



Congratulations on the birth of your baby!

Caring for a newborn is one of life's most rewarding and challenging experiences. Your journey will be filled with excitement, joy, and possibly even fear of the unknown. The information in this booklet was prepared by the healthcare professionals at Woman's to answer many of the questions new parents have. Please feel free to call our staff at any time while you are in the hospital.

Best wishes to you, your baby, and your family!

Contacts During Your Stay

Patient/Family Initiated Rapid Response

Our Rapid Response Team is available 24 hours a day to provide additional expertise to evaluate your medical condition when necessary.

When To Call

Call if there is a significant change in your condition that you have reported to the primary care nurse/charge nurse, and you or your family member still have concerns.

How To Call

- Dial 8499 from any hospital phone.
- Tell the operator:
 - Your name and room number and
 - A brief description of your condition

Other questions may be asked of you in order to direct the appropriate response team.

We hope you will never have to call our Rapid Response Team. Patient/Family Initiated Rapid Response is our way of partnering with you to ensure you receive the highest quality of care.

Room Service/Food and Refreshments

To place an order, extension 3663

Questions or concerns, extension 4669

Family members or guests staying with you can purchase guest trays. The charge for guests is collected when the meal is delivered rather than being added to your hospital bill. Debit and major credit cards are accepted. Limited snack options are available after hours for you.

Patient Room Direct Dial

Friends and family can call your Mother/Baby room from outside the hospital by dialing

225-231-5+ the last three digits of the room number

Patient Information

225-924-8157

Patient Relations

225-231-5555

Room Amenities and Services

Your private Mother/Baby room is equipped with a TV, telephone, bathroom and a sleeper sofa for one adult overnight guest. Your baby will be provided a bassinet right next to your bed.

Woman's also offers free wireless Internet access to our guests. Just connect to the Guest network.

Lactation (Breastfeeding Warmline)

225-924-8239

Security

225-924-8473 or extension
8473 from any hospital phone

Social Services and Support Groups

225-924-8456

On-Demand Television

TV, music and movies as well as guided imagery videos for your relaxation.

On-Demand Education Videos

Choose the Patient Education menu option on your TV to learn more about newborn care, breastfeeding, postpartum self-care and more.

Chapel

A nondenominational chapel is always open to patients, families and friends as a place for prayer, meditation, reflection, or simply a place for a few quiet moments. It is located on the 1st floor of the hospital near the main elevators and Woman's Way Café.

Pastoral Care

Our chaplain is available to talk with people of all faiths, and can make regular visits to patients and their families.

From the hospital, dial 0, ask for Pastoral Care or Social Services at 225-924-8456

Newborn Photography

Woman's has partnered with Mom365 in order to offer you a portrait session during your hospital stay. You may place your order before you leave the hospital, or you may purchase online using your assigned username and password that will be given to you by the photographer. Password information will not be given to anyone other than the parent(s).

Birth Certificates

Before going home, you can expect a representative from Health Information Management to contact you to gather information for your baby's birth certificate. All of the information is required by the State of Louisiana and is kept strictly confidential.

If you do not have a name picked out for your baby before discharge, you will need to do so within 10 days of birth and will need to either return to the hospital to complete the form or mail it within that timeframe.

The birth certificate form has a place for you to sign in order to get your baby a Social Security number. You should receive your baby's Social Security card around three to four months after your baby's birth. About six to eight months after your baby's birth, you will receive the birth certificate from the Louisiana State Registrar and Department of Vital Records.

Insurance

Most health insurance plans require you to add your baby within 30 days of birth.

Patient Accounting

You will need to settle your business account after you and your baby have been discharged from the hospital. You will receive a statement in the mail within 30 days showing a summary of charges and payments on your account. You will receive separate bills from your doctors, such as the obstetrician/gynecologist and pediatrician. Please ask your doctors about this if you have questions.

Smoking, other tobacco products or electronic cigarettes are not permitted anywhere on Woman's campus, both inside and outside.

Research shows that even secondhand smoke can damage a person's health. Smoking can also harm the health of your baby. It's important that you do not allow others to smoke around your baby.

