

Journey through Parenthood



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Please bring this booklet with you to the hospital when you go into labor.

Congratulations on your 'Journey through Parenthood'



Welcome to LMH Health's Family Birthing Center. Our entire healthcare team is dedicated to making the day of your baby's birth a celebration for you and your family. The Family Birthing Center offers high-quality care, parent education, professional staff, comfortable rooms and choices for parents. Each of these features is close to home. Our healthcare team looks forward to helping you welcome your new addition(s) to your family.

Your insurance will be billed based on the information you provide in admissions. Please be sure the information you provide is correct. If any of the information changes before you deliver, please notify patient accounts to update the information. If you are not insured, there is a self-payment plan offered by the hospital (also known as the Stork Club). For additional information on the plan, you may contact patient accounts at 785-505-5775.

The information provided in this booklet about your journey through parenthood is intended as a guide, and is not intended to replace advice from your physician, midwife or nursing staff. Please feel free to ask them any questions you may have.

If you are in labor and coming to LMH Health:

- Please call 785-505-6380 before you leave home. We want to prepare for your arrival.
- Use the LMH Health Emergency entrance on Maine Street, which is open 24 hours a day.
- The Arkansas Street entrance is available during visiting hours. Please check www.lmh.org for up-to-date information. You will need to use the Emergency entrance when this entrance is closed.

If you are not in labor or have general questions, please call your healthcare provider.

Journey through Parenthood

Nursery

Our nursery is a Level II Nursery. Our Level II Special Care Nursery is equipped to care for babies who are 34 weeks gestation and beyond, including babies with respiratory or feeding issues or babies who require antibiotic and IV therapy. We have a highly skilled staff of physicians and nurses to care for your infant as well as on-call neonatologists 24 hours a day, 7 days a week. Parents are welcome in our Special Care Nursery, and your involvement in your baby's care is encouraged.

Breastfeeding

Babies and children need good nutrition in order to grow and develop. Your breastmilk is more than nutrition. It also protects your baby from getting sick. Breastmilk lowers your baby's risk for asthma, allergies and sudden infant death syndrome (SIDS). Your breastmilk keeps protecting your child long after they stop breastfeeding – by lowering their risk of being overweight later in life, developing adult diabetes and decreasing their risk for some types of cancer.

Breastfeeding also is good for you. It lowers your risk of breast cancer, ovarian cancer, and diabetes. Breastfeeding helps you to burn about 600 calories a day, making it easier to lose some of the weight you gain while pregnant. Your body was built to breastfeed. You already have started making colostrum, the first milk for your baby. This helps boost your baby's immune system and helps them poop. Colostrum is the only thing your baby needs the first few days after they are born.

Any amount of breastfeeding is good, but the longer you breastfeed, the better. The American Academy of Pediatrics says that women should breastfeed their babies “exclusively” (feed only breastmilk to their babies) for the first six months. At that point, mothers should start giving baby foods and continue to breastfeed, at least until the baby is 1 year old.

These steps can help you breastfeed. Let your nurse know that you want to follow these steps:

- Breastfeed within the first hour after birth, even if you had a Cesarean or C-section birth.
- Feed only breastmilk to your baby. Ask for a breast pump if your baby is not feeding from your breast, or hand express your milk.

- Hold your baby “skin-to-skin” as much as you can. This means that your baby's skin is touching your skin.
- Keep your baby in your room, day and night, except for special procedures.
- Feed on demand. Frequent feeding help assures optimal milk production.
- Do not give a pacifier or bottle to your baby.
- Ask for help if you are having trouble.

Infant Nutrition Center/The Perfect Fit Store

Our facility has a dedicated lactation staff to assist you with feeding your baby. Our Infant Nutrition Center staff is comprised of International Board Certified Lactation Consultants and Certified Breastfeeding Educators. Our staff will provide education and support during your hospital stay and after discharge if you need it. Additional information regarding outpatient resources is provided later in this book.

Activities to complete before delivery

- Choose a doctor for your baby.
- Purchase a car seat (read the instructions, send in your warranty, and have it inspected).
- Begin looking into childcare options if you will need daycare services after delivery.

Considerations for choosing your baby's doctor

The office

- Does it take your insurance?
- Is it conveniently located?
- Do office hours meet your needs?
- Is the staff friendly and helpful?
- Is the office clean?

The physician or midwife

Consider your relationship with your baby's doctor as a partnership.

- Does the doctor accept your insurance?
- What hospital is the doctor affiliated with, and is the hospital convenient for you?

- How does the doctor handle telephone questions during office hours and after-hours?
- Does the doctor answer questions clearly?
- Does the doctor support your choice of infant feeding, childcare, work plans and other issues?
- Does the doctor include you in making decisions?
- Do you feel comfortable with this doctor?

Preparing for hospital and home

Things you may need for the hospital:

For mom

- Robe and slippers
- Pajamas (optional)
- Sports bra or nursing bra
- Toiletries for you and your partner
- Hair care items
- Loose-fitting and comfortable clothes to wear home
- Your own pillow (we recommend using a colored pillow case from home)
- Lip moisturizer
- Change for vending machines
- Birth registration fee of \$4 for the birth certificate (This will be collected by the birth registration clerk at the time the birth certificate is completed)
- Please leave large amounts of money and valuables at home

For baby

- Baby book or other keepsake (optional)
- Clothing to wear home
- Blankets or outfits for pictures (optional)
- Infant car seat

It is your responsibility to ensure the car seat is installed properly. Additional information about getting your car seat checked will be provided at your pre-admission appointment.

Items LMH Health provides

- For mom: disposable underwear, sanitary pads and tucks pads
- For newborn: diapers, wipes, baby soap, soft hair brush, bulb syringe

Family Birthing Center at LMH Health

LMH Health recognizes the importance of having family and friends join you in welcoming your new arrival. Our visiting policies are designed to provide the best possible care for you and your baby.

- Visitors are welcome, but are encouraged to avoid Quiet Time in the afternoon at the Family Birthing Center. This is when lights are turned down and activity is decreased to allow our families to rest.
- Visitors may be asked to leave during procedures, during bedside report to respect your privacy as a patient, or in consideration of your condition.
- To maintain the privacy of all patients, visitors and family will not be allowed to stand outside patient rooms or linger in the hallway. Family and visitors are welcome to wait in our Family Birthing Center Waiting Room which is just outside of our unit.

Additional information

- LMH Health is a non-smoking facility and campus.
- Cell phones are allowed for use in patient rooms.
- Wireless Internet is available in patient rooms.
- A full cafeteria is available on the lower level. In-room food service options are also available. Please ask an LMH Health associate for details.
- Vending machines are located on the lower level next to the cafeteria and on the first floor in the Emergency Department hallway. Please ask an LMH Health associate to direct you.
- For the safety of visitors or siblings, any medications kept at the bedside or in your bathroom (nipple ointments, tucks, sprays) should be kept in your bedside table or on a shelf in your bathroom.

Bedside reporting

At the Family Birthing Center, our entire staff believes it is important to work as a team. Our nurses typically work 12-hour shifts, from 7 a.m. to 7 p.m. or 7 p.m. to 7 a.m. Before your nurse goes off shift, your oncoming nurse will receive a report on you and your baby. Your nurses will share with each other the information needed to care for you and your baby with regard to your pregnancy, labor and delivery.

LMH Health believes this approach ensures you receive the best care possible. Your involvement in your plan of care is important to us, and we encourage you to use this time to give us feedback.



40 Reasons To Go the Full 40^(TM)

Nobody likes to be rushed—especially babies!

