Suite 308 Belleville, Illinois 233-2273	Counseling Maternity Clothes Baby Layettes Other supplies as available
<b>St. Clair County Health Dept.</b> 19 Public Square, Suite 150 Belleville, Illinois 233-6175 www.scchd.org	Immunization Clinic Health Services TIPS (Targeted Intensive Pregnancy Services) WIC Program
<b>East Side Health District Clinic</b> 638 North 20th Street East St. Louis, Illinois 62205 618-874-4713 www.eshd.org	Immunization Clinic Health Services TIPS (Targeted Intensive Pregnancy Services) WIC Program
<b>WIC Program</b>  St. Clair County Health Department 19 Public Square, Suite 150 233-6170 www.scchd.org  East Side Health District State Street, East St. Louis East St. Louis, Illinois 62205 618-874-4713 www.eshd.org	The WIC Program is a nutritional food supplement program for women who are pregnant or breast feeding, infants, and preschool children meeting income guidelines and nutritional risk.
<b>Women's Crisis Center of Metro East</b> Hotline Numbers Belleville Area 235-0892 East St. Louis Area 875-7970 Local Counties 800-924-0096	Emergency Housing Counseling



*Newborn's Care*

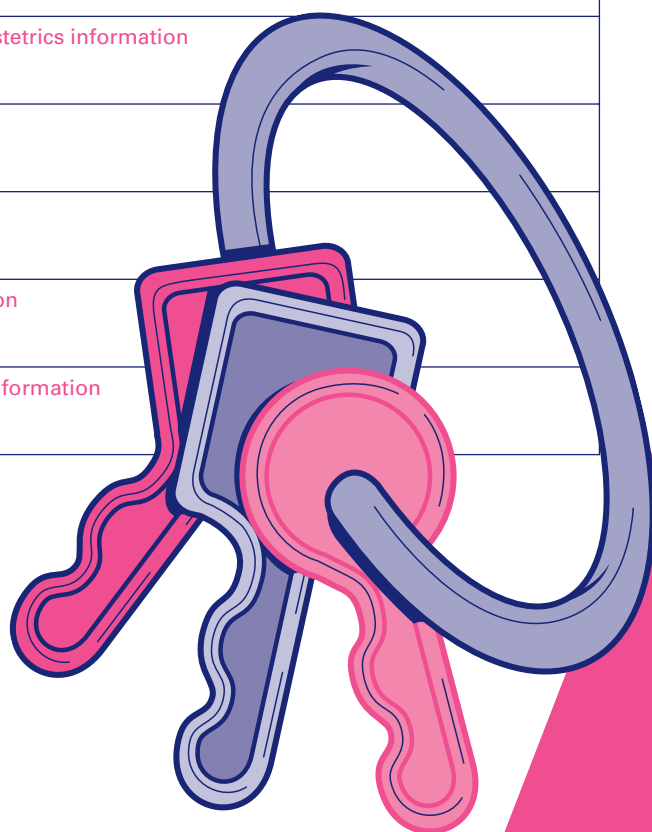
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<b>Additional Resources</b>	
<b>March of Dimes</b> <a href="http://www.marchofdimes.com">www.marchofdimes.com</a>	Free Information
<b>The National SIDS/Infant Death Resource Center</b> <a href="http://www.sidscenter.org">www.sidscenter.org</a>	Information services and technical assistance on sudden infant death syndrome (SIDS)
<a href="http://www.familydoctor.org">www.familydoctor.org</a>	Fact sheet available for postpartum depression and health information for the whole family
<b>American Academy of Pediatrics</b> <a href="http://www.aap.org">www.aap.org</a>	Pediatric information available
<b>American College of Obstetrics Information</b> <a href="http://www.acog.org">www.acog.org</a>	Women's health and obstetrics information
<b>Pampers Parenting Institute</b> <a href="http://www.pampers.com">www.pampers.com</a>	Parenting tips, etc.
<b>American Baby</b> <a href="http://www.americanbaby.com">www.americanbaby.com</a>	Parenting tips, etc.
<a href="http://www.breastfeeding.com">www.breastfeeding.com</a>	Breastfeeding information
<b>Similac</b> <a href="http://www.welcomeaddition.com">www.welcomeaddition.com</a>	Parenting and feeding information