Call 1-800-QUIT-NOW or visit quitwithusla.org to find resources to help you quit smoking.

Your Privacy

Government regulations require that we ask if you want your name and room number listed in the hospital directory. This is the information that is given out when people call to talk to you or to send you flowers and other gifts.

If you do not want your name and room number listed in the hospital directory, it is important that you know what that means. It means that when people call or visit the hospital and ask for you by name, they will be told, "I'm sorry. I do not have any information for that name." This includes family, friends, florists, clergy, etc.

Couplet Care/Rooming-In

In Mother / Baby, you will begin to adjust to life as a new family. You will learn basic care for your baby, such as changing diapers, how to feed and comfort your baby.

Rooming-In

You are encouraged to keep your baby in your room with you at all times – we call this “rooming-in.” This time spent together helps you become more comfortable in caring for your new baby. With your baby nearby, rooming-in facilitates bonding and helps regulate your baby’s sleep cycle. Nurseries have bright lights, noise and other distractions that can interfere with a baby’s body rhythms. And surprisingly, a new mother actually sleeps better when her baby is in her room. Rooming-in helps a new mom get “in sync” with her baby’s sleep cycles and feeding patterns.

While rooming-in, you and your nurse are caring for your baby together so you can benefit from the nurse’s experience in caring for newborns. And, while our nurses care for your baby, they are also taking care of you. Just let your nurse know what you need.

Your baby’s pediatrician will examine your baby in your room, offering you another opportunity to learn how to care for your baby before you go home.

Lactation

While you are in the hospital, a member of the lactation team will visit you to assist with any breastfeeding concerns or problems. Your Mother / Baby nurse will also be happy to answer your questions and assist you with feedings.

Woman’s Hospital Achieves Globally Recognized Baby-Friendly Designation

Woman’s Hospital has achieved Baby-Friendly designation from The Baby-Friendly Hospital Initiative, a global program of the World Health Organization (WHO) and United Nations Children’s Fund (UNICEF). The initiative recognizes and encourages hospitals that offer optimal levels of care for infant feeding. Baby-Friendly hospitals follow evidenced-based maternity care and breastfeeding practices. Woman’s is the largest birthing facility in Louisiana to have achieved Baby-Friendly. Woman’s also has the distinction of being the 500th Baby-Friendly facility.

Research shows that breast milk provides health advantages beginning at birth and continuing over a lifetime. These include a stronger immune system and fewer respiratory illnesses, ear infections and gastrointestinal issues. New mothers also benefit – weight loss occurs more rapidly, and breastfeeding may reduce the incidence of certain types of cancer.

For more information about the Baby-Friendly Hospital Initiative, visit www.babyfriendlyusa.org.

Skin-to-skin contact has wonderful benefits for both parent and baby. Learn more on page 46.



For more information on breastfeeding, please refer to *Woman’s Breastfeeding Guide* or call our Lactation Warmline at 225-924-8239.



Mother Care

Physical Adjustments and Changes You Can Expect After Birth

The first six weeks following your baby's birth is called the postpartum period. These weeks are important as your body recovers after childbirth.

Recovery Care Immediately After Delivery

During your initial recovery, your blood pressure, heart rate and temperature will be monitored closely for the first two hours. Your fundus, or the top of your uterus, is now found around your belly button and will be checked by your nurse. She will do so by using her hands to feel for the top of your uterus. It is important that your uterus remains firm to decrease the amount of vaginal bleeding during the postpartum period. Sometimes, more medication is needed to keep the uterus firm. Breastfeeding and skin-to-skin contact with your baby also helps the uterus contract and shrink to its pre-pregnancy size.

Urinary Catheter

If you had a C-section, a urinary catheter will be used to drain your bladder. Typically, it will be removed around 10–12 hours after delivery.

IV Removal

Your IV will be removed when you are drinking well without nausea or vomiting; are urinating without difficulty; are not running fever; and the amount of your vaginal bleeding (or lochia) is normal. If you have a C-section, your IV will be removed approximately 24 hours after delivery.

Rest and Activities

Adjusting to parenthood takes hard work and all new moms need rest. It takes at least two weeks to recover after delivering a baby vaginally. Recovery will take longer if you had a C-section.