Your baby needs a full 40 weeks of pregnancy to grow and develop. While being done with pregnancy may seem tempting, especially during those last few weeks, inducing labor is associated with increased risks including prematurity, cesarean surgery, hemorrhage and infection. Labor should only be induced for medical reasons—not for convenience or scheduling concerns. Baby will let you know when she's ready to emerge. Until then, here are 40 reasons to go at least the full 40 weeks of pregnancy:

Finish Healthy & Well

1. **End right by starting right**—keeping all of your prenatal appointments helps ensure a healthier ending
2. **Savor the journey**—soon you will meet your baby
3. **Let nature take over**—there are fewer complications and risks for both you and baby through natural birth
4. **Recover faster** from a natural birth than cesarean, which is major abdominal surgery that causes more pain, requires a longer hospital stay and a longer recovery
5. **Birth a brainier baby**—at 35 weeks your baby's brain is only 2/3rd the size it will be at term
6. **Set her thermostat**—baby will better regulate her temperature when born at term
7. **Boost breastfeeding**—term babies more effectively suck and swallow than babies born earlier
8. **Delight in those kicks and flips**—marvel at the miracle of the life inside
9. **Enjoy your convenient excuse** for every mood swing and crazy craving
10. **Nourish your body**—a healthy diet and breastfeeding will help you lose the baby weight
11. **Let others carry** the groceries, mail, packages just a while longer
12. **Indulge in “we” time** before you're a threesome or more
13. **Sport your bump**—as your belly increases, so do your chances of getting a great seat almost anywhere

The nurses of AWHONN remind you not to rush your baby—give her at least a full 40! www.GoTheFull40.com

Manage Your Risks

14. **Eat healthfully**—indulge occasional cravings without remorse
15. **Give baby's development the benefit of time** since you may not know exactly when you got pregnant
16. **Let baby pick her birthday**—if she decides to emerge after 37 weeks there's no need to try to stop your spontaneous labor
17. **Skip an induction**—which could lead to cesarean—by waiting for labor to start on its own
18. **Reduce your baby's risks** of jaundice, low blood sugar and infection by waiting until he's ready to emerge
19. **Build your baby's muscles**—they'll be strong and firm, and ready to help him feed and flex at term
20. **Maximize those little lungs**—babies born just 2 or more weeks early can have twice the number of complications with breathing
21. **Ignore people who say an induction** is more convenient. Nothing is convenient about a longer labor and increasing your risk of cesarean
22. **Respond to requests to speed baby's birth** with the facts that inductions often create more painful labors and can lead to cesarean surgery
23. **Let others do the heavy lifting**—and the extra housecleaning
24. **Splurge on pedicures**—or ask a friend to do them for you, especially when you can't see or touch your feet
25. **Relish in the fact that right now you're the perfect mom**—your healthy pregnancy habits are growing baby the best possible way
26. **Finish well**—more time in the womb usually means less time in the hospital

Enjoy This Time

27. **Relax!** Babies are usually so much easier to care for in the womb
28. **Shamelessly wear comfy, stretchy clothes**
29. **Postpone changing the eventual 5,000+ diapers** baby will use
30. **Be out and about** without having to buckle, unbuckle, rebuckle baby into her car seat or stroller while running errands
31. **Carry your most stylish purses** especially the ones too small to hold diapers and wipes
32. **Relish parenting**—right now you know exactly where baby is and what he's doing
33. **Snooze when you can**—what sleep you're currently getting is actually quite a lot compared to the interruptions ahead
34. **Massage remains a must**—ask your partner to help ease the aches
35. **Enjoy nights out** without paying for a babysitter
36. **Indulge in shopping** without the added responsibilities of baby in tow
37. **Redecorate your house** around your nursery's theme
38. **Prop up your paperback**—your burgeoning belly peaks at just the right reading height
39. **Make the best-possible birth experience**; don't rush it
40. **Write your own healthy reason**—if it gets baby a full 40 weeks of pregnancy it deserves to be on this list





Scheduled inductions or Cesarean sections

LMH Health supports the recommendation of the American College of Obstetricians and Gynecologists that no inductions or cesarean deliveries be scheduled prior to 39 weeks gestation unless medically necessary. Babies born early are at greater risk of serious problems including respiratory distress, delayed brain development, sudden infant death syndrome, jaundice, feeding problems and readmission to the hospital.

Labor

If you think you are in labor (you are leaking fluid or having regular contractions), you should contact your physician or midwife. If you are unable to contact your physician or midwife, or you don't have time, come to the labor and delivery unit. Use the LMH Health Emergency entrance on Maine Street, which is open 24 hours a day. The Arkansas Street entrance is also available during visiting hours. Please check www.lmh.org for up-to-date information.

Once at the hospital, you will be admitted to a room for assessment of labor. Your labor nurse will have you change into a hospital gown, place monitors to watch your baby's heart rate and your contractions, review your symptoms, complete a physical assessment, review your health history, check your vital signs and perform a vaginal exam. Once this is completed, we will notify your physician or midwife and obtain orders.

Every patient's labor experience is different, and it is our goal to assist you with comfort measures for pain and to ensure the safety of you and your baby. Some patients may choose non-medication methods of pain relief during labor while others may choose pain medication or an epidural for pain relief.

While we support your decision to have family and friends in the labor/delivery room, your physician, or midwife or nurse may choose to have them leave if special circumstances arise in order to provide the appropriate care for you and your baby. After delivery, it is important that your infant be skin to skin with you. Our staff will assist you with this much-needed bonding time for your family. At some point after delivery, you will be moved to a postpartum room.

Methods of pain relief in labor

How individuals experience pain during labor and delivery varies from person to person. There are a variety of methods that women use during labor and delivery to cope with pain. We encourage our patients to choose what methods are most comfortable for them.

Because pain and how we experience it is unique to each of us, you will be asked frequently by our healthcare team to discuss and describe your pain. This helps your healthcare team manage your pain, which will allow you to do daily activities (such as showering, walking, caring for your baby) and rest. Your healthcare team at LMH Health feels it is important for you to have the best pain control you can have, so please talk with your team about how you are feeling.

Non-medications include:

- Walking
- Hydrotherapy (shower or Jacuzzi tub)
- Birthing ball
- Relaxation and breathing
- Massage
- Position changes
- Warm and cold compresses
- Birthing seat

Medications include:

- Analgesics
- Epidural anesthesia

Cesarean delivery

Cesarean births may be planned or unexpected. There are many medical reasons why a cesarean birth may be necessary, and your physician or midwife will discuss these reasons with you. Our goal is to ensure the health of both you and your baby.

Scheduled cesarean birth

What to do at home

- Stop eating solid foods 8 hours prior to your scheduled surgery.
- You may continue to drink clear liquids **only** until 5 a.m. for a morning cesarean section time, and clear liquids **only** until 9 a.m. for the noon cesarean section time. Clear liquids that are allowed are apple juice, cranberry juice, Gatorade or water. **If you have gestational diabetes or diabetes**, the allowed clear liquids are: water, tea without milk and coffee without milk. It is recommended that you drink one 10-12 ounce drink on the way to the hospital for your procedure.
- Do not put lotions or powders on after your shower, but you may wear deodorant.
- If you have routine medications that you take daily, speak to your physician or midwife about whether to take them the morning of your surgery.

When to arrive for surgery

- You need to arrive two and a half hours prior to your scheduled surgery time.
- Before 6 a.m., enter through the Emergency entrance, which is on Maine Street on the east side of the hospital. After 6 a.m., use the Arkansas Street entrance, which is on the west side of the hospital, and check in at Admissions.
- You go may directly to the Family Birthing Center on the 3rd floor.

At the Family Birthing Center

- You will be admitted to a room and asked to put on a hospital gown.
- A monitor will be placed to watch your baby's heart rate.
- We'll place an identification band on your wrist (this will be checked throughout your hospital stay by staff when performing procedures or administering medications). You also will receive an allergy band and a latex allergy band (if applicable).
- Your nurse will complete a physical assessment (listening to your heart, lungs, bowel sounds etc.) and check your vital signs (blood pressure, heart



rate, respiratory rate, and temperature).

- Your nurse will review your health history.
- An IV will be started and lab work drawn.
- Your abdomen will be shaved around the incision site.
- You will be given an oral antacid (to help neutralize stomach acid).
- Your support person will be asked to change into clothing appropriate for the operating room that we will provide.
- You will have heart and respiratory monitors placed and a monitor placed to measure your oxygen level.
- You will be asked to participate in a process called "Time Out." This is to ensure your safety and acknowledgement of any procedures being performed. Your nurse will ask you to say your name, date of birth and the procedure being performed. "Time Out" will occur twice: before your anesthesia and before your surgery.
- When you are numb, your nurse will place a urinary catheter.
- Your support person will be brought in and seated on a stool at the head of your bed.

Your baby's here

- Once your baby is delivered, he/she will be taken to the radiant warmer.
- He/she will be dried, given a brief assessment that

- includes a check of vital signs, and given bracelets.
- Your baby will be given to you to hold skin-to-skin.
- After delivery, you will be taken to the recovery room accompanied by your support person and your baby.

In the recovery room

Mom

- Your blood pressure will be taken frequently.
- Your nurse will massage your abdomen frequently (to assess vaginal bleeding and uterine tone).
- You will be given ice chips as tolerated.
- Heart and respiratory monitors will be placed.
- Breastfeeding will be initiated.

Recovery after vaginal birth

Mom

- Your blood pressure will be taken frequently.
- Your nurse will massage your abdomen frequently (to assess vaginal bleeding and uterine tone).
- You will be allowed to eat and drink, but we recommend you start with something light.
- Visitors are allowed if your pain is controlled and vaginal bleeding is stable.
- Approximately two hours after delivery, you will be assisted to the bathroom and moved by wheelchair to your postpartum room.

