

# The Baby Care Book

NEONATAL INTENSIVE CARE UNIT



The  
**Childrens**  
Hospital

This book belongs to:

---

# contents

Illness and Taking Temperature	3
Diaper Care	4
Umbilical Cord Care	4
Bowel Movements	5
Bathing and Skin Care	6
Home Temperature and Dressing Your Baby	7
Feeding Your Baby	8
Feeding Positioning and Technique	9
Feeding Timing and Amount	9
Reflux Precautions	10
Vomiting	10
Breastmilk/Formula Preparation and Storage	11
Breathing Precautions and Problems	12
Bulb Syringe	13
Your Baby at Home with Oxygen	14
Hepatitis B and the Vaccine Shot Safety	16
Car Safety	18
Sleep Safety	19
Sleep Safe Environment	20
Choking Prevention	22
Poison Prevention	23
Infant CPR and First Aid for Choking	24
Important Information	25
Stress and Your NICU Experience	26
Tracking Your Baby's Weight	28
Baby Journal	29

# INFECTION CONTROL

---

When you came to the NICU, you washed your hands thoroughly. When you get home, anyone who touches the baby should wash his or her hands first.



## Because your baby may be at risk for catching colds and other infections:

- Always wash your hands before you hold your baby.
- Always wash your hands after you change your baby's diaper.
- Always wash your hands before you nurse your baby
- Always wash your hands before you prepare your baby's formula and bottle.
- Make sure family/visitors who will touch your baby wash their hands with soap and water.
- Limit visitors to 2 or 3 people at a time.
- If anyone has a runny nose, cough, or fever ask him or her to visit at another time.

- If anyone has a cold sore/fever blister- NO KISSING the baby.
- Try not to kiss baby on the hands or feet, they are the first thing baby puts in his/her mouth.
- Keep baby away from pets for at least the first month.
- Keep your baby indoors as much as possible. Take only necessary trips.
- Avoid crowds (for example: church, grocery store, mall) for 1-2 months after baby goes home.
- Baby should have his/her own washcloth and towel (not one that someone else used).
- Do not put something (for example, pacifier or bottle) in your mouth and then in baby's mouth.



## ILLNESS & TAKING TEMPERATURE

---

### CHANGES MIGHT INCLUDE:

- Your baby's breathing changes
- Your baby cries more and is difficult to calm
- Your baby is not eating as well, refuses to eat, or is vomiting
- Your baby is difficult to wake and not as active as usual
- Your baby has a cough that is not associated with feedings
- Your baby has frequent liquid stools within a short period of time (8 hours), foul smelling, or bloody stools
- Your baby does not have as many wet diapers as usual and the urine is darker
- Your baby's skin is pale
- Your baby feels very warm or very cold

A change in the way your baby acts could be a sign that your baby is sick. Always call your doctor if any of these changes happen. If you cannot get your doctor or nurse on the phone, take your baby to the emergency room.

### TEMPERATURE TAKING:

If you think your baby may be sick, take his/her temperature.

A digital thermometer placed under the arm is the best way to take your baby's temperature. Make sure the tip of the thermometer is in the armpit (axilla).

A normal underarm temperature should be between 97.7° - 99.0°F or 36.5° - 37.5°C. Any temperature more than one full degree above or below the normal range may be a sign of infection.

#### High temperature:

To help lower the baby's temperature, remove some clothing or bathe the baby in lukewarm (not cold) water. If the baby's temperature does not come down within 30 minutes, below 38°C or 100°F, call your doctor. Only give Tylenol if your doctor recommends. You may need to take your baby to the nearest emergency room.

#### Low temperature:

Hats and booties, as well as sleep sacks, help your baby keep warm. If your baby's temperature does not go up to 36.5°C or 97.7°F after trying these, call your doctor. You may need to take your baby to the nearest emergency room.

# DIAPER CARE



If the diaper area becomes red (irritated), leave the clean diaper area exposed to air. This will help the area heal.

If a rash appears, apply a diaper ointment that contains zinc oxide to clean, dry skin. If the rash persists for more than 3 days, call your baby's doctor for further instructions.

## DIAPER CARE OF YOUR INFANT:

Change your baby's diaper often.

- Keep the diaper area clean by washing gently with a clean washcloth using baby soap and warm water. Be sure to rinse off all the soap and allow the area to dry before putting on a new diaper. **Note:** diaper wipes may be irritating to your baby's skin.
- For boys - lift the scrotum and wash all the skin folds carefully with warm water. If your baby is not circumcised, do not pull back the foreskin. This is not only painful for your baby but can cause an infection.
- For girls- Always wipe gently from front to back to avoid spreading bacteria into the vaginal area. Use a clean cloth with each wipe. Separate the skin folds and wash gently with plain warm water.
- Remember to always wash your hands before and after changing a diaper.

**If you would like to have your baby boy circumcised, please tell his doctor.**

## CARE OF THE CIRCUMCISED PENIS:

- For the first few days, the tip of the penis may be red and have yellow drainage.
- Gomco circumcision: apply petroleum jelly and gauze for 1-2 days with each diaper change, to keep the diaper from sticking to the penis.

- Plastibell circumcision: the plastic ring and string usually drops off within 5 to 8 days
- Keep the penis clean until healed, about 7 to 10 days.
- Call your doctor if there is swelling or foul-smelling drainage, redness that gets worse after 3 days, and if there is more than a few drops of blood from the circumcision

## UMBILICAL CORD CARE

Keep the umbilical cord clean and dry

- Clean around the base of the cord several times a day with a cotton ball and water.  
**Note:** It is no longer recommended to use alcohol on the cord.
- Keep the diaper below the cord until it falls off and there is no drainage.
- The cord should fall off in about 7 to 14 days.

Watch for any of these signs of infection. If any are present, call your doctor:

- Redness
- Swelling
- Tenderness
- Yellow or green drainage, or a foul smell

# BOWEL MOVEMENTS

---

## NORMAL BOWEL MOVEMENT:

Your baby's first bowel movements (stools) are called meconium and they are black in color and tarry. As your baby begins feedings, the stools will change to a yellow or light brown color and will be soft and mushy or runny and seedy.

It is not uncommon for breastfed babies to have a stool with every feeding. Babies getting mother's milk should have 4 stools a day for the first 4-6 weeks of life. Some formula-fed babies have a stool with every feeding while others may have one a day or every other day.

## CONSTIPATION AND DIARRHEA:

If your baby has not had a stool in 2-3 days and seems uncomfortable or is only having hard, pebble-like stools, your baby may be constipated. Call your doctor for directions. Friends or family may have home remedies, but it is always best to talk with your doctor before giving your baby any remedy.