Not only is caring for your new baby 24 hours a day emotionally and physically demanding, women do not sleep well late in pregnancy and are further exhausted by the physical work of labor and delivery. Hospital surroundings and routines along with physical discomforts can make it difficult to rest. Excitement and many visitors can also contribute to fatigue. You should try to sleep when your baby sleeps. Ask your nurse about **Individualized Quiet Time**. When sleep is not possible, relaxation exercises may be helpful.

As you recover, let your family and friends help with cooking, laundry and housework. Climb stairs carefully. Do not lift anything heavier than your baby. You may ride in a car in one to two weeks and drive a car in two to three weeks.

Recovery Care During the First Four to Six Weeks After Delivery

In the first four to six weeks following your baby's birth, the changes of pregnancy are gradually reversed as the body begins to return to its non-pregnant state. The amount of time required for this process varies, depending on the type of birth you had and other associated medical conditions.

Bathing

Showers are usually fine as soon as you are able to walk. Sitz or tub baths are generally safe after the second day. They are soothing to many mothers who have a sore bottom, had an episiotomy or tear or have hemorrhoids. Vaginal douching is not recommended. Discuss this with your doctor at your first postpartum check-up.

The Uterus

During pregnancy, the uterus increases approximately 11 times its non-pregnant weight, weighing more than 2 pounds immediately after birth and measuring the size of a grapefruit. It can be felt just below the belly button.

During the first six weeks after your baby is born, the uterus will become smaller and return to its normal weight (a mere 2 ounces). As the uterus becomes smaller, “afterbirth pains,” or uterine contractions, usually occur. These pains are more noticeable the first three to four days following birth, particularly for women who have had previous births and during breastfeeding. However, they help shrink the uterus to its pre-pregnant state and reduce blood loss following birth. Relaxing and breathing slowly can help ease the pain.

Vaginal Flow / Discharge (Lochia)

Whether you deliver your baby vaginally or by C-section, you will have a discharge from your vagina after your baby’s birth. This discharge is called “lochia.” The odor of lochia should not be bad or offensive.

Lochia is heavy and bright red for about three days and may contain a few small clots. In a few days, the color will change to a darker color and the amount will decrease. The color gradually changes over the next 10 to 12 days from red to pink; then to brown; and finally to yellow or off-white. The amount of discharge will gradually decrease and then stop over the next two to six weeks.

You may experience occasional cramping in the postpartum period. Small clots and brief bleeding may occur. This is normal and should not cause alarm. Lochia is often heavier when you get out of bed. During rest, gravity lets the blood pool in the vagina. However, it is important to notify your healthcare provider if your lochia becomes bright red again; the amount of lochia increases (more than one pad per hour or passing a large clot or several clots); or if there is a foul odor to the discharge. These may be signs of an underlying problem.

Episiotomy Care

During delivery, the area around your vagina may have torn or the doctor may have made a small cut to help your baby fit through the birth canal. This tear or cut is called an episiotomy. Your doctor may have placed stitches to help the cut or tear close and heal. If you have stitches, they will dissolve on their own. They do not need to be removed. Your bottom will heal in about four weeks. You may have pain for a longer period of time. To help relieve pain when sitting, sit on a soft pillow or an inflated ring pillow. **It is important to keep the area around the episiotomy clean and dry so it does not get infected.** Wash your hands before and after caring for your episiotomy and when going to the bathroom.

Hemorrhoid Relief

To stop hemorrhoids from getting worse, drink a lot of fluid, eat foods that are high in fiber and exercise daily. This will also help you avoid becoming constipated. Sitz baths and/or sitting in a warm bath for 15 to 20 minutes can help relieve hemorrhoids that are sore or swollen. Do this two to three times a day. Likewise, cold compresses can soothe hemorrhoids. Your doctor may also prescribe topical ointments or sprays to help relieve hemorrhoids. A stool softener may also be beneficial at times. Severe pain from hemorrhoids can cause constipation. Be sure to talk to your healthcare provider if this is a concern for you.