Baby

- Baby will be placed skin-to-skin with mom.
- Two bracelets are placed (one on your baby's wrist and one on your baby's ankle). The nurse also will place bracelets on mom and the support person. All of these bracelets have the same number. It is important that you do not remove these bracelets.
- Bracelet numbers are verified by staff whenever your baby is brought back to you. These bands will be verified and removed by a nurse at discharge.
- Identification band placed (this band is used throughout your baby's hospital stay for staff to verify when performing procedures or administering medications).
- After birth, mother and babies need uninterrupted time together for skin-to-skin contact, to learn each other's cues, and to learn how to breastfeed. The optimal way for this learning to take place is 24-hour rooming.
- A complete newborn assessment including weight and length will be performed in the room.

- Routine newborn medications (Vitamin K injection and Erythromycin eye ointment) will be administered within the first hours following delivery.
- After at least six hours, if your baby doing well, he or she will be bathed in your room, then placed skin to skin to warm up. If there is a risk for infection, your baby will be bathed sooner. Swaddled, immersion bathing that is delayed reduces the stress level of infants.

Pain management after birth (vaginal or cesarean)

During your recovery, you will experience some pain and discomfort. While it is not always possible to take away all of your pain, it is our goal to help decrease the amount of discomfort you experience. It is important for you to communicate with our healthcare team the effectiveness of treatment measures being used to treat your pain.

After delivery, your physician or midwife will order pain medications for pain relief. Some medications may be scheduled, but others are ordered to be given only as needed.

Although medications can be an effective treatment for pain relief, there are non-medication techniques you may use in combination with medication to enhance pain control.

Recommendations for best results:

- Ask for pain medications before your pain is severe.
- Notify your nurse of any side effects you are having with medications (a list of common medications used and the potential side effects will be at your bedside at LMH Health).
- Notify your nurse of any new or worsening pain.
- Document or keep track of the last time you received pain medication.

Other non-medication recommendations:

- Massage
- Relaxation
- Cold and warm compresses
- Hold pressure over your incision site during activities such as coughing, sneezing, laughing or changing positions (cesarean births)
- Hydrotherapy (vaginal births)
- Physical therapy with physician or midwife referral



Infant safety at the hospital

- The safest place for your baby is with you. There are several safety precautions recommended at LMH Health to ensure your baby is protected.
- Notify your nurse of any side effects you are having with medications. A list of common medications used and the potential side effects will be at your bedside.
- Never leave your baby unattended. This includes when you go to the bathroom.
- Keep your baby's crib on the side of the bed farthest from your door.
- Never carry your baby in the hallway. Your baby should always be transported in the crib.
- If your baby has to leave your room for a medical procedure, you or your partner should accompany the baby.
- Do not let anyone take your baby unless they have properly verified hospital identification and have a green stripe at the bottom of the badge. Do not hesitate to question anyone entering your room.
- Be sure the nurse verifies the numbers on your bracelets with you and/or your partner and your baby whenever your baby is brought to you.
- Restrict visits to your closest family and friends.
- Only give information about you or your baby to people who you know well and trust.

Birth certificate and Social Security card

Birth certificate

It is our goal at the Family Birthing Center to submit an accurate birth certificate to the Office of Vital Statistics. It is important that the information you provide on the birth certificate worksheet is correct. The Kansas Registrar's office requires that a certificate of birth be filed by the hospital. Steps include:

- A birth certificate worksheet will be provided for you to fill out during your hospital stay.
- Our birth clerk will provide you with a birth confirmation letter (this is not your certified certificate – only a temporary document) along with paperwork to apply for a certified copy of the birth certificate.
- There is a \$4 birth registration fee that will be collected at this time (this is a required fee by the state to register the birth certificate). Please have cash or check payable to LMH Health.

- The hospital will provide you with a footprint certificate of birth. This is a souvenir and is not a legal copy of the birth certificate.
- If you have questions about the birth certificate after you leave the hospital, contact the Office of Vital Statistics, 785-296-1429, or visit their website, KDHEKS.gov/vital.

Paternity acknowledgment

If you are not married, information will be given to you by our birth clerk on how to acknowledge paternity for your baby. The father of the baby must be willing and present to sign the consent. This paperwork is acknowledging that two people are legally designated and responsible to provide support. If for some reason the father is unavailable for completion of the paternity consent before discharge, you and the father will need to go to the Office of Vital Statistics in Topeka to have this process completed.

Social Security card

We will file for your baby's Social Security card when we submit your baby's birth certificate to the state.

Newborn screenings

Hearing screening

One out of every 250 babies has significant hearing loss at birth. Hearing loss is easy to overlook, because most of these babies are otherwise healthy. More than half the babies diagnosed with hearing loss have no family history. A hearing test, (called the Auditory Brain Response, or ABR) will be performed on your baby in your room. This test is simple and takes only a few minutes to complete. Most babies will sleep through the entire screening process.

The ABR screening uses miniature earphones and sensors placed on the head, neck and shoulders that measure the brainwaves to determine if sounds are heard normally. Passing the hearing screening only indicates that your baby does not need any additional testing at this time. Some children may need additional testing later in childhood due to reasons such as family history of hearing loss, recurrent ear infections, or a serious illness. There are several reasons that your baby may not pass the hearing screen. Your baby may be too awake, too active or have fluid or debris from delivery in the ear canal. If your baby does not pass the hearing screen, he or she will need additional testing. Our staff will give you information on how to follow up once the hearing screening is completed.



Kansas newborn screening blood test

Most newborns look healthy at birth; however, there are some diseases that might be present that are not visible. If these diseases are not identified and treated early, they can cause severe illness, mental retardation or even death. The way these diseases are diagnosed is by a heel prick. Our staff will prick your baby's heel and collect five drops of blood. Once this blood is collected, LMH Health sends it to the state public health laboratory for screening. Your baby may need to be re-tested if the results are abnormal. There are several reasons your baby might need to be re-tested, including a problem with the blood sample, if your baby leaves the hospital before 24 hours, or if the first test showed a possible health problem. The test results are reported to your baby's physician or midwife. Your baby's physician, midwife or the Kansas Newborn Screening program will notify you of abnormal test results and give you instructions outlining what to do next. It is important that LMH Health and your baby's physician or midwife have your contact information (including address and telephone number). The cost of this testing is paid for by the state of Kansas.



Pulse oximetry screening

A pulse oximetry screening looks for low levels of oxygen in blood that may indicate a problem with the heart or lungs. Critical congenital heart disease occurs when a baby's heart does not develop normally. Pulse oximetry is fast, simple and accurate. It can be used on babies soon after they are born. Hospital staff will do the screening when the baby is at least 24 hours old. A small sensor is placed on the baby's right hand and a foot allowing a connected device to measure the baby's oxygen levels.

Pertussis immunization for mom

Pertussis, more commonly known as whooping cough, is a highly contagious bacterial disease that can lead to serious complications and even death in infants. Pertussis can be spread simply by a sneeze or a cough. A startling statistic reveals that most babies diagnosed with pertussis contracted the disease from a parent, family member or caregiver when a source is identified. Pertussis often goes undiagnosed in adults, because the symptoms resemble those of the common cold. While most infants are given routine diphtheria, tetanus and pertussis immunizations, commonly called Tdap, the immunization series is not started until your baby is two months of age. Your baby is probably not protected until they have had at least three doses. Even if you were vaccinated for pertussis when you were younger, your protection may have worn off.

When you protect yourself, you are protecting your baby. You should receive this vaccination between 26 and 28 weeks in your physician or midwife's office. Family members should talk with their healthcare providers about also receiving the Tdap vaccine.

Rest for moms

There are many reasons women experience extreme fatigue following birth. Typically, women do not sleep well late in pregnancy and labor is physically demanding on their bodies. After delivery, women are further challenged by their physical discomforts, hospital routines, visitors and the baby's need for care. It is not uncommon for women to feel exhausted and frustrated at this time. Here are a few suggestions to assist you with managing postpartum fatigue.

- Limit visitors.
- Sleep/nap when your baby sleeps.
- Ask family/friends to help with shopping and preparing meals.
- Plan simple meals and have flexible meal times.
- Allow family/friends to care for older children.
- Ask family/friends to assist with household duties (such as laundry, dishes or light cleaning).
- Slowly increase daily activity.



Preparing to leave the hospital

Car seat

You must have your infant's car seat with you the day of discharge. It is ideal to have your car seat installed by a certified car seat specialist. You will be responsible for securing your infant safely in the car seat and into your car for the ride home.

Physician or midwife visit

Your doctor and your baby's doctor (or one of the physicians or midwives in the practice) will see you the day you leave LMH Health. They will give you instructions about when you and your baby need to follow up in your doctor's office.

Your questions

Your postpartum nurse will answer questions and review instructions on how to care for yourself and your baby during the first few weeks at home. Discharge medications will also be reviewed.

Rubella vaccine, if needed

If you are not already protected from rubella (German measles), your doctor will encourage you to obtain this vaccine. This information is obtained in your prenatal lab work.