# Newborn's Care

## Mother's Care

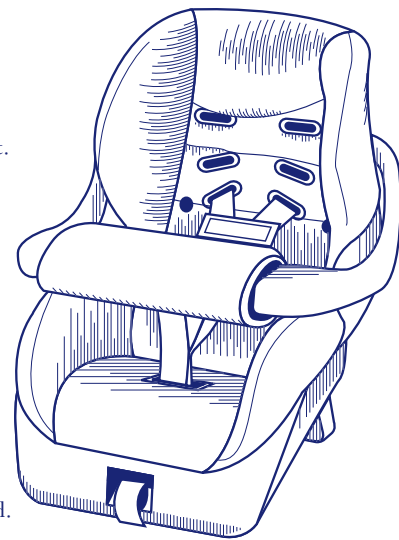
### Feeding Baby

## Infant Safety

### In the Car

Your infant should always be secured in a safety-approved car seat. Baby should ride facing the rear seat until baby's weight is 20 pounds and 1 year. It is preferable to have the car seat in the vehicle's back seat.

Child passenger safety technicians are available for questions or to assist with car seat placement, call for availability.



### In The Crib

- Slats on crib (or playpen) should be no more than 2 3/8 inches apart, so baby's head cannot get caught between them.
- Top rails of crib should be at least 26 inches above the top of the mattress.
- Mattress should be firm and flat. Water beds are not recommended.
- Bumper pads may be used. Remove when infant is able to stand in the crib.
- Mobiles should be out of reach. Remove when infant is able to stand in crib.
- Do not place crib near windows where baby could become entangled in drapes or blind cords and cause strangulation.
- Back to sleep. Belly to play.

### Choking and Other Hazards



- Keep small objects out of baby's reach—like coins, pins, jelly beans or buttons.
- Never smoke while holding baby. We urge you to not smoke in baby's presence.
- Do not leave baby alone with pets—like dogs or cats.
- Never leave baby alone on a table, bed or other high place.
- Plastic bags can cause suffocation. Keep them and other choking hazards away from baby.



# Newborn's Care

## Mother's Care

### Feeding Baby

#### Breastfeeding: Basic Steps Bring Success

Your breast milk is the BEST MILK because it:

1. Supplies all the nutrients and water that your baby needs.
2. Will help to keep your baby from getting sick.
3. Requires no mixing or sterilization.
4. Is always warm and "ready to serve."
5. Is always free and easy.

Listed below are some steps to help you and your baby get off to a great beginning. Remember, the first few days are a transitional period when you and your baby are learning to breastfeed. Your baby may be difficult to wake for feedings and in the beginning you may feel awkward with positioning. But soon you will feel relaxed and confident in putting your baby to your breast.

#### General Tips on Feeding Baby

Nurse as soon as you can after birth. For the first few days you will have a very special milk called "colostrum." Colostrum is high in protein, vitamins and minerals.

Encourage your baby to nurse every two to three hours or when needed—whichever comes first. The baby may be extra sleepy during the first few days and may need to be awakened for feedings. Hand to mouth, rooting and suckling movements are the way the baby demonstrates hunger. Don't wait until the baby is frantic to feed. Frequent (8-12) nursings in 24 hours are normal.

Don't restrict nursing times. Frequent unlimited feedings encourage a good milk supply and minimize breast engorgement. Try to use both breasts, alternating starting sides.

#### Before you Put Baby to Your Breast

Get extra pillows for support, something to drink for yourself and a burp pad for the baby.

Be comfortable, relax.

Go to the bathroom, empty your bladder and change your peri pad.

Wash your hands.

#### Positioning Your Baby for Feeding

Your baby's position is important for your comfort. There are three common positions. Try different ones with each feeding to promote the flow of milk from all ducts in your breast.