Menstrual Cycle

Following the birth of your baby, your first menstrual period may be delayed if you are breastfeeding. Most women will experience their first period within seven to nine weeks after birth. However, breastfeeding mothers frequently resume menstrual periods by 12 weeks, but some do not until they have completed breastfeeding. Usually, the first period after your baby’s birth will have a heavier flow and last longer than usual. Menstrual periods may not be regular for several months. Avoid tampons for 4-6 weeks or until cleared by doctor.

Peri-care

Use either the plastic squeeze bottle (peri-bottle) that the hospital gave you or a hand-held shower wand to rinse your bottom with clear, lukewarm water two to three times daily and each time after you urinate or have a bowel movement. To avoid infection, change your sanitary pads each time you use the bathroom. Use toilet paper in a patting motion to dry your bottom from front to back.

Tub Baths / Sitz Baths

Warm tub baths and/or sitz baths help decrease pain as well as clean and heal the area around the episiotomy. Soak in a clean tub of warm water for 15 to 20 minutes, two or three times each day.

Hot or Cold Compresses and Sprays or Ointments

Hot or cold compresses, which put light pressure on the area and help with discomfort and swelling, and the occasional use of antiseptic sprays or ointments prescribed by your doctor, may also relieve pain.

Breast Changes to Expect

Once your baby is born and the placenta is delivered, hormones make the alveoli produce milk. Additional blood and lymph fluid also go to the breasts to help produce milk. Some women will notice drops of fluid on the nipple during pregnancy, called colostrum. This thick, golden fluid is also called the “pre-milk,” “first milk,” or “liquid gold.”

Engorgement

Your breasts may become fuller, larger, heavier, firmer and swollen on third to fourth day following delivery. This is caused by an increased flow of blood to the breasts, swelling of the surrounding tissue, and the increase in your milk volume as your breast milk transitions from colostrum to mature milk.

During engorgement, you may need to use a larger bra for a few days until your breasts return to normal size.

Some women’s breasts may feel swollen and uncomfortable, while others will feel only slightly full. Breast swelling usually begins to lessen within 24 to 48 hours from the time of onset.

Some Effective Treatment Measures for Engorgement:

- To help soothe and reduce swelling of engorged breasts, apply cold compresses to the breasts. Reducing the swelling will help the engorgement to subside faster.
- This triggers blood vessels to constrict and helps with swelling and draining and soothes any discomfort.
- The two most convenient ways to apply cold to the breasts are by:
 - Using ice packs outside the bra for periods of 20 to 30 minutes at a time
 - Using “icy” diapers. Icy diapers are disposable diapers moistened well with water and placed in your refrigerator or freezer for 20 to 30 minutes. These cold “icy” diapers are applied outside the bra until they lose their chill. The diapers can be stored in the refrigerator for reuse after the next feeding. If you leak milk while wearing the icy diapers, throw away the diapers and replace with new ones.
- Never apply an ice pack directly on the skin.
- If you are breastfeeding, use cold compresses between nursing or pumping.

Blocked or Plugged Ducts

A blocked or plugged duct is a small lump in the breast that is tender and may be slightly reddened. These are felt as pea-size lumps under the skin and in the substance of the breast and are sore to the touch.

Helpful Suggestions

Breast Pads:

If leaking colostrum, you may want to purchase breast pads. The pads may be either disposable or washable. Do not use a “mini-pad” inside your bra. They have a sticky area that prevents air from circulating and may cause nipple soreness.

Proper Breast Support:

Wearing a good, well-fitting support bra that is not restrictive may provide comfort as your breasts change and help prevent a plugged duct.

- It should not pinch or be too tight.
- You may find that you will need to buy a bra that is 1 to 2 cup sizes larger than you wore pre-pregnancy.
- Be careful about underwire bras. The wires may place pressure on the ducts and cause a blockage of milk, if not properly fit.

A sports bra may be a comfortable option. If you need to purchase one, most maternity stores and department stores carry specially designed maternity bras that provide firm support.



Urination

The bladder may be weak after birth. Attempt to urinate every three to four hours. Kegel exercises (pelvic floor exercises) may help strengthen your bladder control, speed healing and help muscles return to normal. For instructions on how to perform Kegel exercises, refer to page 19.