Rhogam, if indicated

If your blood type is Rh-negative, you may need a Rhogam injection after delivery. The appropriate lab testing will be ordered after delivery to screen if you will need this injection before you leave LMH Health.

A word about sleeping

The American Academy of Pediatrics recommends that normal, healthy infants be positioned on their backs to sleep. Some babies may have medical indications which require different sleep positions. Always check with your baby's doctor to determine the best sleep position for your baby. Please scan the QR code below and watch the video "Safe Sleep for Babies." This video will provide you with important information about safe sleep practices for your baby. You can also share this code with other people who will be providing care for your baby.



Caring for mom after discharge



Follow-up appointment

Your physician or midwife will want to see you in his or her office at around two and six weeks after delivery. Your physician or midwife will instruct you before you leave the hospital when to return to the office for your follow-up visits. You will be given the opportunity to make this appointment before you leave the hospital. Don't hesitate to call before this appointment if you have any questions or concerns.

Postpartum warning signs and symptoms

Notify your physician or midwife if you experience ANY of these symptoms after birth.

- Heavy bleeding (one pad per hour)
- Passage of large clots (greater than a half-dollar in size)
- Temperature higher than 100.4 degrees Fahrenheit
- Sore, painful, reddened or hot area on your breast(s) or in your armpit (you may or may not have fever or flu-like symptoms)
- Pain or burning while you urinate
- Signs of infection such as redness, swelling, pain, drainage or foul-smelling discharge from your vagina, episiotomy or abdominal incision
- Swollen, red, painful area on your leg(s) (especially your calf) that is hot to the touch
- Having difficulty coping, you are crying uncontrollably or you aren't able to sleep
- Signs of preeclampsia such as stomach pain, headache, nausea, vomiting, seeing spots, swelling in your hands and face, weight gain of more than 5 pounds in a week

Activity and exercise

For the first several weeks after a vaginal delivery, you should not do much more than you did in the hospital. Gradually increase your activity as you feel able. Allow family and friends to help you with meals, laundry, other household chores and care of older children. Climbing stairs, vacuuming, heavy lifting or vigorous exercise should be resumed gradually and upon the advice of your physician or midwife. It is recommended that you not drive while taking narcotic medication. Most activities and mild exercise may be resumed gradually, as long as comfort and rest are considered first.

If you had a cesarean birth, you will be recovering from major abdominal surgery, as well as from childbirth. During the first week at home, slowly progress toward normal activities. Pay attention to comfort and avoid overtiring. You can safely resume driving a car when you can comfortably press on the brake, usually around two weeks postpartum.

Muscle soreness

It's normal for your muscles to be sore after delivery. This can be attributed to the hard work of labor and delivery. The discomfort should disappear during the first few days following birth. Resting, warm showers and pain medication your doctor prescribes will help ease this discomfort.

Vaginal bleeding

Vaginal bleeding after delivery is much like a regular menstrual period and should slow down in three to four days. You may notice a light increase in bleeding when you get home because you have increased your activity and possibly again at the 10th to 14th day when the scar on the inside of the uterus where the placenta was attached falls off. You will have a vaginal discharge which may last up to six weeks after delivery and will become lighter and clearer each day. If your flow becomes heavy or you have a foul-smelling discharge, you may have an infection and need to notify your physician or midwife. You can expect a menstrual period five to 12 weeks after delivery unless you are breastfeeding. Breastfeeding may suppress periods, but not for everyone. Breastfeeding does not prevent pregnancy.

Bowel movements

Try to maintain normal bowel habits after delivery to avoid constipation and painful hemorrhoids. Most women can expect not to have a bowel movement after delivery until they are at home. Extra fluids and a good high fiber diet may help. This would include flax/bran cereals, multi-grain breads and fresh fruits and vegetables. Ensuring daily exercise such as walking also will help maintain normal bowel function. Your physician or midwife or midwife may recommend that you continue taking an over-the-counter stool softener after you leave the hospital.

Hemorrhoids

Your physician or midwife may recommend a stool softener to avoid straining when you have a bowel movement. Warm soaks, topical ointments and oral pain medications can help with the discomfort of swollen hemorrhoids. Talk to your physician or midwife about other recommendations if you have painful hemorrhoids.

Family planning

Discuss your post-delivery contraception with your physician or midwife. Refrain from sexual intercourse, use of tampons and douches until your physician or midwife tells you they are safe.

Nutrition

Just as you needed a nutritious diet during your pregnancy, you will need a nutritious diet after your baby is born. Your body is healing and needs extra attention at this time. The best advice is to select foods from each of the four food groups each day.

If you would like to lose weight, cut down on foods high in sugar and fat and on alcoholic beverages. Remember, if you are breastfeeding, you will need to drink 8 to 10 eight ounce glasses of fluid a day and increase your caloric intake by 300 to 500 calories per day if no weight change is desired. Avoid foods that contain caffeine because they will rob your body of fluid. You should continue taking prenatal vitamins until your current supply is gone.

Breastfeeding moms

If you are breastfeeding, it is important to keep your nipples clean and dry. Do not use soap on your nipples because it tends to dry them out and cause cracking. You can expect some nipple soreness in the beginning. To help ease the soreness, let your nipples air dry after breastfeeding and use lanolin as directed by your physician or midwife. Change your

breast pads when moist. Avoid using breast pads with plastic backing. Wear a supportive bra that does not contain an underwire. Notify your physician or midwife if you have any of these symptoms: cracked or bleeding nipples, an area on the breast that is red, hard and tender to touch, and/or your temperature is above 100.4 degrees Fahrenheit. These may be signs that you have a breast infection.

Caring for your incision after a cesarean section

The abdominal incision is usually closed with sutures and small bandages called steri strips. Keep your incision clean and dry. There is no need to wear a dressing over your incision. Your steri-strips may become loose as you shower. They can be removed by pulling the strip toward the incision. Your incision may be washed gently with soap and water in the shower or bath. The incision may feel firm or numb as it heals. If your incision opens up, becomes tender and red, or begins to drain, or if you have a temperature above 100.4, call your physician or midwife. These may indicate you have an infection.

Caring for your stitches after a vaginal delivery

Your stitches should dissolve within two weeks. They do not have to be removed. Discomfort should improve daily and may be soothed by soaking in a clean, shallow tub of warm water. This will promote healing and cleanliness. After your bath, apply one to two Tucks Pads to your perineum and change them as needed. Use sanitary pads instead of tampons, and change them every two to three hours. After you use the bathroom, use the peri-bottle you received in the hospital to clean yourself. Do this by pouring warm water over your perineum from the front toward your rectum. Also, your physician or midwife may have given you a prescription for pain medicine. Take it as needed. Call your physician or midwife if you have increasing discomfort, foul-smelling discharge or a temperature above 100.4 degrees Fahrenheit. These may be signs of infection.

Home medications

Before you leave the hospital, your physician or midwife will provide prescriptions for any medications to take at home. Be sure to read and follow all instructions provided by your nurse and pharmacist. Take medications only as directed to avoid food or medication interactions.

SAVE YOUR LIFE:

Get Care for These **POST-BIRTH Warning Signs**

Most women who give birth recover without problems. **But any woman can have complications after giving birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Post Birth Warning Signs

**Call 911
if you have:**

- Pain in chest**
- Obstructed breathing or shortness of breath**
- Seizures**
- Thoughts of hurting yourself or someone else**

**Call your healthcare
provider
if you have:**

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger**
- Incision that is not healing**
- Red or swollen leg, that is painful or warm to touch**
- Temperature of 100.4°F or higher**
- Headache that does not get better, even after taking medicine, or bad headache with vision changes**

Trust your instincts.

ALWAYS get medical care if you are not feeling well or have questions or concerns.

**Tell 911
or your
healthcare
provider:**

**“I gave birth on _____ and
(Date)
I am having _____.”
(Specific warning signs)**

These post-birth warning signs can become life-threatening if you don't receive medical care right away

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or postbirth preeclampsia

My Healthcare Provider/Clinic: _____ Phone Number: _____

Hospital Closest To Me: _____



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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Postpartum adjustment

The arrival of a new baby is unlike any other experience in your life up to now. No one can prepare you for the many emotions you may feel as you undergo birth and the transition to parenthood. The most significant changes will be in your priorities and demands on your time. Everything is so new and unfamiliar that it is difficult to know what is “normal.” If you had a trouble-free pregnancy and an easy delivery, you may expect the adjustment to parenthood to be made with ease and minimal interruption to your routine. For some that happens, for others it does not.

Most new parents experience an array of thoughts and feelings. These can range from an incredible “high” right after the birth to sadness and, sometimes, resentment and anger at the changes to their life that parenthood brings.