**Football-Hold** Sit up, with one pillow tucked upright behind your back (it shouldn't stick out on the side you will nurse on). Another pillow should be placed by your nursing side, with its corner slightly draped on your lap. Tuck the baby under your arm so baby's bottom rests on the pillow. Wrap your arm around the baby, supporting the neck and shoulders with your hand. Relax before placing the baby to your breast. The baby's mouth should be at the same level as your breast.



**Side-Laying** Lay down on your side and place pillows behind your head, back and between your knees. Your lower arm may be placed wherever it feels most comfortable.

Lay baby on his side, facing you. The infant's mouth should be at the same level as your nipple. You may put a rolled blanket behind the baby's back to help with support.

**Cradle-Hold** Sit up, with a pillow behind your back for support. If you are in bed, a pillow can be placed under your knees. If you are in a chair, prop your feet up on a low stool or suitcase. A lap pillow under the baby will help raise him or her to the level of your nipple.

Turn the baby onto his or her side facing you. Cradle the baby's head in the crook of your arm and tuck the lower arm down around your waist. Hold baby's bottom. Put a pillow under your feeding arm. Lean back and relax.

#### Latching Your Baby Onto the Breast

Support your breast with your free hand.

Keep your finger as far back from the nipple as you can.

Stimulate the baby's rooting reflex by tickling the baby's lip with your nipple.

When baby's mouth opens wide and tongue is down, quickly pull baby to your breast, centering your nipple over baby's tongue and deeply into the mouth. The baby's mouth should have a lot of the brown area of the nipple inside.

Hold the baby close so the nose tip is touching your breast. The baby will be able to breathe air through the air channels on either side of his/her nose.

Take a breath in and relax your arms and shoulders as you breathe out.

#### Checking on Baby's Latch-On

Good latch-on will keep nipple discomfort to a minimum. Have the baby's bottom lip curling down and upper lip curling up. You should hear the baby swallowing and smacking the lips. When the baby latches on to your breast, some discomfort will be experienced.

To help alleviate this, try to position the infant in different positions to the nipple, i.e., football hold, across the abdomen, etc.

To remove baby from the breast, place index finger in corner of baby's mouth—this will release the suction and baby will release the nipple.

#### Why You Should Wake A Sleeping Baby

For the first few weeks of life, to ensure baby maintains adequate nutrition, it may be necessary to awaken your baby even through the night for feedings.

If bottlefeeding, wake baby every three to four hours during daytime.

If breastfeeding, wake baby every two to four hours during daytime.

If baby stops suckling at breast, gently stroke baby's face and chin.

Rub baby's back and play with feet.

Unwrap and change the diaper.

Burp baby and change position.

#### How to Wake Up a Sleeping Baby

Unwrap baby, if baby's temperature is stable. If you have questions, check with your nurse.

Give baby a gentle body massage.

Change baby's diaper.

Using a warm cloth, wash baby's face and hands.



# Newborn's Care

## Mother's Care

### Feeding Baby

#### Questions Mothers Frequently Ask About Breastfeeding

##### How often should my baby be fed?

While in the hospital, baby will be nursing about every two or three hours or on demand—never more than four hours between feedings. Each feeding may last from 5 to 15 minutes on each breast. By one week old, baby will be nursing about eight times within 24 hours, about 15 minutes at each breast. When your baby nurses frequently through the day, sleep may occur for longer periods during the night. As the infant gets older, the period of time between feedings will become longer.

##### How do I know if my baby is getting enough milk?

Baby should have 6 to 10 wet diapers a day and at least one bowel movement with 24 hours by the time your baby is one week old. Here are some other clues to know your baby is receiving enough:

- You will hear your baby swallow while nursing.
- After breastfeeding, your breasts will feel softer.
- After feeding, baby should seem satisfied and ready to sleep.
- A weight gain should be noted at baby's regular check-ups.

##### Does crying mean my baby is hungry?

No. If it is less than one and a half hours since the last feeding, baby may be crying for reasons other than hunger. Baby may need a burp, a diaper change, to be held, or a change of scenery. The baby's only language is crying and soon you will be able to understand what the cries mean.