Do not give honey to babies younger than 1 year of age. Your baby could have an allergic reaction to the honey. If your doctor recommends Karo syrup, store the open bottle in the fridge and use as directed by your doctor.

If your baby has 3 or more watery liquid stools (diarrhea) in a 6-8 hour period, call your doctor for directions. Your baby could become dehydrated very quickly.

## SIGNS OF DEHYDRATION (CALL YOUR DOCTOR IF THE BABY HAS ANY OF THESE SIGNS):

- Dry mouth or thick saliva
- Small amounts of dark urine in diaper
- The soft spot (fontanel) on the head sinks when baby is held upright or in a sitting position
- Skin forms a "tent" when pinched or stays pinched up
- Baby may be fussy, sleepy, not hungry, or difficult to wake up





## BATHING & SKIN CARE

Until the umbilical cord falls off, your baby will need a sponge bath. After the cord falls off, the baby may be given a bath in the tub.

- Baths may be given in a small tub or sink. A small towel may be placed in the bottom of the tub or sink to prevent slipping.
- Choose a time for bathing when mother and baby are rested, before a feeding.
- This can be an enjoyable playtime for both.
- Your baby does not need to be bathed every day.
- Remember that babies are very slippery when wet, especially when soapy.
- NEVER leave baby alone in the tub, not even for a few seconds.
- Always bring everything you need for the bath to the tub before you begin.

### Temperature of room and water:

- Choose a location in which there are no drafts.
- The room should be comfortably warm.
- Water should be warm, not hot. You can test it with your wrist or elbow to check the temperature.

### Techniques for washing your baby:

- Use plain water for washing the baby's face. This may be done first, even before placing the baby in the tub or sink. Gently wipe the eyes with a washcloth, from the inner corner of the eye to the outer. Then, wash the rest of the face
- Do not use cotton swabs (Q-tips) to clean the ears, use a washcloth.
- Wash small areas at a time. If giving a sponge bath, dry each area after washing. You may keep other areas covered, such as with a receiving blanket (this is to prevent chilling).
- Milk and dirt can collect in the baby's skin folds, such as the neck. Clean well between the creases.
- Do not be afraid to wash baby's head. You may use a washcloth or baby brush. Use thorough cleaning to prevent "cradle cap."
- Wash the diaper area last. Wash girls' genitalia from front to back. With boys, wash the tip of the penis and clean downward; do not try to pull back the foreskin on an uncircumcised penis.

### Soaps, lotions, etc.:

- Use a mild soap such as ivory or use baby soap or baby shampoo.
- Lotions are not necessary. If desired, use baby lotions, not cosmetic lotions.
- Baby oil and Vaseline may clog the baby's skin pores, Aquaphor will not.
- Do not use baby powder or cornstarch; the small particles tend to collect in a baby's small airways in the lungs.



## HOME TEMPERATURE & DRESSING YOUR BABY

- It is recommended you hold your baby skin-to-skin for several hours each day, especially if you are breast feeding. Cover you and your baby with a blanket, if necessary.
- Keep your house at a temperature that is comfortable for you (dress your infant appropriately).
- Keep your baby away from drafts, air vents, open windows, or fans.

### Weather/outside conditions:

- Keep the baby out of direct sunlight when outdoors.
- Dress for the weather. For example, the baby may need a sweater and hat on a windy, cool day.

### How warm should I dress my baby?

- Dress your baby like you are dressed for the day.
- The best way to tell if your baby is dressed warm enough is to look at and touch his/her skin.

- If the baby's hands are cold and blue, or blotchy (spotted), add socks, a hat, or sweater.
- If your baby is restless or fussy and his/her skin is flushed (red) and feels hot to touch, remove a piece of clothing.
- If your baby remains cold or hot after adjusting his/her clothing, take your baby's temperature with a digital thermometer. Your baby could be sick.

### Clothing:

- Avoid tight-fitting, rough, and irritating clothing on the baby. Use soft bed linen and blankets.
- Always wash new clothing before using it. This washes out the sizing that can irritate the baby's skin.
- Flame retardant fitted sheets and clothing should be air-dried or placed in dryer on warm or cool setting (high heat will make the fabrics rough).
- Wash clothes with mild soap such as Ivory or Dreft.
- Use two rinse cycles during washing to make sure all the soap is removed. Soap left in clothing can irritate the baby's skin.
- Liquid fabric softener is OK, but avoid bleach. Bleach can irritate the baby's skin.

# FEEDING YOUR BABY

---



## Breast Milk

The American Academy of Pediatrics recommends breast-feeding or providing breast milk until your baby is at least 1 year of age.

If you have been pumping milk for your baby during his/her NICU stay or if you have been doing kangaroo care with your baby, he/she will already feel comfortable next to your breast. Nursing your baby as early and as often as possible is important for two reasons: maintaining your milk supply and having time for learning and practicing before you go home. There are a number of nurses and lactation consultants who can help you with nursing.

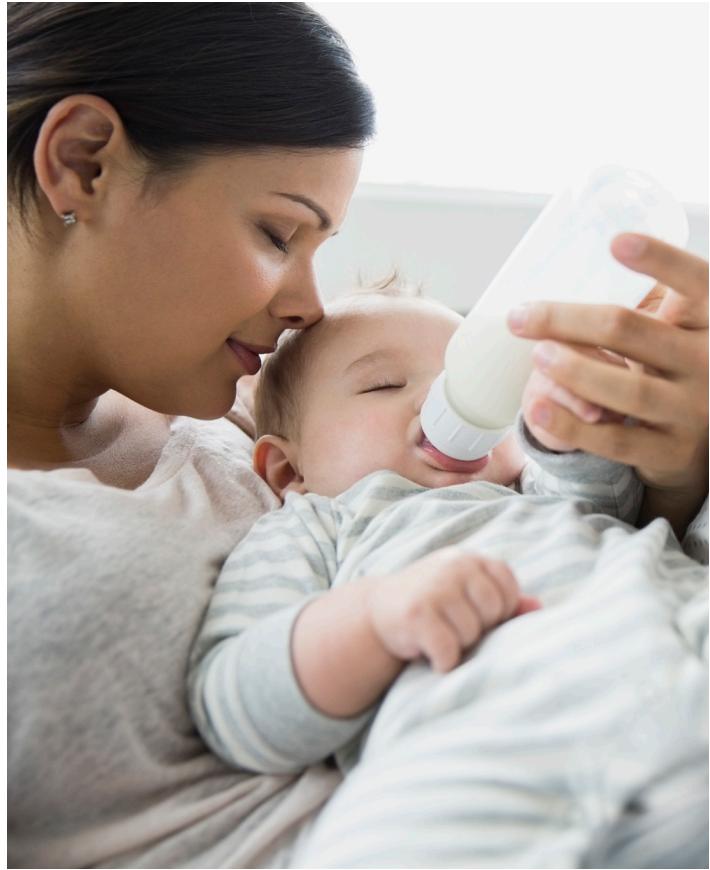
Mothers are sometimes concerned about how much milk the baby is getting during breastfeeding. If possible, to weigh your baby before and after breastfeeding to measure intake (test weights). Test weights may be reassuring to you as you begin to breastfeed. As your baby grows, test weights may not be needed.