The baby blues

Almost all women experience fluctuations in their emotions after birth, which often is referred to as the “baby blues.” You may find yourself feeling very emotional and tearful. This is natural, and it is not permanent. Many of these feelings could be related to the tremendous fatigue experienced by new mothers, hormonal changes after pregnancy, and the changes that becoming a parent means to your life. The feelings likely will pass more quickly if you get lots of rest, eat nutritiously, get help with chores and baby care, and have someone to care for you. With time, the emotional fluctuations you experience will subside.

If they do not, you need to get assistance. Emotional warning signs:

- Excessive worry or anxiety, irritability or short temper
- Sleep problems that increase (too little or too much)
- Changes in appetite (eating too little or too much)
- Over concern or no concern about your baby
- Loss of focus and concentration
- Becoming withdrawn (avoiding people/pushing family or friends away)
- Suicidal thoughts

Where to find help

If you are feeling one or more of these warning signs, seek help from your doctor, therapist or a non-judgmental listener who you trust. Postpartum depression is the number one complication of childbirth for women and is a treatable condition. This says nothing about your capability or strength as a parent. You are not to blame, you are not alone, and with help you will get better. Please turn to the back of this booklet to find resources available.

If you're a support person

After delivery, your support to mom and baby is important. You can help by diapering, burping, swaddling and comforting baby. Spend time with baby by rocking, holding, massaging and talking to your baby. This is your opportunity for you and baby to get to know each other. After several weeks, you will begin to recognize the cues for when your baby is hungry, wet, or sleepy.

Siblings: Making the transition

Preparing your child/children for the arrival of a new baby may help minimize feelings of jealousy or resentment. How you prepare will depend upon the age, temperament and understanding of an older sibling. Consider these tips:

- If you have to move your older child to a different room, try to do it several months before you are due.
- If possible, arrange for your child to go with you to a prenatal visit to hear the baby's heartbeat and meet your doctor.
- Make frequent phone calls or video-chat with your child during your hospital stay.
- Arrange for your child to visit you and the new baby during your hospital stay.
- Have someone other than you carry the baby inside when you arrive home from the hospital.
- Have baby bring a gift home.
- Arrange for alone time with your older child. This may include taking 10 or 15 minutes to read a book to them, look through photo albums for pictures of their infancy or do a puzzle.
- Allow your older child to help you with the baby (such as getting a diaper for you or helping with bathing).

Caring for your baby

Safe sleep for your baby

The American Academy of Pediatrics recommends that normal, healthy infants be positioned on their backs to sleep. Some babies may have medical indications which require different sleep positions. Always check with your baby's doctor to determine the best sleep position for your baby. During your hospital stay, you will watch a video, "Safe Sleep for Babies," which will provide you with important information on safe sleep practices for your baby.

Crying and your baby

Crying is a normal part of your baby's development. All babies cry, but the amount of crying varies between one infant and another. As you get to know your baby, you will start to recognize what many of your baby's cries mean. Your baby may cry because they are wet, hungry or uncomfortable. Your baby may cry, and you are unsure of why your baby is crying. Sometimes you may be able to soothe your baby by using various techniques such as carrying, comforting, rocking, walking or talking; however, these techniques may not always work. There are a few key points to remember when it comes to your baby and crying.

- Around two weeks of age, babies may start to cry more each week.
- By around two months of age, babies typically cry more than any other time.
- After two months, babies typically begin to cry less each week.
- For most babies, increased crying occurs late afternoon or evening.

During your hospital stay you will watch the video, "The Period of Purple Crying," which will provide you with information on normal infant crying, what you can expect when your baby cries, why this crying can be frustrating to you, and how to keep your baby safe.

Jaundice

Jaundice, which is a yellowing of your baby's skin and whites of their eyes, is caused by too much bilirubin in the blood. Bilirubin is a yellow substance released during the normal breakdown of red blood cells.

Although the liver in the newborn is fully developed, it is not fully efficient. Extra bilirubin is transferred to the blood and stored in the skin until the liver breaks it down. There are some babies who are more likely to get jaundice. These babies include:

- Premature babies
- Babies with bruising to their head or body during birth
- Babies whose blood was very different than their mother's blood
- Babies with liver or other health problems
- Babies who are not getting enough fluids
- Breastfeeding babies

Signs of jaundice

- Your baby's skin and the whites of his/her eyes may turn yellow. Your baby also may have yellowing of the mucous membranes (areas of the mouth such as the tongue and gums).
- Your baby's urine or bowel movements may be dark yellow.
- Your baby may be tired or very fussy.

Testing for jaundice

Bilirubin levels are checked by using a non-invasive skin test. The nurse will perform this test when your baby is over 24 hours old unless your baby is showing signs of jaundice sooner. If your baby's results are high, a blood test will be performed by a small prick in your baby's heel.

Treating jaundice

The treatment is based on the underlying cause and severity of jaundice. Phototherapy, also referred to as "bililites," is a common treatment. The baby's skin is exposed to special fluorescent lights that help lower the buildup of bilirubin. The baby's eyes are covered while under these lights. In more severe cases of jaundice, exchange blood transfusions may be required.

Signs of illness and your baby

A common question from all parents — new and experienced — is: “How do I know if my baby is sick?” Here are symptoms of illness. If they occur, notify your baby’s physician or midwife or midwife for assistance.

- Difficulty breathing
- Eating poorly or several refused feedings in a row
- Redness, drainage or foul odor from the umbilical cord
- Forceful vomiting after feeding
- Fewer than six wet diapers (by the third to fourth day after birth)
- Hard, difficult to pass stools or no stool for 48 hours
- Diarrhea (frequent or successive bowel movements with excess fluid) or frequent stools with mucus or foul odor
- Increasing yellow discoloration of the skin or whites of eyes
- Any unusual rash
- Excessive crying, increased fussiness, or inability to console your baby

Taking your baby’s temperature

It is not necessary to take your baby’s temperature regularly; however, if you suspect your baby is sick, it is one of the most important and frequent questions your healthcare provider will ask when you call for assistance. Your baby’s temperature can be taken under the armpit. It is important to follow the manufacturer’s instructions for the thermometer you have.

Breastfeeding

The Cindy Murray Family Birthing Center supports the “Ten Steps to Successful Breastfeeding,” published in a joint statement called “Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services.”

1. Have a written breastfeeding policy that is routinely communicated to all birth facility staff.
2. Provide training to birth facility staff so the policy can be practiced.
3. Help pregnant women learn how to breastfeed.
4. Promote skin-to-skin contact between mom and baby after birth.
5. Provide coaching for families on feeding their infants.
6. Give no food or drink other than breastmilk.
7. Allow mothers and babies to stay together 24 hours a day.

8. Promote feeding whenever babies show they are hungry.
9. Give no pacifiers or artificial nipples to breastfeeding babies.
10. Provide options for breastfeeding support in the community after you leave the birth facility.

Since 2021, High 5 for Mom & Baby has been helping Kansas hospitals and birth centers adopt five evidenced-based maternity practices, along with supporting policies, proven to help ensure breastfeeding success. The new High 5 for Mom & Baby Premier program builds on that success, expanding to ten practices to ensure the best possible breastfeeding experience for mom and baby. LMH Health is proud to be a High 5 for Mom & Baby Premier facility.

Breastfeeding your baby

The American Academy of Pediatrics recommends that infants be breastfed exclusively for the first six months of life and that breastfeeding continue for at least two years. Breast milk provides the best nutrients and infection-fighting antibodies for your baby. Breastfeeding is a learned behavior for both mom and baby; however, lactation is automatic. Some general information and guidelines below can help establish a successful and lasting breastfeeding experience.

Expect your baby to breastfeed 8-12 times (every one to three hours) in 24 hours for the first few months of life. Your baby needs to breastfeed frequently due to the small size of your baby’s stomach. By one week of age, your baby will need a weight check. Until your baby is steadily gaining weight, your baby may need to be awakened to feed. It is normal for newborns to feed more frequently late evening and during the night.

WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?



The following image shows a safe sleep environment for baby.



Room share: Give babies their own sleep space in your room, separate from your bed.



Use a firm, flat, and level sleep surface, covered only by a fitted sheet*.



Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.



Use a wearable blanket to keep baby warm without blankets in the sleep area.



Place babies on their backs to sleep, for naps and at night.