Use your plastic peri-bottle to rinse your bottom after urinating until you no longer have a vaginal discharge or flow. **Always pat or wipe your bottom from the front to the back to prevent spreading bacteria from your rectum to your vagina.**

You should drink enough fluid to satisfy your thirst. Avoid soft drinks and beverages that contain caffeine. Water is the best choice.

Call your doctor if you have any problems urinating. These problems may include pain or burning when you urinate; needing to urinate more often than usual; urinating in small amounts; or having urine that looks cloudy or smells bad.

Bowel Movements

After delivery, many women have trouble having or cannot have a bowel movement. This is called constipation. Hormones, medications, dehydration, perineal pain and decreased physical activity may slow down your bowel function. The first bowel movement usually occurs within two to three days following your delivery. Temporary constipation is not harmful, although it can cause a feeling of fullness and gas. Progressive daily exercise (such as walking) and eating right will help prevent constipation. Your daily diet should include six to eight glasses of fluids (not soft drinks) and dietary fiber — including fresh vegetables, fruits and whole grain breads, cereals and pastas. While in the hospital, you will be given medication to help stool move through the body more easily. You will be instructed to continue the medication at home, as needed.

Sexual Relations

You should not have sexual intercourse until after you receive your doctor's approval at your checkup in four to six weeks. You may not be as interested in having sex as you were before pregnancy because of fatigue and the demands of caring for your new baby. You may also have concerns about discomfort if you had a tear, episiotomy or a C-section. Discuss your concerns about resuming sex with your partner so there will be minimal frustrations and misunderstandings.

You may have pain during sexual intercourse for several weeks. Vaginal dryness and decreased vaginal lubrication may also occur due to hormone changes. If you experience difficulty with sexual intercourse, always discuss it with your partner. Set aside free time for each other a few times each week to become "reacquainted." If the problem persists, then discuss it with your doctor.

Remember, you can become pregnant anytime after the birth of your baby, even if your menstrual periods have not returned and you are breastfeeding. You may wish to talk about birth control with your doctor before you begin sexual activity again.

Hormones

It may take a while for your hormones to normalize. Be patient, take good care of yourself, and talk to your doctor if you have any questions about these changes.

Muscles and Joints

You may feel muscle aches and fatigue — particularly in your shoulders, neck and arms — in the first one to two days following delivery. This is a result of the physical exertion during labor. Many women, expecting the abdominal wall muscles to return to pre-pregnancy condition immediately after birth, are discouraged to find their muscles weak and lacking tone. The abdominal muscles may actually separate with a bulge between them. Ask your doctor about an exercise program that can help and when you can safely begin exercising.

Skin Changes

Many skin changes that developed during pregnancy are caused by an increase in hormones. The blotchy appearance of the face and “dark line” of the lower abdomen disappear gradually over several months after childbirth.

Weight Loss

You will likely lose a significant amount of weight immediately after delivery; however, it may take some time to return to your pre-pregnancy weight. As your body’s fluid levels return to normal, more weight loss should occur. Talk to your doctor about healthy exercises and nutrition programs.

Postpartum Check-up

Unless otherwise directed, your doctor will want to see you for a postpartum check-up within two to six weeks. Call your doctor’s office after you get home to make an appointment.

Discharge Medications

If you have any questions about your medicine after you are discharged, call your doctor. Discuss all medications with your doctor before you take them. This includes any medicine that has been prescribed by any doctor and medicine you buy over the counter. Don’t forget to mention your birth control.

Your doctor also needs to know if you take any diet or nutrition supplements, herbs, vitamins or alternative or complementary medicine. This is especially important if you are breastfeeding. Keep taking your prenatal vitamins until your doctor tells you to stop. Discuss any concerns with your doctor so that he may advise you of the safety of taking medications while breastfeeding.

When you are prescribed medicine:

- Always ask the pharmacist, “Is this the medicine my doctor prescribed?” when you pick up your medicine. This will help prevent you from receiving the wrong medicine.
- If you have any questions about the directions on your medicine label, ask the pharmacist or your doctor.