Some babies may be exclusively breastfeeding when it is time to leave the hospital. Other babies may be partly breastfeeding and taking some milk by bottle. Whether your baby is fully breastfeeding or partly breastfeeding, it is important that you feel confident in feeding your baby before your baby goes home. A lactation consultant will teach you the signs of effective breastfeeding. Some premature babies may need extra calories, or nutrients, that may not be available in mother's milk. Please talk to your doctor about any needed supplements.

## Formula

- If your baby is not receiving mother's milk, there are formulas that provide nutrition to meet your baby's needs.
- When some babies go home, they need more calories than are in regular formula. Before you go home, your nurse will show you how to prepare higher calorie formula, if ordered by your doctor.

# FEEDING POSITIONING & TECHNIQUE



## Breastfeeding:

- Place your hand under your baby's head when picking him/her up or moving him/her.
- Your nurse or a lactation consultant can help you with breastfeeding your baby.
- There are four main breastfeeding positions:  
Cradle hold: hold your baby across your chest with his head in the crook of your arm.
  - Football hold: hold baby to your side with your arm under your baby's back and head.
  - Cross cradle: hold baby across your chest to one side with the opposite arm each other.
- Lift breast with hand, keeping fingers far enough from nipple to help infant grasp nipple and about an inch of the areola (dark area around the nipple). Touch the baby's lips with nipple. When his/her mouth is open wide, with tongue down and forward, place your nipple and areola in his/her mouth and pull infant close.
- A pillow under your arm and the baby may help.

## Bottle feeding:

- Always hold your baby when bottle feeding.
- Never prop a bottle. Propping a bottle can cause choking and can lead to ear infections.
- Hold your baby sitting up slightly in the crook of your arm, or in your lap facing you with one hand behind your baby's head and back. Hold the bottle so that formula fills the nipple and neck of the bottle. Be sure your baby's tongue is down. A finger placed under his/her chin may help.

- You can burp your baby by holding baby on your lap with one hand gently holding baby's chin and the other hand gently rubbing or patting his/her back.
- You can also burp your baby by holding baby up on your shoulder with his/her head turned to one side.

## Timing and amount:

- At first your baby will take about the same amount each feeding as he/she did in the hospital. Premature babies eat 6-8 times a day when they go home. As the baby grows he/she will take more with each feeding and not eat as often. Check with your baby's doctor before going longer between feedings.
- In general, your baby should eat every 3 hours. A bottle feeding should not take longer than 30 minutes.
- Time and amount varies for breastfeeding babies. At discharge, most breastfeeding babies need to nurse every 2-3 hours, or at least 8 times in 24 hours.



## REFLUX PRECAUTIONS

Reflux is when the muscle just above your baby's stomach isn't yet strong enough to keep the milk from running back up into the esophagus or food tube. Babies fed mother's milk are less likely to have reflux.

### The following may help:

- When nursing, keep your baby's head higher than his stomach. The cradle and football holds are the easiest positions for keeping your baby more upright.
- Hold your baby upright with the head higher than his/her stomach after feedings.
- Change your baby's diaper before a feeding.
- More frequent burping may help if your baby spits up after feedings.

- If your baby goes home on medication for reflux, give the medication until your baby's doctor tells you to stop.
- Place a blanket under one end of the baby's mattress, so his/her head will be higher than his/her bottom when the baby is sleeping only when told to do so by the baby's doctor.

### Vomiting

It is normal for your baby to have a wet burp or to spit up some formula after or during feedings. It is not normal to vomit before, during, or after feedings. If you are unsure if your baby is spitting up or vomiting, contact your health care professional.

# BREASTMILK/FORMULA PREPARATION & STORAGE

- Do not use a microwave to heat formula or human milk.
- Once the baby drinks out of a bottle, throw the rest of the milk in the bottle away.
- Wash bottles and nipples in hot soapy water or in the dishwasher.
- Your baby does not need plain water.
- Ask your pediatrician first before giving your baby juice or cereal.
- No cow's milk until after the age of 1.

## If you are feeding your baby formula:

- Formula comes in three forms: powder, liquid concentrate, and ready to feed.
- Use an iron-fortified infant formula for babies less than 1 year old.
- Check the expiration date on the formula can.
- Always wash hands before mixing formula.
- Read and follow the directions for mixing.
- Concentrated liquid formula is good for 48 hours in the refrigerator after diluting.

- Powdered formula should be used within 1 month of opening. Refrigerate and use any unused formula within 48 hours after mixing.

- Most city water supplies are safe. If your water comes from a well it needs to be tested before you use it for your baby's formula (this can be done by calling the Oklahoma Department of Health, your county health department, or your city water utility office). Well water may need to be boiled for 15 minutes before mixing into formula.

## Storage of mother's milk

- Guidelines for storing mother's milk at home are less strict than when your baby is in the hospital. You will be given information for storage of milk at home before your baby's discharge.
- Sometimes babies receiving mother's milk need nutritional supplements specific to their condition. Please talk to your doctor about this if you are feeding your premature baby breast milk.



# BREATHING PRECAUTIONS & PROBLEMS

---



**Home care for baby is directed toward preventing breathing problems:**

- DO NOT SMOKE OR ALLOW ANYONE ELSE TO SMOKE AROUND YOUR BABY!
- Keep your baby indoors and away from crowds for one month after leaving the hospital.
- Do not use baby powder, cornstarch, or aerosol spray on, or around your baby (the particles may fly into the air and your baby can breathe them into his/her lungs).
- You may use a cool mist (water) humidifier if the air seems dry (carefully follow the manufacturer's directions for cleaning).

## **Signs of breathing problems**

Seek immediate medical attention if your baby has any of the following signs that don't go away quickly:

- No breathing/apnea (remember ABCs of CPR training)
- Blueness of the gums and lips
- Deep pulling in (retractions) of skin around the ribs when breathing
- Fast breathing: more than 60 times per minute when resting
- Wheezing, or noisy breathing
- Restlessness, and is unable to settle down (fussy and crying for an extended period of time)
- Lack of energy or easily tiring (especially over the last 2 or 3 feedings)
- Runny nose or increase in secretions
- Suctioning yellow or green secretions from baby



**Remember:** babies breathe through their noses, so they must be kept clean. A bulb syringe is used to suction a baby's nose or mouth.