##### After a week or so of nursing, I notice my breasts seem smaller. Am I losing my milk?

After a week or so, the normal swelling of the breasts (due to increased blood and lymph supply) will have subsided. This is not a sign that your breasts are producing less milk.

##### Will my milk supply increase to meet baby's growth needs?

Yes. Babies go through several periods of rapid growth. These occur at about 1 to 14 days, 4 to 6 weeks, and again at 6 months of age. During these periods, your baby will nurse more frequently, thus increasing your milk supply. After this period of time, baby will return to a normal pattern of nursing.

##### Can I go back to work or school and still continue to breast-feed?

Yes. Many mothers live active lives and continue to breastfeed. You may pump breast milk—which can be fed from a bottle during your absence. Pumped breast milk may be stored in the refrigerator or freezer. Seal the pumped milk with tape and label with date and time. Frozen breast milk is best thawed at room temperature. Breast milk will keep in the refrigerator 24-48 hours and up to 90 days in the freezer. (Plastic liners for disposable nursers make good freezer storage containers.)

#### Information for the bottle feeding Mother.

There are three types of formula:

1. Ready to feed, in cans or bottles, as we use at the hospital
2. Concentrated liquid to which you add water;
3. Powdered formula to which you also add water.

##### Be sure to read the label and follow the directions exactly. Never dilute ready-to-feed formula!

Wash the top of the formula can before you open it.

Check can's expiration date. Don't use formula after that date.

Assure all items used in formula preparation are clean. Prior to first use, bottles, caps and nipples should be boiled 10 minutes, then air dried. Thereafter, washing bottles, nipples, caps, measuring pitcher and can opener in hot soapy water is sufficient. Rinse well and let air dry.

Store prepared formula in refrigerator for up to 24 hours. Discard any formula after that time. Any formula not taken at feeding should be disposed of. Do not return it to the refrigerator.

Feed one time from each bottle and discard any formula left in the bottle.

Rinse bottles and nipples immediately after use to avoid bacteria formation.

Most bottle fed babies eat on a 3 to 4 hour schedule. However, the schedule should be flexible, allowing the baby to eat when hungry.

During the day time, wake baby if sleeping longer than 4 hours between feedings.

Bottle fed babies should always be held during feedings. **Never** prop the bottle.

If desired, warm the bottle in a pan of hot, but not boiling water. The formula should feel warm when dripped on the inside of your wrist.

Never warm the bottle in a microwave. It may be too hot even if cooked in just a very short period of time.

Your baby's head should be slightly raised and resting in the bend of your elbow. Keep baby's neck straight so swallowing is easy.

Hold the bottle so the nipple is always filled with formula.

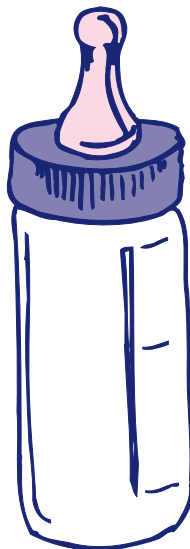
Your baby should finish the feeding in 20 to 30 minutes.

Most babies will take about three ounces of formula per day for every pound of weight. For example, an 8 pound baby would take 24 ounces of formula in a 24 hour period ( $8 \times 3 = 24$ )

Water may be offered between feedings, especially during warm weather. No particular amount is required. Don't add sugar, corn syrup or honey.

- Never substitute water for formula feedings.
- Do not use well water for baby.
- Do not add syrup, honey or cereal to formula. Pediatrician will advise when to add cereal to baby's diet.
- Babies should never be fed while lying in their crib or by a propped up bottle. This can cause choking.

For burping information see the Newborn's Care Section.



# Newborn's Care

## Mother's Care

**D**uring the next six to eight weeks a number of changes will take place as your body returns to its “non-pregnant” state. We want you to be aware of the changes you may experience during this period of adjustment.