Medication Side Effects


When providing you information about your medications, we will tell you:

- **The name of any new medication you are prescribed**
- **Why you need to take it (the reason it was prescribed)**
- **Possible side effects of the medication**

To assist with providing you this education, we have **medication cards** for frequently prescribed medications.

Safe Opioid Use

- Narcotic pain medications have a risk for abuse and addiction.
- They may cause breathing problems that can be severe and fatal if not used correctly.
- The risk for abuse or addiction is increased in patients with a history of substance use disorder.
- Take all prescription medication only as directed.
- You should take the smallest dose that will work for your pain.
- Your pain should gradually decrease and you will be able to take your pain medication less frequently. You may take an over-the-counter medication as instructed by your doctor.
- Check with your doctor or pharmacist before starting any new over-the-counter medications.
- Notify the prescribing doctor if you experience any side effects of the medications you are given.
- Do not share your prescription narcotics with anyone else. This is against the law.
- Do not drive if you are taking prescription pain medication.
- Store the medication in a safe place to prevent accidental swallowing by children or pets, theft, abuse or misuse.
- If you suspect someone has accidentally swallowed the medication or taken an overdose and has serious symptoms such as passing out or trouble breathing, call 911. The medication can cause withdrawal reactions if used regularly for a long time or in high doses. Use only as prescribed by your doctor.
- Dispose of any leftover medication safely when it is no longer needed. The FDA recommends flushing the narcotic down the toilet or pouring into a drain. You can consult your pharmacy or local waste disposal company.
- Local pharmacies and other agencies such as law enforcement may have programs to accept leftover medications.

Woman's  Adult Medication

Drug

**Motrin, Advil
(Ibuprofen)**

Common Uses

Treatment of mild to moderate pain;
fever reducer

Common Side Effects

Mild nausea, vomiting,
heartburn, upset stomach

- This is not a complete list of side effects that may occur.
- Please inform your nurse or physician if you have any questions about your medication or if you experience any side effects.
- Most prescribed medications are safe to take when breastfeeding. Please check with your physician if you have any questions.

*Shown above is an example of a medication card.
Your medications, if any, will be unique to you.*

Helpful Hints After C-Section Birth

Post-Operative Recovery

If you had a C-section, you will need to recover from both childbirth and surgery. Because a C-section is major surgery, the recovery period will take longer than a vaginal birth. It may also take a little longer for you to get back into your normal routine than with a vaginal birth. You will need to add at least one to two more weeks to your recovery time before resuming your normal activities.

Keeping Your Lungs Clear

It is important to cough and to take deep breaths after surgery or a C-section to help your lungs. However, it may be uncomfortable to take a deep breath, and coughing can cause your incision to hurt. To lessen discomfort, place a pillow over your incision. Apply pressure on the pillow with your hands while leaning forward. Take a big breath in, blow it out, and then cough or clear your throat. Do this often throughout the day. This will help expand your lungs and loosen mucus that may have developed and hopefully prevent any lung complications.

Gas Pain

Gas pain is common after any type of abdominal surgery – including a C-section. You can move the gas along and lessen the pain by moving about in your bed and trying the suggestions listed below.

Walking

- Walk inside and outside of your hospital room as soon as you are able. Gradually increase the distance you walk each time.
- The hospital staff will help you as long as you need assistance.
- Continue walking frequently at home after you are discharged.

Positions

- Lie on your left side with your legs bent and a pillow between your knees. A small towel rolled under your stomach may help prevent a pulling sensation on your stitches.
- Lie on your stomach, on a pillow, 20 to 30 minutes at a time, if able.

Eating and Drinking

- Drink warm liquids to keep your bowels active.
- Avoid drinking very cold liquids.
- Avoid carbonated drinks (sodas) and gas-producing foods (beans, cabbage, and melon are some examples).
- Drink and eat slowly.

If these techniques do not help, notify your nurse. While in the hospital, medications may be given to help with gas pain. If needed, your doctor may also order a physical therapy consultation.