## BULB SYRINGE

### When to suction your baby's nose and mouth with a bulb syringe:

- Your baby's nose sounds stuffy or congested.
- You can see mucus or drainage coming from the nose.
- Your baby is having trouble breathing.
- Your baby vomits and there is milk blocking the airway.
- If your doctor tells you to.

### How to use a bulb syringe:

- Wash your hands.
- Buy saline spray at the drug or grocery store (make sure it does not contain benzyl alcohol).
- Lay your baby on his/her back in your lap with his head between your knees and his feet against your tummy. Let his/her head drop back slightly.
- Squirt twice or place one or two drops of saline solution in the infant's nose. Do not use more than a few drops.

- Allow the saline to stay in the nose for a few seconds
- Squeeze the round part of the bulb syringe flat. Then gently put the syringe tip in one nostril, or mouth. Slowly release the round bulb it will expand and create suction. Remove the syringe and forcefully squeeze the syringe into a sink or tissue to remove the mucous.
- Wipe off the syringe with a clean cloth and repeat for the other nostril or mouth if needed.
- Clean the bulb syringe with warm soapy water and allow to air dry after use.

You can repeat this process up to 4-5 times a day. Do not use nasal saline for more than 4 days in a row because it can dry out the nose and cause irritation and swelling. If your baby's nose is still stuffy and the baby is having problems with breathing and/or eating, call your doctor.



## YOUR BABY AT HOME WITH OXYGEN

---

Some babies need to go home with extra oxygen provided from an oxygen tank. If your baby needs this, this section is for you.

Watch your baby for difficulty with breathing. If your baby starts to have problems, you will be able to adjust the oxygen to help the baby. You should not be afraid to turn the oxygen up if your baby is trying to tell you that he/she needs a little more.

Before adjusting the baby's oxygen, always check:

- Are the nasal prongs in the baby's nostrils?
- Are the nasal prongs plugged with mucus?
- Are all connections from the oxygen to the baby secured?

### Signs that indicate breathing problems:

- **Apnea (not breathing):** This situation is an **EMERGENCY!** The monitor alarms will go off, the baby will look blue or dusky, the chest will not be moving, you will feel no airflow from the nose or mouth, and the baby will be unresponsive
- **Stimulate your baby, and immediately increase your baby's oxygen to 1-2 liters and continue with infant CPR as you have been trained.**

The oxygen is turned up so that with the first breath your baby takes, he/she gets a large burst of oxygen. Oxygen will help your baby to recover, but is only an aid to your stimulation and CPR actions (you would still need to get a tight seal around the nose and mouth during rescue breathing).

- **Color:** One of the best signs is the baby's color. Look inside the mouth to see if the tongue and gums are pink; a pink mouth is a sign of good oxygenation.

If your child is dusky or bluish, especially in the mouth, he/she may be telling you that more oxygen is needed. You should adjust the oxygen up to the next number or flow



rate on the meter and watch closely to see if your child pinks up. If your baby's color improves but he/she remains a little bluish after about 15 minutes, adjust the oxygen again and contact your doctor. If the baby pinks up and is doing well after the first adjustment, leave the oxygen on the higher level and contact your doctor or clinic nurses.

- **Retractions:** Deep pulling in of the skin around the ribs. The chest is pulling in toward the backbone and the baby has to work very hard to breathe.

Adjust the oxygen a little higher, one level at a time using the meter to help make it easier to breath. If your baby does not get relief, call your doctor.

- **Respiratory rate:** This is the number of times that your baby is breathing in a minute (in and out = 1 breath). If the rate is very fast (more than 60 breaths per minute), for more than 1 hour, your baby is working too hard to breathe.

Increase the oxygen one notch or flow rate on the meter, waiting 15 minutes between adjustments, to see how the baby responds.

If your baby does not get any better after you have increased it one or two times, notify your doctor or nurse for help. You may need to take your baby to the doctor or emergency room.

- **Restlessness:** If your baby is very restless, fussy, crying a lot and is unable to settle down, or is unable to sleep any length of time, it may be a sign your baby is having a breathing problem. This can be a sign that your baby cannot get comfortable and may need more oxygen. Increase the oxygen as stated above. Be sure to look for other signs, such as a stomachache or being over- or under-dressed which can cause the same reactions.

- **Feeding problems:** Your baby may need more oxygen if, for the last two feedings, your baby tires quickly and does not eat well or if the "slow heart rate" alarms sound on your home monitor during feedings, it may mean a problem.

If you are having this problem, you may need to adjust the oxygen to a higher level. Notify your doctor or nurse. It sometimes is necessary to increase the oxygen one notch while your baby is eating. Getting the correct amount of food is very important for your baby to gain weight and grow properly. Increased work of breathing will cause your baby to burn more calories and not have proper weight gain. So, some additional oxygen during feedings may be needed to help this problem.

#### Adjusting oxygen

- You may increase the oxygen very fast in emergency situations, but you must decrease it very slowly. If your child responds to stimulation and begins to breathe on his/her own, leave the oxygen at the present setting (approximately 1-2 liters if he/she stopped breathing) for 30-45 minutes. If your baby is then breathing comfortably, you may start to slowly decrease the oxygen.
- To decrease the oxygen, turn the flow rate down one level at a time (if it had been up to 2 liters, you would reduce 1 liter, then to the next setting on the scale).

Each time that you adjust the oxygen downward, wait approximately 20-45 minutes, allowing your baby to adjust to the lower oxygen level.

- You will be trying to gradually return to the setting that was usual for your baby before the episode. As you decrease the oxygen, watch your baby closely for any signs of distress. If your baby is doing well on the level above the original setting but shows signs of problems when you reduce to the original setting, leave it at the higher setting.
- Notify your doctor or nurse of what has happened. If necessary, call the ambulance for help.

**REMEMBER THAT IF YOUR BABY IS HAVING MEDICAL PROBLEMS, CALL YOUR DOCTOR, NURSE, OR EMERGENCY ROOM FOR HELP!**

# Hepatitis B and the Vaccine (Shot) to Prevent It

Last updated August 2018

**The best way to protect against hepatitis B is by getting the hepatitis B vaccine. Doctors recommend that all children get the vaccine.**

## Why should my child get the hepatitis B shot?

The hepatitis B shot:

- Protects your child against hepatitis B, a potentially serious disease.
- Protects other people from the disease because children with hepatitis B usually don't have symptoms, but they may pass the disease to others without anyone knowing they were infected.
- Prevents your child from developing liver disease and cancer from hepatitis B.
- Keeps your child from missing school or childcare (and keeps you from missing work to care for your sick child).

## Is the hepatitis B shot safe?

The hepatitis B vaccine is very safe, and it is effective at preventing hepatitis B. Vaccines, like any medicine, can have side effects. But serious side effects caused by the hepatitis B vaccine are extremely rare.