### Care of Your Uterus

Involution is the process that occurs as your uterus reduces back to its normal size. This process may take six to eight weeks.

After birth, your uterus is about the size of a large grapefruit. You can feel it at or below your belly button. Every day it will get small until you can no longer feel it from the outside. It should be firm or “contracted” to prevent extra bleeding. Feel your uterus often with the flat surface of your fingers to be sure it is firm and round. If it is soft, use your hand to give it a firm circular massage just below your naval. Remember, you must also keep your bladder empty.

If you are breastfeeding, this will also help in firming your uterus.

### After Delivery Pain

After-delivery pains are contractions of your uterus which occur during the first few days following delivery. They are commonly experienced by women who have had two or more births. While these contractions can be painful, they are normal and can help your uterus get back to its normal size. Pain medications are available, if needed, and may be taken by breastfeeding mothers.

### Vaginal Bleeding

You may experience vaginal bleeding and discharge for several weeks after delivery. It will change from bright red and heavy the first few days to lighter pink and to a brown during the next two to three weeks. It will then become yellowish white and may continue up to six weeks. Like a period, it may have a musty, stale odor, but should not be offensive.

Your first period may occur six to twelve weeks after delivery and sometimes longer if you are breastfeeding. It may be light and spotty or it may be heavier than a normal period.

### Episiotomy/Perineal Care

Your perineum may be sore for a few days due to stitches for an episiotomy, hemorrhoids or soreness from bruising or stretching of your perineum.

You may apply ice or cold packs to your perineum in the first 24 hours after delivery to decrease swelling and help with discomfort. After that, sitz baths

may be taken two or three times a day for 15 to 20 minutes. This will soothe your perineal area and aid in tissue healing.

Take showers until your perineum is healed.

Wash your hands before and after using the bathroom.

Spray warm water from a bottle after urinating to decrease discomfort and cleanse the area. Pat dry with tissue from front to back.

For episiotomy discomfort, use your Tucks Pads after cleansing and before applying a new pad.

Stitches will absorb and do not have to be removed.

They sometimes itch during healing. Check your stitches with a hand mirror. If you notice any redness, swelling or separation of the skin, notify your doctor.

### Cesarean Care

If you have a caesarean section, you will have an abdominal incision. During the first week, allow your incision to “air dry” two to three times a day for 15 minutes by lying down and exposing your incision to open air. You may shower while in the hospital. Pat your incision dry and leave it exposed to the air for a few minutes after showering. Avoid clothing that may rub against your incision and cause irritation.

### Diet/Nutrition

Eat frequent meals high in iron, vitamin C and protein to promote healing. Continue to take your prenatal vitamins as your doctor tells you.

Eat nutritiously, especially with breastfeeding. Drink plenty of fluids every day — water and juices are best. Avoid caffeine if breastfeeding.

### Activity

Get plenty of rest. Sleep when baby sleeps. Take it easy. Prevent fatigue. Only care for yourself and baby. Limit trips up and down steps. Do not drive for two to four weeks. No douching, sex or use of tampons until your doctor allows you to resume these activities.

### Breast Care:

#### For Breastfeeding

These guidelines will help you care for your breasts:

Encourage nursing every two to three hours for as long as your baby wishes.

Offer both breasts at each feeding, if possible.

Allow your nipples to air dry for a few minutes after feedings.

Avoid soap on your nipples when bathing—use only clear water.

### Breast Care: For Bottle-Feeding Mothers

If you choose to bottlefeed your baby, you still need to take steps in caring for your breast. Every woman who delivers a baby will produce some milk. There are measures to help you remain comfortable until milk production ceases.

A comfortable, supportive bra should be worn at all times.

If your breasts become full, apply ice packs.

Avoid any nipple stimulation.

Do not attempt to relieve discomfort by using a breast pump—this only stimulates further milk production.

Mild analgesics such as acetaminophen, ibuprofen or Aleve may be taken for pain relief.

Don't restrict your fluids. Your body needs fluids at this time.