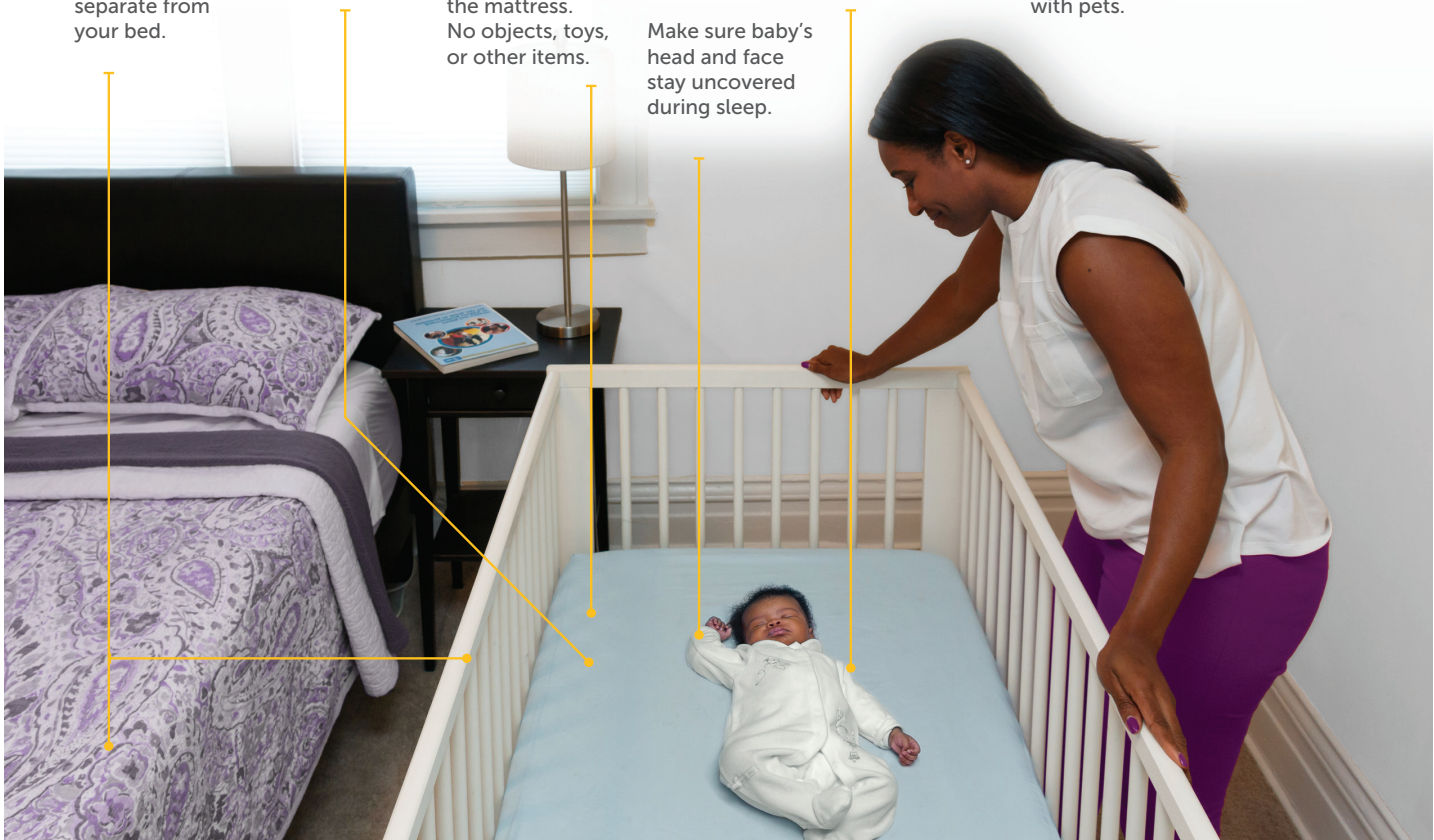


Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.



Keep baby's surroundings smoke/vape free.

Make sure baby's head and face stay uncovered during sleep.



*The Consumer Product Safety Commission sets safety standards for infant sleep surfaces (such as a mattress) and sleep spaces (like a crib). Visit <https://www.cpsc.gov/SafeSleep> to learn more.



Eunice Kennedy Shriver National Institute of Child Health and Human Development



SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths



Place babies on their backs to sleep for naps and at night.



Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.



Feeding babies human milk by direct breastfeeding, if possible, or by pumping from the breast, reduces the risk of SIDS. Feeding only human milk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.

Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), *flat* (like a table, not a hammock), *level* (not at an angle or incline), and covered only with a fitted sheet.



Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.



Avoid products and devices that go against safe sleep guidance, especially those that claim to "prevent" SIDS and sleep-related deaths.



Feed your baby human milk, like by breastfeeding.



Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.



Avoid heart, breathing, motion, and other monitors to reduce the risk of SIDS.



Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.



Get regular medical care throughout pregnancy.



Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.



Keep things out of baby's sleep area—no objects, toys, or other items.



Follow health care provider advice on vaccines, checkups, and other health issues for baby.



Give babies plenty of "tummy time" when they are awake, and when someone is watching them.



Offer baby a pacifier for naps and at night once they are breastfeeding well.



For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947

Email: SafetoSleep@mail.nih.gov

Website: <https://safetosleep.nichd.nih.gov>

Telecommunications Relay Service: 7-1-1

NIH Pub. No. 22-HD-5759 | August 2022

What to expect

The length of time it takes your baby to feed will vary from one feeding to the next. Do not limit time at breast.

Common infant feeding cues

Early

- Smacking or licking lips
- Opening and closing mouth
- Sucking on lips, tongue, fingers, toes, toys, or clothing

Active

- Rooting around on chest of whoever is holding them
- Trying to position for nursing, either by lying back or pulling on your clothes
- Fidgeting or squirming
- Fussing or breathing fast

Late

- Moving head frantically from side to side
- Crying

Some questions to ask yourself when your baby breastfeeds:

- Does the latch feel comfortable?
- Does your baby demonstrate long bursts of sucking with swallows and short pauses?
- Do you hear your baby swallow?

To ensure that breastfeeding gets off to the best start possible, it is important that you put your baby skin-to-skin and initiate breastfeeding within the first hour after delivery. Physical contact and nourishment are both important for your infant. Some key points to practice when latching your baby are:

- Get in a comfortable position.
- Support your breast by using the C-hold or the L-hold.
- Place your hand around the base of your baby's neck with your finger and thumb by the ears.
- Use your forearm to bring your baby's body close to you and ensure that your baby's chin is touching the breast first.
- Be sure to bring the baby up to your breast, not your breast to your baby.
- Bring baby toward the breast when your baby begins to open his/her mouth.
- Aim your nipple toward the roof of the mouth when latching your baby.



If your baby is getting enough with breastfeeding, your baby should have wet diapers and bowel movements. This is what you can expect:

Bowel Movements

Days 1 - 3:	Days 4 - 6:	After day 4:
Dark green, almost black, sticky.	Getting lighter in color, becoming more and more yellow.	At least 3 or 4 yellow bowel movements in 24 hours.

Wet Diapers

Days 1 - 3:	After day 4:
Few, but increasing somewhat each day.	6 to 8 wet diapers in 24 hours.

When to call for advice or help

- If you do not have breast changes in weight or size and/or changes in milk volume and composition by day 3-5
- If your nipples are painful, cracked, or bleeding
- If your baby has only rapid, nibbling, shallow type of sucking
- If your baby falls asleep on the breast without drinking and does not wake up
- If your baby still has dark green, almost black bowel movements after 5 days of age
- If your baby is having infrequent wet diapers after 3 days of age

Who you can call

- Your baby's doctor
- LMH Health Infant Nutrition Center: 785-505-6398
- Lawrence-Douglas County Health Department: 785-856-5350

Sore nipples

It is normal to experience some soreness of the nipples during the first three to six days postpartum. This should subside as the nipples develop more elasticity and typically resolves after one week. Tender, cracked and bleeding nipples frequently occur due to the infant being latched improperly at the breast.

Indications of a good latch

- Nipple is elongated, but the same shape when infant comes off the breast
- Pain that lasts for 20-30 seconds after the initial latch, but subsides as the feeding progresses
- Swallows are noted approximately every four to six sucks

Indications of an incorrect latch

- Nipple is peaked, wedge-shaped, or has a white crease when infant comes off the breast
- Prolonged nipple pain lasting throughout the feeding
- No swallows are noted, or infant is "nibbling" at the breast

Because you should expect some nipple soreness in the first week, here are some recommendations that will help decrease the soreness you experience during this period.

- Always try to express colostrum/breastmilk prior to latching your baby.
- Do not limit the length of feeding as long as your baby is swallowing at the breast.
- Only remove your baby if swallows are not noted.
- Be sure that you break suction when removing your baby from the breast by placing a clean finger in the corner of your baby's mouth (between the jaws) and taking the baby away when you feel the suction break.
- Modified lanolin, gel pads (Soothies), and breast shells can be used as comfort measures and you may ask your nurse for these items if needed.
- Always inform your nurse or physician or midwife if you notice any trauma to your nipples (cracks, bleeding, or blisters).



- Request assistance from a lactation nurse to assess and assist you with infant latch.

Engorgement

It is common for women to experience a feeling of fullness in the breast between days three and five. This is normal as colostrum changes to mature milk. This fullness usually diminishes over several days, but it may last up to two weeks. Avoid formula supplements (unless medically indicated). Pacifiers and other artificial nipples decrease feeding frequency and can cause latch issues.