## What are the side effects?

Most people who get the hepatitis B vaccine will have no side effects at all. When side effects do occur, they are often very mild, such as a low fever (less than 101 degrees) or a sore arm from the shot.

## What is hepatitis B?

Hepatitis B is a contagious liver disease caused by the hepatitis B virus. When a person is first infected with the virus, he or she can develop an “acute” (short-term) infection. Acute hepatitis B refers to the first 6 months after someone is infected with the hepatitis B virus. This infection can range from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people are able to fight the infection and clear the virus.

For others, the infection remains and is “chronic,” or lifelong. Chronic hepatitis B refers to the infection when it remains active instead of getting better after 6 months. Over time, the infection can cause serious health problems, and even liver cancer.



CDC recommends that your child get three doses of the hepatitis B shot for best protection at the following ages:

- Shortly after birth,
- 1 through 2 months, and
- 6 through 18 months



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## **What are the symptoms of hepatitis B?**

Infants and young children usually show no symptoms. But, in about 7 out of 10 older children and adults, recent hepatitis B infection causes the following:

- Loss of appetite (not wanting to eat)
- Fever
- Tiredness
- Pain in muscles, joints, and stomach
- Nausea, diarrhea, and vomiting
- Dark urine
- Yellow skin and eyes

These symptoms usually appear 3 or 4 months after a person gets the virus.

## **Is it serious?**

Hepatitis B can be very serious. Most people with a recent hepatitis B infection may feel sick for a few weeks to several months. Some people get over the illness. For other people, the virus infection remains active in their bodies for the rest of their life.

Although people with lifelong hepatitis B usually don't have symptoms, the virus causes liver damage over time and could lead to liver cancer. There is no cure for hepatitis B, but treatment can help prevent serious problems.

## **How does hepatitis B spread?**

Hepatitis B virus spreads through blood or other body fluids that contain small amounts of blood from an infected person. People can spread the virus even when they have no symptoms.

Babies and children can get hepatitis B in the following ways:

- At birth from their infected mother.
- Being bitten by an infected person.
- By touching open cuts or sores of an infected person.
- Through sharing toothbrushes or other personal items used by an infected person.
- From food that was chewed (for a baby) by an infected person.

The virus can live on objects for 7 days or more. Even if you don't see any blood, there could be virus on an object.

## **Where can I learn more about the hepatitis B vaccine and my child?**

To learn more about the hepatitis B vaccine, talk to your child's doctor, call 1-800-CDC-INFO or visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents).

### **The Hepatitis B Vaccine Dose at Birth**

It's hard to imagine putting your newborn through the pain of a shot. But a little stick early in life is an important first step to protecting your baby against a deadly disease.

All babies should get the first shot of hepatitis B vaccine shortly after birth. This shot acts as a safety net, reducing the risk of getting the disease from moms or family members who may not know they are infected with hepatitis B.

When a mom has hepatitis B, there's an additional medicine that can help protect the baby against hepatitis B, called the hepatitis B immune globulin (HBIG). HBIG gives a baby's body a "boost" or extra help to fight the virus as soon as he is born. This shot works best when the baby gets it within the first 12 hours of his life. The baby will also need to complete the full hepatitis B vaccination series for best protection.



## CAR SAFETY

- Follow car seat instructions and vehicle owner's manual to install and use the infant car seat correctly.
- Place the car seat in the back seat of the car facing the rear. The center position is usually safest, but read your automobile owner's and car seat manuals to ensure safest positioning.
- Make sure the seat belt is tight and through the correct belt path of the car seat. Fasten the harness snugly over your baby's shoulders with the chest clip at the armpit level.
- DO NOT use a rear-facing child seat in the front seat of the car if it has front passenger-side air bags
- Keep your infant rear facing as long as possible, until at least 2 years old. This is safest. It protects your baby from head and spinal cord injury.



## SLEEP SAFETY

The American Academy of Pediatrics (AAP) has expanded the guidelines for infant safe sleep. Follow these safe sleep practices to help decrease the chances of Sudden Infant Death Syndrome (SIDS) and other sleep related deaths

### Also keep in mind:

- SIDS is the sudden, unexpected death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation.
- SIDS is the leading cause of death among infants between 1 month and 1 year of age.
- African-American and American-Indian/Alaskan-Native babies are at higher risk of SIDS than infants of other races and ethnicities.

## FALLS

- Never leave your baby in a high place, such as a bed or changing table without your hand on them.
- Always strap your baby in when using a swing, high chair, or grocery shopping cart.
- Do not use baby walkers; children are injured in them more often than any other nursery product.

## BURNS

- Never microwave formula or breast milk. Always warm the bottle in a bowl of warm water and test on your wrist before feeding.
- Your hot water heater should be turned to 120-130 degrees
- Use outlet covers on all electrical outlets.
- Keep electrical cords out of reach.
- Use cool mist humidifiers instead of vaporizers.
- If you smoke (ask your nurse about help to quit), never do so while holding your baby.
- Never hold your baby while drinking hot liquids.

## SHAKEN BABY

- Never shake or hit your baby, it could lead to brain damage, blindness, or death.
- Always handle your baby with care.
- Support baby's head at all times.
- Do not hold your baby upside down, bounce baby roughly, or toss baby up in the air.
- Never take baby's cries personally. Babies cry for many reasons and some cry a lot. It is normal to feel frustrated or tense when this happens, but never take it out on your baby.
- If you feel angry or frustrated, take a break. Make sure your baby is safe and go to another room. Ask for help: have a partner, friend, or relative care for your baby for a while. Talk to someone: talk to a healthcare provider to get help.