Abdominal Incision Care (C-Section or Tubal Ligation)

An incision is the cut the surgeon makes when delivering your baby by C-section or when doing surgery. Your incision may be closed with staples, stitches or an adhesive. You may have steri-strips placed across the line where the incision was made. The strips will begin to curl up and fall off in five to seven days. If they do not fall off, you may remove them. If your staples were not removed before you left the hospital, you need to make an appointment with your doctor to have them removed. If you had stitches or an adhesive, they will go away on their own. You do not need to get them removed. Your doctor will tell you when to schedule your appointment to make sure your incision is healing well.

The following are suggestions for wound care, but you should always follow your doctor's specific instructions.

Caring for Your Abdominal Wound

Proper Handwashing

Wash your hands before and after caring for your abdominal wound and going to the bathroom. Follow these steps:

- Take all jewelry off of your hands.
- Wet your hands, pointing them downward under warm running water.
- Add soap and wash your hands for 15 to 20 seconds (sing "Happy Birthday" or the "Alphabet Song" twice).
- Don't forget to clean under your fingernails (a new toothbrush works great for this purpose).
- Rinse well, keeping your hands pointed down so that the water runs from your wrists downward and off of your fingertips.
- Dry your hands with a clean towel.
- Use the towel to turn off the faucet so you do not get any germs on your hands from the faucet.

Cleaning Your Incision

- Unless your doctor has approved tub baths, you may shower and allow soapy water to run over your incision. Shower 1-2 times per day for 1-2 weeks. Rinse well and pat dry with a clean towel. Make sure to completely dry the incision. You may also use a hair dryer on the "cool" setting to make sure your incision is completely dry.
- It is important to keep your incision clean and dry. If your stomach has a "roll" or "fold" that covers or hides your incision when sitting or standing, a clean sanitary pad or panty liner may be placed over the incision to help absorb any moisture or drainage (pad side toward skin). It should be changed frequently to keep the area clean and dry.
- Use mild liquid soap when showering or bathing.
- Use a separate, clean washcloth and towel to clean and dry your incision.
- When cleaning your incision between baths or showers, try to gently wipe away any drainage or dried blood using a clean, damp cloth (face cloth or moist towelette).
- Do not apply lotions, powders or ointments near or on your incision unless directed by your doctor.
- Wear clean, loose-fitting clothing that will not rub against your incision while it is healing.



Getting Out of Bed and Moving Around

You will be helped with getting out of bed around 10-12 hours following delivery to assist with your recovery.

The sooner you get up and move around, the faster you will heal and the better you will feel.

- Raise the head of the bed, if possible, before getting out of bed.
- Roll onto your side.
- Lower your legs over the side of the bed. Breathe normally.
- Push to a sitting position with your arms.
- Support the incision with your hand or a pillow as you move or cough.
- Sit on the side of the bed for a few minutes before you try to stand.
- Stand up slowly. Try to stand as tall as you can.

To Protect Your Incision as it Heals, You May:

- Place a pillow across your belly while you feed your baby.
- Place a pad or soft towel over your incision before you strap on your seat belt.
- Support your incision with your hand or a pillow while you move, cough or sneeze.
- Use the football hold or side-lying position to breastfeed your baby. (For more information on breastfeeding positions, please refer to *Woman's Breastfeeding Guide* or call our Lactation Warmline at 225-924-8239.)



For the next two weeks, use the mirror to inspect your incision daily.

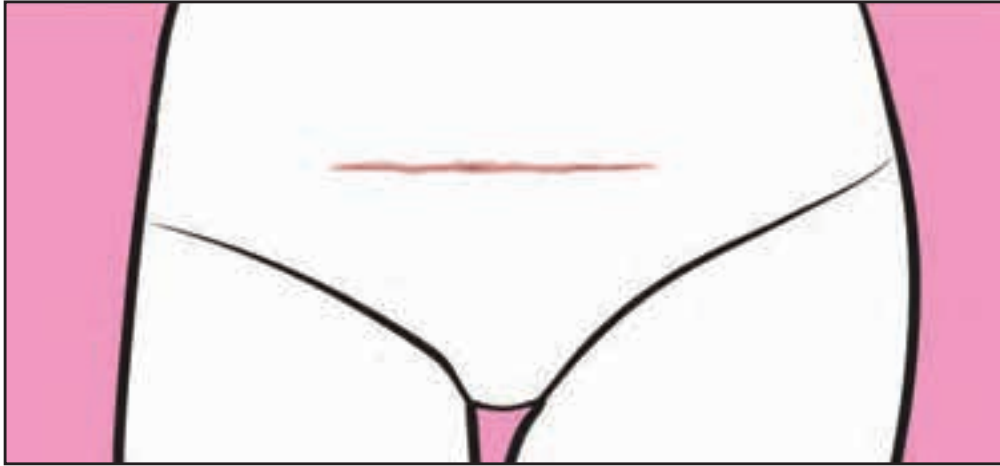
It is normal to have a small amount of clear or straw-colored drainage from your incision for a few days.