To prevent engorgement

Breastfeed or remove milk frequently (at least 8-12 times in 24 hours). If your baby is not latching, you will need to use a breast pump or hand express to remove your milk. Avoid alternate feeding methods, which can lead to decreased milk removal from breast. Pacifiers and other artificial nipples decrease feeding frequency and can cause latch issues.

To treat engorgement (if your breasts are severely swollen, hard, painful and warm to touch)

- Hand express breast milk to soften your areola before latching your baby. (If you are unable to express milk, you may need to use cold compresses or cabbage leaves for 10 to 15 minutes before breastfeeding.)
- Gently massage before and during breastfeeding.
- Apply cold compresses or cabbage leaves to your breasts after nursing for 10 to 15 minutes until discomfort and swelling is resolved.
- Notify your physician or midwife if you experience a fever of 100.4 degrees Fahrenheit and/or sore, painful, reddened or hot area on the breast(s) or in the armpit (may be accompanied by fever and flu-like symptoms).

Breastmilk collection

- Wash hands with soap and water.
- Wash all parts that touch your breasts or breastmilk with hot soapy water. Rinse well and air dry on a towel.
- Always read the instruction manual that accompanies your breast pump before using it.
- Pumping should not hurt, and your nipple should fit comfortably into the barrel of the breastshield. If you have questions about the fit, consult a lactation consultant or your healthcare provider.
- If you are returning to work, begin to pump and store breastmilk at least two weeks before returning to work.

Breastmilk storage

- Avoid adding freshly pumped breastmilk to refrigerated (cooled) breastmilk.
- Cool the breastmilk in the refrigerator after pumping, and then you can add to the already refrigerated breastmilk.
- You may add refrigerated milk to already frozen breastmilk. Be sure the quantity you are adding is less than what is frozen.
- Freeze breastmilk in small amounts (2-4 ounces). Small amounts of breastmilk thaw more quickly, and you will waste less. When freezing breastmilk, be sure to leave room at the top of the storage container so it does not overflow (during freezing/thawing).
- Write the date and time on the container and be sure the container is sealed tightly before storing.

Breastmilk Storage Guidelines (For Healthy Full-term Infants)

Location	Temperature	Duration
Room Temperature	(<25° C/77° F)	Up to 4 hours
Cooler with Frozen Ice Packs	(15° C /59° C)	Up to 24 hours
Refrigerator	(4° C/40° F)	Up to 4 days
Freezer	(-18° C/0° F)	Up to 12 months
Thawed Breastmilk	Store in refrigerator after thawing	Use within 24 hours

**Guidelines referenced from the Centers for Disease Control and Prevention.*

Using stored milk

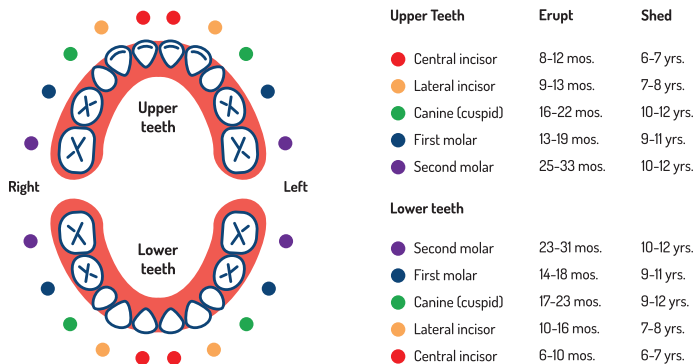
Breastmilk should be room temperature when you feed your baby. Never microwave breastmilk. Microwaving can cause severe burns to baby's mouth from hot spots that develop during microwaving. Here are some general guidelines for thawing frozen breastmilk or warming refrigerated breastmilk. To thaw breastmilk, you can place the frozen breastmilk in the refrigerator overnight. You can keep thawed breastmilk in the refrigerator for 24 hours. You can also thaw frozen breastmilk prior to feeding by placing the sealed container of breastmilk in a cup of warm water for 10 to 20 minutes (to bring it to body temperature). Do not let the water level reach the cap of the container. Always check the temperature of the breastmilk by dripping a small amount onto the inside of your wrist.

Oral health - birth to age 6

Tips for healthy, cavity-free teeth

- As a parent, practice daily oral hygiene, including brushing and flossing. You are a role model for your child.
- Do not put pacifiers or spoons in your mouth before giving it to your child. Decay-causing bacteria from your mouth can be passed to your child. These bacteria can hide in the furrows of the tongue until the teeth erupt.
- Childproof your home to prevent dental injuries - cover outlets and sharp corners on furniture.
- Before your baby has teeth, wipe your baby's gums after each feeding. Use clean, damp gauze or a washcloth.
- Begin brushing when your child's first tooth erupts. Clean your child's teeth with a soft toothbrush two times a day, after breakfast and before bedtime.
- Use fluoridated toothpaste. If your child is younger than 3 years, use a smear. If your child is older than 3, use a pea-sized amount.
- Schedule your child's first dental visit by age 1 and visit the dentist regularly.
- Never put your child to bed with a bottle or training cup.
- Once your child is eating solid foods, offer milk at mealtime and water between meals.
- If your child uses a pacifier, do NOT dip it in sugar, honey or other foods.
- Long-term sucking habits can cause problems with tooth alignment and proper growth of the jaws. Wean a child from pacifier habit by age 2. Thumb habits should end by age 4.

• Eruption and shedding of primary (baby) teeth



Dietary choices

- Beverages: Water between meals, milk at mealtime.
 - Only 4 ounces of juice a day, at a meal — if any.
 - Limit soda, energy drinks, Gatorade, Kool-Aid and sweet tea.
- Snack Foods: Recommend fresh fruit, fresh vegetables and cheese for between-meal snacks.
 - Limit consumption of cookies, candy, gummy bears, goldfish crackers, chips and Cheetos between meals.

If your child does drink sugary beverages or eats sugary/starchy snacks occasionally, have your child rinse with water, drink water or brush his/her teeth to prevent tooth decay.

— Information provided by Lawrence Pediatric Dentistry, 346 Maine Street, Lawrence, KS 66044; 785-842-9223.

Vitamin D Supplementation in Newborns

The American Academy of Pediatrics (AAP) recommends that all infants up to 12 months of age have a minimum of 400 units of vitamin D daily, beginning soon after birth.

What is vitamin D and why is it important for my baby?

Vitamin D is a substance that helps our bodies function. Vitamin D:

- helps our muscles move
- helps our nerves carry messages to our bodies from our brains
- helps our immune system fight diseases

Vitamin D is also important for healthy bone development and prevention of rickets, a softening of the bones in growing children.

Where does vitamin D come from?

- Our bodies make vitamin D when our skin is exposed to sunlight. NOTE: The AAP recommends keeping infants younger than 6 months out of direct sunlight. Weather, air quality, clothing, and dark skin pigmentation can all reduce sun exposure and, therefore, the amount vitamin D we are able to make.
- We ingest vitamin D as part of our diet. Vitamin D is added to “fortified” foods such as milk, yogurt, cereals and some juices. Vitamin D is found in some solid foods such as fatty fish like salmon and tuna, cheese and eggs.

What should I do to ensure my baby gets enough vitamin D?

You can give your baby vitamin D drops. They are available over-the-counter (without a prescription) at most retail pharmacies and grocery stores. The dose is 400 units by mouth, once daily.

I am breastfeeding exclusively. Doesn't breastmilk provide everything my baby needs?

Breastfeeding is the most complete nutrition you can give your baby. However, we are unable to verify the vitamin D content of breastmilk, so it is recommended that you supplement.

I give my baby formula. Doesn't formula have vitamin D in it?

A baby would have to drink 32 ounces (about 1 liter) of formula every day to get the recommended amount of vitamin D. Therefore, it is recommended that even babies who drink formula take a vitamin D supplement beginning within the first few days after being born.

Where can I find more information about vitamin D supplements for my baby?

- Talk to your child's pediatrician.
- Talk to other trusted healthcare providers such as your pharmacist or lactation specialist.
- Look at the following internet resources:
 - <https://www.cdc.gov/nutrition/InfantandToddlerNutrition/vitamins-minerals/vitamin-d.html>
 - <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/diet-and-micronutrients/vitamin-d.html>
 - <https://ods.od.nih.gov/factsheets/VitaminD-Consumer/>

Iron Supplementation in Newborns

The American Academy of Pediatrics recommends that babies who are born prematurely (less than 37 weeks gestation) and are fed human milk should receive supplemental iron.

What is iron, and why is it important for my baby?

Iron is used to make hemoglobin, which is the component in blood that carries oxygen to our cells. It also is a component of myoglobin, which affects the health of muscles and connective tissue. Iron is needed to support brain growth, physical growth and behavioral development.

Where does iron come from?