Appropriate outlet cover

# What Does A Safe Sleep Environment Look Like?

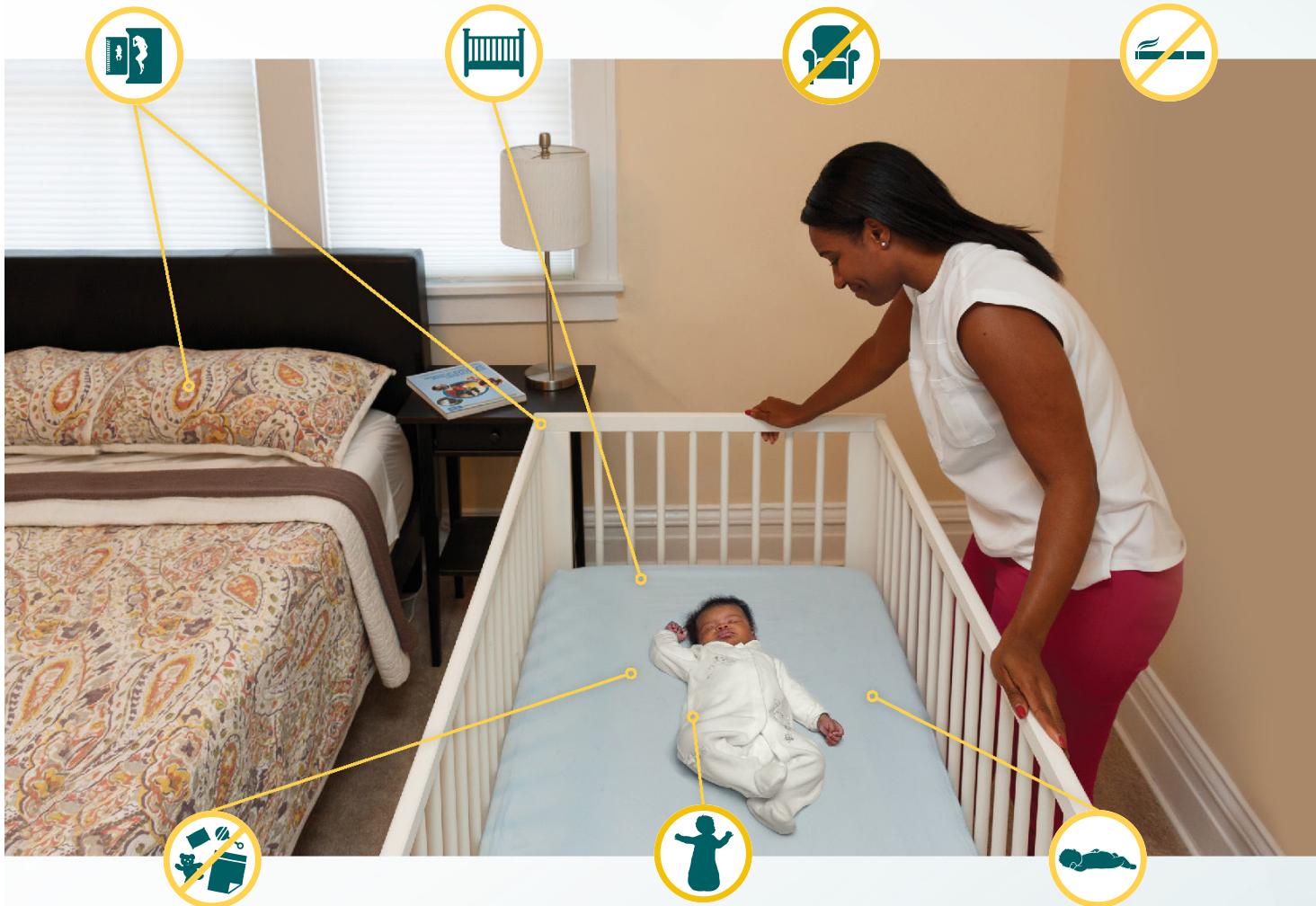
The image below shows a safe infant sleep environment.

Baby's sleep area is in the same room, next to where parents sleep.

Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Do not smoke or let anyone else smoke around your baby.



Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

Always place your baby on his or her back to sleep, for naps and at night.



Eunice Kennedy Shriver National Institute  
of Child Health and Human Development



\* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.

# Safe Sleep For Your Baby

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

-  Always place baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
-  Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet with no other bedding or soft items in the sleep area.
-  Share your room with baby. Keep baby in your room close to your bed, but on a separate surface designed for infants, ideally for baby's first year, but at least for the first 6 months.
-  Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area.

To reduce the risk of SIDS, women should:

-  Get regular prenatal care during pregnancy.
-  Avoid smoking, drinking alcohol, and using marijuana or illegal drugs during pregnancy or after the baby is born.
-  Do not smoke during pregnancy, and do not smoke or allow smoking around your baby or in your baby's environment.
-  Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS. Wait until breastfeeding is well established (often by 3 to 4 weeks) before offering a pacifier.
-  Do not let your baby get too hot during sleep.

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](mailto:SafetoSleep@mail.nih.gov)

**Website:** <http://safetosleep.nichd.nih.gov>

**Mail:** 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425

**Federal Relay Service:** Dial 7-1-1



**Breastfeed your baby to reduce the risk of SIDS.** Breastfeeding has many health benefits for mother and baby. If you fall asleep while feeding or comforting baby in an adult bed, place him or her back in a separate sleep area as soon as you wake up.



Follow guidance from your health care provider on your baby's vaccines and regular health checkups.



Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS.



Do not use heart or breathing monitors in the home to reduce the risk of SIDS.



Give your baby plenty of tummy time when he or she is awake and someone is watching.

\* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at **1-800-638-2772** or <http://www.cpsc.gov>.



Choking occurs when an object blocks the airway, preventing oxygen from getting to the lungs. Many objects can be choking hazards. A good rule of thumb is if it fits inside a toilet paper roll, it is a choking hazard.

**Food and objects that are choking hazards:**

- Hot dogs
- Nuts
- Chunks of meat, cheese, raw fruit, or vegetables
- Hard or sticky candy
- Popcorn
- Peanut butter sandwiches
- Latex balloons
- Coins
- Marbles
- Pen or marker caps
- Small buttons or batteries
- Small toys or toy parts (Barbie shoes, Lego pieces, etc.)

**Prevent choking:**

- Keep the above foods and objects away from children under 4 years of age.
- Infants should never have their bottles propped.
- Insist children eat sitting down. They should never walk, run, or play with food in their mouth.
- Cut food for infants and children, and teach them to chew well.
- Supervise mealtimes. Do not allow older brothers or sisters to give the infant or child dangerous foods or objects.
- Follow age recommendations on toy packages.

**CALL 911 IMMEDIATELY IF THE INFANT OR CHILD BECOMES UNRESPONSIVE.**



A poison is anything that someone eats, breathes or gets in the eyes or on the skin that can cause illness.

**Poisons come in many shapes and sizes:**

- Medications not prescribed to the person: never give your child a medication that does not belong to your child
- Household products: many cleaners, pesticides and fuels are poisonous. Antifreeze and windshield wiper fluid are very poisonous. They are attractive to children because of the color and may be mistaken for a flavored drink.
- Personal care products: powder, fingernail polish, mouthwash, hair products, and skin products can be poisonous
- Plants: philodendron, wild mushrooms, holly berries, and foxglove are just a few of the poisonous household plants.
- Other: paints (especially lead-based paints) and carbon monoxide are also concerns.

**Prevent poisoning:**

- Store medicines and products out of reach (do not store products under the sink or on a low shelf or table).
- Store products in their original package. The information contained on the label will help the poison control center know how to treat in case of poisoning.