During the first few weeks, you may experience some nipple tenderness. This is normal and usually resolves on its own. If it persists, talk with your nurse or doctor for further suggestions.

Breast milk usually dries up within one to two weeks. Keep your bra on 24 hours a day during this time.

### Baby Blues vs. Postpartum Depression

Baby blues are a commonly occurring experience for many new moms. The new mother faces many changes and adjustments to her life. This may at times feel overwhelming and may cause feelings of being moody, blue, or down. She may cry for no apparent reason.

These feelings usually only last from a few days to a week and not all women experience these “baby blues.”

Post partum depression is a more serious condition and may require medical treatment. While the understanding of family and friends can provide extra support for the new mom; if you are feeling hopeless or helpless, please contact your health care professional for additional help. You are not alone and there is help available. (See list of web sites in resource list.)



# Newborn's Care

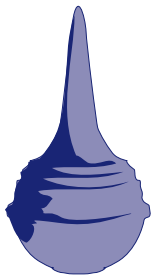
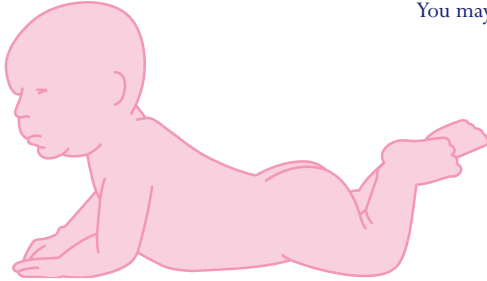
## Back to Sleep, Belly to Play

For years, most parents put their babies to sleep on their stomachs—a position that was encouraged by many health professionals. However, some evidence has linked this position to SIDS (Sudden Infant Death Syndrome). There is still no proven cause of SIDS, but several factors are being investigated, most recently, the baby's sleep positions.

In 1992, the American Academy of Pediatrics recommended that healthy infants be put down to sleep on their back, not their stomach. Back sleeping is the safest sleep position for your baby and provides the best protections against SIDS.

Tell your baby's grandparents, child care provider and/or anyone who cares for your baby to place your baby on his or her back to sleep. Back sleeping is best!

Place your baby on his or her stomach for "tummy time" when he or she is awake, and someone is watching. This helps your baby's neck and shoulder muscles get stronger.



## Use of Bulb Syringe

Your baby may have a lot of mucous during the first few days after birth. You may need to clear this mucous with a bulb syringe. Deflate the bulb. Insert the tip into the baby's nose or mouth. Release the bulb. It will draw up the mucous.

Clean the bulb with warm soapy water after each use. Rinse it well and turn it upside down to drain.

Try to keep suctioning to a minimum, since it may irritate the baby's tender nose.

## Umbilical Cord Care

The umbilical cord should drop off in one to three weeks.

Try to keep the cord as dry as possible until it is healed. Only sponge bathe the baby until the cord is off.

Fold the shirt above the cord and the diaper below the cord to expose it. Do not cover the cord with any dressing.

Apply alcohol on a cotton ball or Q-tip to the cord at each diaper change. Continue this for two to three days after the cord drops off. If the cord drains large amounts of pus, has a foul odor or is red or swollen, notify your doctor. It may bleed a little, but excessive bleeding is not normal.

## Axillary (Underarm) Temperature

If your baby feels warm, or is fretful or restless, you need to take his/her temperature.

Normal temperature is 97 to 98.6 F.

Make sure the arm pit is dry and infant does not have clothing between arm and chest.

Place the thermometer high up in the armpit.

Hold baby's arm snugly against the body until thermometer indicates it's finished. (i.e. digital thermometers may beep)

It is suggested not to use mercury filled thermometers.

Tympanic (ear) thermometers are not considered by many doctors to be accurate in newborns.

Call the doctor if the temperature is above 100 F, and advise how the temperature was taken

## Care of Diaper Area

Change your baby's diaper as soon as possible after each soiling or wetting. Clean the diaper area thoroughly by washing gently with a soft cloth, warm water and mild soap. Rinse with warm water and pat dry with a soft cloth.