- Iron is a mineral that is present in some foods, and added to others.
 - Meat, eggs and seafood are iron-rich.
 - Nuts, beans, vegetables and dark leafy greens are rich in iron.
 - Fortified iron products include bread, cereal and other grain products, and some infant formula.
- Vitamin C helps iron to be absorbed, so foods like citrus fruits, broccoli and tomatoes can help absorption.
- The iron in a newborn was supplied by its mother during the third trimester of pregnancy. Babies who are born prematurely will be low on iron. Because babies grow very quickly in the first few weeks after they're born, the iron deficit can get worse.

What should I do to ensure my baby gets enough iron?

- You can give your baby an iron supplement. These are available over-the-counter (without a prescription) at retail pharmacies and grocery stores. Some products containing iron are kept behind the counter, so ask your pharmacist if you don't see what you are looking for.
- You may choose a multivitamin product with iron so your baby is also getting the recommended amount of vitamin D.
- Some infant formula is prepared with iron. If you choose to give your baby formula, talk to your doctor about the best type of formula for your baby.

I am breastfeeding exclusively. Doesn't breastmilk provide everything my baby needs?

Breastfeeding is the most complete nutrition you can give your baby. However, human breast milk contains little iron, so supplementation is still recommended for premature infants.

Where can I find more information about iron supplementation?

- Talk to your child's pediatrician.
- Talk to other trusted healthcare providers such as your pharmacist or lactation specialist.
- Look at the following internet resources:
 - <https://www.cdc.gov/nutrition/InfantandToddlerNutrition/vitamins-minerals/iron.html>
 - <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/diet-and-micronutrients/iron.html>
 - <https://ods.od.nih.gov/factsheets/Iron-Consumer/>

Personal care for your baby

Bathing your baby

Your baby only needs to have a bath two to three times per week, but you may choose to bathe them more often. Your baby should only be given sponge baths until the umbilical cord falls off and is healed, and if you have a circumcised boy, the circumcision is healed. Here are some recommendations to make bath time go more smoothly and help you as a new parent to feel less stressed.

- Avoid feeding your baby before you bathe them.
- Gather supplies before beginning (bath towel, washcloths, baby soap, baby shampoo, clean warm water, diaper and clean clothes) and make sure all are within reach.
- Choose a place in your home you will be comfortable bathing your baby in a room that is not too cold.
- Lay your baby on a towel (leave your baby's clothes on until you are ready to begin cleaning this area). Use a clean, wet washcloth to wipe your baby's eyes. Always wipe from the inner to the outer portion of the eye. Use a different corner of the washcloth for each eye.
- Wipe off your baby's face with a clean, wet washcloth (do not use soap). Never insert a cotton swab in your baby's nose or ear to clean.

- Undress your baby (leave your baby's diaper on until you are ready to clean this area). Wash the rest of your baby's body using soap and water and pay close attention to get between folds. Try to keep the cord area dry. Gently cleanse the area with a clean, damp cloth if it is soiled.
- Remove diaper and clean the genitals. Remember to always wipe front to back.
- Place a clean diaper on. Be sure to fold the diaper down below the cord to prevent rubbing and allow to air dry.
- Wrap your baby in a clean dry towel and hold your baby in a "football" hold.
- Pour some clean water on your baby's head. Place a small amount of shampoo on the scalp. Gently massage over the entire scalp. Rinse thoroughly with clean water and gently towel dry.
- Lotion is not necessary for your baby's skin. Avoid using powders, because your baby could inhale them.
- Dress and swaddle your baby.

Umbilical cord care

Your baby's umbilical cord will fall off two to three weeks after birth. There is no special care required for the umbilical cord other than keeping it clean and dry. As your baby's umbilical cord heals, it will look like a scab. Do not try to remove the umbilical cord by picking or pulling at it. Allow the umbilical cord to fall off naturally. After the cord falls off, you may notice some slightly blood-tinged discharge which is normal. If you notice oozing that persists for more than a couple of days and has a foul odor, redness in the surrounding skin, or fever, you should report this to your baby's physician immediately.

Circumcision care

If considering circumcision, it is important to discuss all potential risks and benefits of the procedure with your baby's doctor, so you can make an informed decision.

There are different techniques (Plastibell, Gomco, Mogan) used by physicians when doing a circumcision. Dependent upon the technique your baby's physicians uses, after care of the circumcision will vary.

- Plastibell – Plastic ring device is used. There will be a plastic ring attached to the penis, and will usually fall off within the first week after the procedure.



- Gomco or Mogan – No device attached to the penis. Using petroleum jelly on the penis or diaper for the first few days or as instructed by your baby's physician can assist in healing and prevents the diaper from sticking.

You may see drops of blood in the first days after the circumcision. Urine is sterile; so, unless the head of the penis is soiled with stool, you should not wipe the head of the penis. To clean the area if it is soiled, use warm water and a washcloth and wipe gently. Change the diaper at least every four hours to keep it from sticking to the penis and inspect the circumcision. If you have any concerns about the appearance of the circumcision, or see more than a few drops of blood, you should notify your baby's physician.

Shaken Baby Syndrome

NEVER, NEVER, EVER SHAKE YOUR BABY

Shaken Baby Syndrome is a term used to describe traumatic injuries which an infant suffers when shaken vigorously.

Causes of Shaken Baby Syndrome

Your baby's head is supported by weak neck muscles, and the brain is small in comparison to the size of the head. When a baby is vigorously shaken, his/her head moves back and forth (similar to whiplash) which can cause bleeding and increased pressure in his/her head. Shaking your baby can cause blindness, deafness, learning disabilities, paralysis and death.



Symptoms

- Swollen soft spots on the head
- Larger than normal head size
- Bleeding in the eyes
- Excessive sleepiness or fussiness
- Seizures
- Projectile vomiting
- Unresponsiveness

What to expect

Babies spend a lot of time crying. This is how your baby communicates. Your baby will cry when he/she is hungry, cold, in pain, and for many other reasons. Babies are often shaken simply, because they won't stop crying. While most people understand they should not hit a baby, many people do not realize the potential injury which may be caused by shaking a baby. Please scan the QR code below and watch "The Period of Purple Crying" before you are admitted to the hospital. It is recommended that you have all individuals who will be caring for your baby watch this video as well.



Prevention

- Always support your baby's head and neck.
- Never toss or shake a baby (even if you are just playing).
- Educate family and other caregivers on the importance of never shaking your baby.

Immunizations

Immunizations (also referred to as shots or vaccinations) are one way to protect your baby against a variety of diseases. Your baby's healthcare provider will discuss the routine immunizations that your baby should receive and the recommended schedule of these immunizations.

Health and safety for your family at home

Smoke and carbon monoxide detectors

It is recommended that you have smoke and carbon monoxide detectors on each floor of your home and near sleeping areas. It is important to check them often to ensure that they are working properly. Batteries should be changed once a year or as needed (when you hear them making a chirping noise).

Water temperature and burns

Check your hot water heater settings. The thermostat should be set no higher than 120 degrees Fahrenheit. When giving your baby a bath, fill the tub up then check the temperature of the water with your skin first. Never fill the tub up with your baby in the tub. You should never hold your infant while you are carrying hot liquid or while you are cooking.

Second-hand smoke

Your baby is being exposed to second-hand smoke if you or someone you know smokes where your baby spends time or handles your baby after smoking. Babies exposed to second-hand smoke are more at risk of developing coughs/colds, asthma and ear infections, and they are at greater risk for SIDS (Sudden Infant Death Syndrome). Anyone who handles your baby after smoking should change their clothes and wash their face and hands. If you smoke and you are interested in information on smoking cessation, please speak with your healthcare provider or your local health department.

Choking

You should keep all objects smaller than the size of your baby's fist away from them. If you have older children, it is important that you discuss this with them. If your child is choking, you should not put your fingers in their mouth unless you can see the object and remove it. It is recommended that all caregivers be trained in infant and child CPR (cardiopulmonary resuscitation).

Falls

Babies rely on us to keep them safe. To avoid injury to your baby, it is important that you never leave your baby alone on any high surfaces such as a changing table, your bed, or sofa.

For more information about how to keep your baby safe, visit safekids.org or call your local health department to locate a SAFE KIDS coalition in your area.

Additional resources for you and your family

The Lawrence Public Library's Community Resource Specialist can guide you in connecting with community resources that meet your unique needs. Our Resource Specialist is highly knowledgeable about public, private, and government organizations that can assist patrons. They are equipped to provide information about the following topics:

- Health Insurance
- Medical / Dental / Behavioral Health Care
- Housing
- Legal Assistance
- Applying for benefits
- Rent & Utility Assistance
- and more

All assistance is free and available to the public. Our Resource Specialist can refer you to social service agencies when appropriate; however, we cannot provide counseling, therapy, or case management.

To get assistance, call 785-843-3833 ext. 136.



lplks.org/community-resources/



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