**Use products safely:**

- Read label carefully for proper use.
- When using poisonous products, never leave them unattended.
- Put the poisonous products away in a safe place after use. Make sure the container is closed tightly.
- Never call medicine “candy.”
- Install carbon monoxide detectors.
- Check house for peeling paint and repair as needed. If you are unsure whether the paint contains lead, contact a certified professional.

**CALL THE OKLAHOMA CENTER FOR POISON AND DRUG INFORMATION IMMEDIATELY FOR KNOWN OR SUSPECTED POISONING TOLL-FREE AT (800) 222-1222 OR LOCALLY AT (405) 271-5454.**

# INFANT CPR & FIRST AID FOR CHOKING

## CPR for Infants



AIRWAY



BREATHING



COMPRESSIONS

### For infant CPR:

1. Look at your baby.
2. If your baby does not move, gently tap on the bottom of his/her foot and call his/her name.
3. If your baby does not respond and someone is with you, tell him or her to call 911 now.
4. If there is no breathing or only gasping, begin compressions. Do 30 quick compressions using your two fingers at the nipple line.

5. Then give two breaths (small puffs of air), with your mouth over the baby's mouth and nose. Watch for the baby's chest to rise.
6. Continue the 30 compressions followed with the 2 breaths. Repeat this 5 times in two minutes.
7. Check for signs of circulation and call 911 if no one has done so.

### If your baby is choking:

1. If the baby is coughing let the baby try to cough the object out.
2. If the baby is gasping, wheezing and/or turning blue give 5 back blows (between the shoulder blades) and 5 chest thrusts (two fingers between the baby's nipples) with the baby's head lower than the body, until the object comes out. Be sure to support the head and neck.
3. If the baby becomes unconscious (not moving), call 911 and then check the mouth for the object.
4. If you can see the object and can remove it with your little finger, do so. If you cannot remove the object or cannot see it, begin CPR.
5. Give 30 chest compressions followed with 2 breaths.
6. Check the baby's mouth for the object each time you try to give a breath.
7. Continue this cycle until help arrives or the baby shows signs of circulation (coughing, breathing, or moving).



# Important Information

Baby's name: \_\_\_\_\_

Nearest hospital: \_\_\_\_\_

Baby's doctor: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

Your address: \_\_\_\_\_

Directions to your house from the police and fire station: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Medical System (EMS): 911**

**The Oklahoma Center for Poison and Drug Information: (405) 271-5454 (local) or 800-222-1222 (toll-free)**

Other emergency telephone numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KEEP THIS PAGE BY YOUR MAIN PHONE.**

**Fill out all the information.  
Review this with family, friends and babysitters.**



## STRESS & YOUR NICU EXPERIENCE

---

For some mothers, fathers or other caregivers, having a baby in the NICU can be a very upsetting event. When your baby is sick you may feel frightened, helpless and overwhelmed.

If you feel afraid and upset weeks or even months later, it's time to talk with your doctor. You may have post-traumatic stress disorder (PTSD).

### **Some signs of a higher level of stress may include:**

- Repeated upsetting dreams about your baby's time in the NICU.
- Flashbacks or feeling like the NICU experience is happening again.
- Hopelessness about the future.
- Feeling worried, guilty, or sad.
- Feeling alone.
- Having trouble sleeping.
- Feeling irritable and on edge.
- Angry outbursts.
- Thoughts of hurting yourself or others.



**Here are some suggestions to help you have less stress while in the NICU:**

- Celebrate your baby's 'firsts'.
- Hold your baby skin-to-skin as often as possible when he or she feels well.

Consider talking with another family who has had a similar NICU experience by contacting the Oklahoma Family Network. Their phone number is: 405-271-5072 or toll-free at 877-871-5072

**Be with your baby as often as possible. Your baby already knows you and needs your support to feel better. You can:**

- Quietly hold your baby's hand
- Cradle your baby with your hands
- Whisper to your baby
- Read to your baby
- Help with your baby's care
- Place a small soft cloth you have worn against your skin near your baby's face; your baby will be soothed by your familiar scent.

PTSD can be treated to reduce your stress level. Treatment may include talking with a professional, taking a medication or both. Using alcohol or drugs will NOT make PTSD go away and may make it worse.

**Here is a list of resources to help you:**

- Talk to your doctor about your feelings; ask for a suggestion for help from a professional who is an expert in feelings.
- Ask your doctor for a list of mental health resources. If you receive benefits from the SoonerCare program you may call their toll free behavioral health number, (800) 652-2010, for a list of mental health resources in your area.

**If your doctor feels you have PTSD it's important to:**

- Follow the advice of your health care provider.
- Take care of yourself. Get plenty of rest, exercise and eat a balanced diet.
- Talk to someone you trust.
- Consider joining a support group.

**If you experience these feelings while your baby is in the hospital, help is available from the Urgent Care clinic on the 4th floor of the hospital. Other hospital resources include:**

- Talking to your hospital social worker
- Talking to the hospital chaplain.
- Talking to your baby's nurse or doctor.