Allow the diaper area to dry.

You may apply a protective ointment such as A & D, Desitin or Vaseline.

### Girls

Always wash the baby's bottom from front to back.

Clean stool from all folds. Spread the labia (lips), wash down one side, then the other, and then the middle. Rinse the same way. Baby girls may have a white sticky discharge from the vagina, and occasionally, a small spot of blood during the first one to two weeks. This is normal and there is no cause for alarm.

### Boys

**Note: Circumcision is no longer a recommended procedure, but it is available with parental consent.**

#### Uncircumcised Care

No special care is necessary when your baby is not circumcised. Routine diapering and cleansing with warm water and mild soap is all that is needed. The foreskin of your baby's penis does not need to be pulled back. As he grows his foreskin will retract on its own.

#### Circumcised Care

Circumcision is the surgical removal of the foreskin. Care of your baby's penis depends on the type of circumcision performed.

#### Standard

During the first 24 hours after the circumcision, apply Vaseline ointment to a 4 x 4 gauze pad and place it over the penis. Do this with each diaper change. Rinse with plain water during the sponge bath, until healed.

#### Plastibell

This type of circumcision does not require Vaseline, but gauze may be used. Rinse the penis with lukewarm water when soiled. The Plastibell will fall off in 8 to 12 days, indicating the circumcision is healed.

Do not use soap on any circumcision until it's healed—which may take 10-14 days. Notify your doctor if any swelling or bleeding occurs.

## Urination and Bowel Movements

During the first days after birth, baby's bowel movements will be very dark and sticky. This is called meconium. Gradually the stools will change, according to the method of feeding.

**Breastfeeding**—A breastfed baby's stools will be loose and unformed. Color may be mustard-yellow to yellow-green to tan, and have seedy white curds. In the first four to six weeks, a breast-fed baby will have between two to five stools per day. Afterwards, it is not unusual for a baby to have one large bowel movement every few days.

**Formula-Feeding**—A formula-fed baby's stools will vary from baby to baby. Not all babies will have a stool every day. The consistency of the stool is more important than the frequency. The normal stool should be soft and easily passed. It is not unusual for babies to strain and push while passing stools. If stools are hard and pellet-like with difficult passage, it may be helpful to give the baby some water between feedings. Call your doctor if necessary. Do not use any enemas, laxatives or suppositories unless directed to do so by your doctor.



# Newborn's Care

## Bathing

Until the navel and circumcision are healed, do not place baby in bath water. Give a sponge bath and keep the cord as dry as possible until healed. Have a regular time for bathing—preferably prior to a feeding but before baby is too hungry. If baby has just eaten, he is more likely to spit up and possibly choke.

The room should be warm and free of drafts, even in the summer.

Gather everything you need—washcloth, mild soap, soft towels, clean diapers and clothing.

Fill tub with two inches of water. Test the temperature with your inner wrist or elbow. It should feel mildly warm, no hotter than 100 degrees F.

Begin with the face. Wash with plain water only.

Don't use soap! Clean each eye, from the inner corner outward. Do not try to clean the inside of the nose or ears. Do not use Q-tips in baby's ears or nose!

Soap remainder of the baby's body. Tilt the head back to clean the neck as milk tends to collect there. Wash between all fingers and toes.

Next shampoo the head. Massage to lather. Be careful of the soft spots, but it's not dangerous to touch them. Rinse well. If using running water to rinse, be sure the water temperature is not too warm and remains a constant temperature. If soap is left on the scalp, cradle cap may occur. Call your pediatrician if this develops. This is where a baby loses the most body heat so be sure to dry baby's head before continuing.

Wash the diaper area last. Wash a girl from front to back, cleaning all creases and folds thoroughly.

Wash a boy carefully under the scrotum where stool tends to collect.

Wash around the circumcision with plain water until it is healed and retract the foreskin and wash underneath daily.

Rinse the baby thoroughly and pat dry. If the skin is very dry, you may apply a little baby lotion.

Talk during the bath, your baby will enjoy hearing the sound of your voice.

**DO NOT LEAVE YOUR BABY ALONE EVEN FOR**

**JUST A SECOND.** If you forgot something you need, take the infant with you to get it. Even a newborn can scoot or roll and fall off your work surface. In the case of a tub bath, a baby can drown very quickly in less than one inch of water.

## Burping

Burp your baby after every one half to one ounce, or when the baby slows in sucking. If breastfeeding, your baby should be burped between breasts and again when feeding is complete.

To burp your baby, hold the infant up so he or she can look over your shoulder, or sit the baby on your lap, leaning the baby slightly forward with one hand supporting the chest. Then, gently pat or rub baby's back until you hear a burp. Don't be alarmed if your baby spits up a little when being burped.

## Comfort Measures

The baby's nails may be trimmed with a nail clipper or with a round-tipped scissors. It's easier to do this when the baby is asleep.

In warm, pleasant weather, babies may be taken outdoors when they are two weeks old. Dress the baby according to the temperature and wind. Do not expose the baby to direct sunlight. Avoid taking the baby to crowded places during the first two months of life—as a baby's resistance to infections is low.

Also, try to limit visitors during the first few weeks at home to avoid exposing the baby to someone else's germs.

All babies sneeze, yawn, belch, have hiccups, pass gas, cough and cry. They may occasionally look cross-eyed. These are normal behaviors and nothing to be alarmed about.

## Call the Doctor When the Baby Has:

Temperature above 100 F or less than 97 F.

Vomiting, not just spitting up, or refusal of food several times in a row

Bowel movement with lots of mucous, blood; repeated watery diarrhea; or a foul odor.

Frantic crying lasting longer than 30 minutes and is unable to be quieted.

Lethargy and listlessness.

Unusual rash.

Difficult breathing, rapid breathing, grunting or cyanosis (blue skin tone).

Keep your doctor's phone number, both office and emergency numbers, near your telephone. There is always someone on call to help you.

## Neonatal Screening

The Illinois Department of Public Health requires that your infant be tested for Phenylketonuria, Primary Hypothyroidism, Galactosemia, Biotinidase Deficiency, Congenital Adrenal Hyperplasia, Sickle Cell Disease and Trait. These are diseases that may cause mental retardation or developmental problems in the newborn.

Early diagnosis and treatment may minimize or prevent these problems. Other Metabolic Disorders: in 2002, the Illinois Department of Public Health added a new type of technology—called tandem mass spectrometry, or MS/MS—to enhance newborn screening. MS/MS allows the department to test for other rare disorders, including some of the amino acid, urea cycle, fatty oxidation and organic acid disorders. Babies with these disorders cannot breakdown or remove certain chemicals from their bodies. Without treatment, these chemicals can build up in the

baby's body and cause serious health and developmental problems. It is expected that this additional screening capability will identify about 60 to 70 babies each year.

A blood specimen—usually from the baby's heel, must be obtained after 24 hours.

**NOTE: Results outside normal**

**will be provided to you by your healthcare professional.**

## Jaundice

If your baby becomes jaundiced while in the hospital, you will receive instructions regarding follow-up care. If your baby develops jaundice after your discharge, please call your doctor. In most instances, the jaundice is mild, causes no problems and disappears without treatment.

Jaundice is a common and usually harmless condition in newborns that is described as the yellowish appearance of the whites of baby's eyes and skin. Physiologic or normal jaundice usually appears on the second or third day of life in healthy babies of mothers with a full term pregnancy. This condition usually disappears within a week. In premature babies, the jaundice may appear later, between the fifth and seventh day of life and may last longer.

## Immunizations

Immunizations are a very important part of your baby's follow-up care. Be sure to follow your doctor's schedule to protect your baby from diphtheria, tetanus, whooping cough, German measles, measles, mumps, polio and hepatitis B. If your baby has a hepatitis B vaccine while in the hospital, in order to be effective, it is very important that the second vaccine is given as specified.

For questions regarding the schedule for immunizations for your baby, contact your healthcare professional.