**Internet resources for families:**

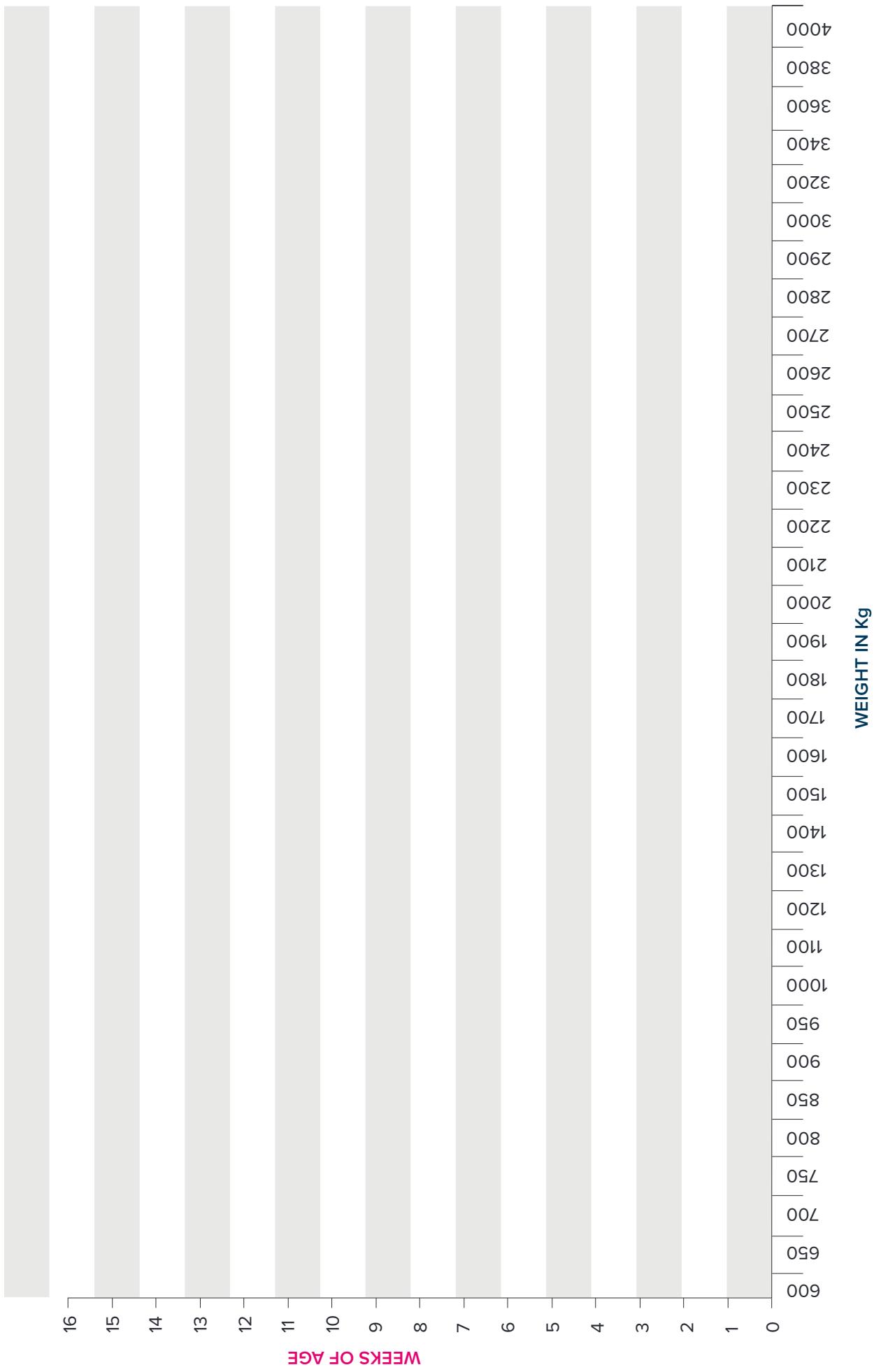
Community information about postpartum depression & PTSD  
[www.postpartum.net](http://www.postpartum.net)

Men get postpartum depression, too  
[www.postpartummen.com](http://www.postpartummen.com)

Partnering with another family whose baby was in the NICU  
[www.oklahomafamilynetwork.org](http://www.oklahomafamilynetwork.org)

**IF YOUR LEVEL OF STRESS HAS LEFT YOU FEELING LIKE YOU MAY HURT YOURSELF OR OTHERS, CALL 911 IMMEDIATELY. YOU ARE NOT ALONE AND YOU CAN GET HELP RIGHT AWAY.**

# Tracking Your Baby's Weight



# Baby Journal

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

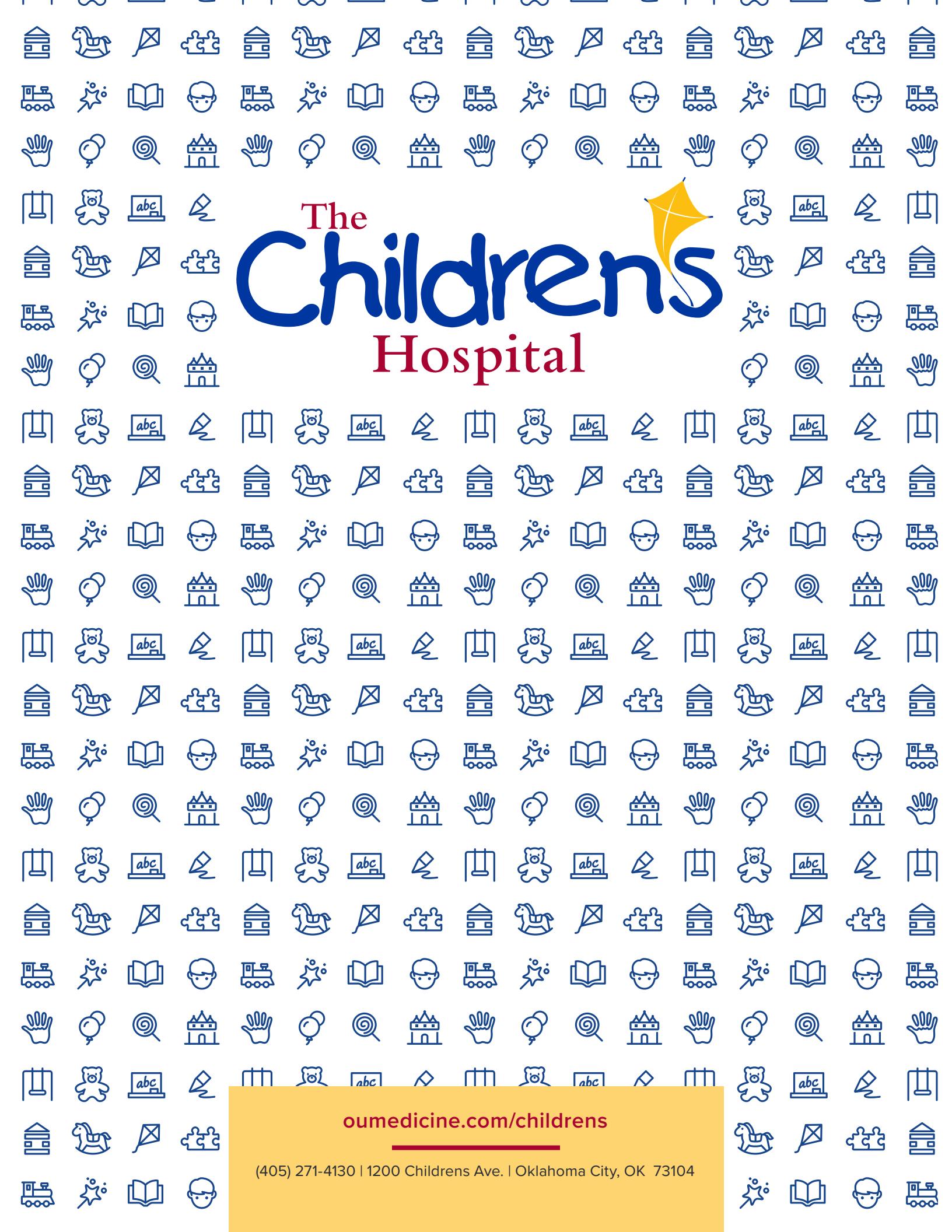
---

---

---

---





# The Childrens Hospital

[oumedicine.com/childrens](http://oumedicine.com/childrens)

(405) 271-4130 | 1200 Childrens Ave. | Oklahoma City, OK 73104