Redness, warmth, increased drainage or increased pain to your incision are warning signs of an infection. It is important to notify your doctor at the earliest warning signs of an infection in order to get early treatment.

Notify your doctor immediately if:

- Drainage from your incision looks cloudy, or contains pus;
- The incision or drainage from the incision has a foul odor;
- Your incision separates, enlarges, or opens;
- You have increased pain or tenderness to your incision from what you have normally experienced;
- Your incision and surrounding skin looks red;
- Your incision and surrounding skin feels hot;
- The incision or surrounding skin is swollen;
- The incision is bleeding;
- Increased drainage from your incision;
- You have a temperature above 100.4° F for more than four hours.

Use a Mirror to Inspect Your Incision Daily for the Next Two Weeks



Normal Healing Incision

- It is normal to have a small amount of clear or straw-colored drainage from your incision for a few days.



Redness to Incision

- Notify your doctor if you have redness, warmth, increased drainage or increased pain to your incision.
- Redness, warmth, increased drainage and pain that has worsened are warning signs of infection.
- It is important to get early treatment if an infection develops.



Infected Incision

Notify your doctor immediately if you have:

- Drainage from your incision that smells foul, looks cloudy or contains pus;
- Separation, enlargement or opening of your incision;
- Increased pain to your incision from what you have normally experienced.

Possible Complications After Childbirth

Healthcare-Associated Infections (HAIs) are infections that can develop during the course of receiving healthcare treatment for other conditions. Healthcare procedures can leave you vulnerable to germs that cause HAIs. They can happen following treatment in healthcare facilities, including hospitals. They can also occur during the course of treatment at home. They can be caused by a wide variety of common and unusual bacteria, fungi and viruses.

Sepsis (Infection in the Blood)

Sepsis is a life-threatening condition caused by an infection or its toxin spreading through the bloodstream and tissues. It usually starts as an infection somewhere in the body (bladder/kidney infection, wound infection, uterine infection, pneumonia, burn, etc.) and spreads to the blood. Sepsis affects the entire body and can result in organ damage. You may be at risk for sepsis if:

- You have recently been ill or received hospital care
- You are in poor health
- You have poor immunity due to medical conditions such as cancer, diabetes, or AIDS
- You use IV drugs
- You are very young or elderly

The first symptoms may be different depending on the site of the infection.

Signs that the infection is progressing to sepsis include:

- Fever and chills or low temperature
- Pale skin color
- Listlessness (no energy; can't get out of bed)
- Changes in mental status (acting differently than normal or confused)
- Breathing fast
- Fast heart rate
- Decreased urine output
- Low blood pressure
- Nausea, vomiting or diarrhea
- Problems with bleeding or clotting

Call 911 or go to the nearest emergency room if you have any of these symptoms. This is a medical emergency that requires immediate hospitalization and treatment.

For further information on HAIs and what you can do to prevent them, please refer to the packet of handouts from the CDC on each of the following:

- *Healthcare-Associated Infections: What Patients Can Do*
- *FAQs about Surgical Site Infections*
- *FAQs about MRSA*
- *FAQs about Catheter-Associated Urinary Tract Infections*
- *FAQs about Clostridium Difficile*
- *FAQs about Ventilator-Associated Pneumonia*
- *FAQs about Vancomycin-Resistant Enterococcus (VRE)*
- *FAQs about Catheter/Central Line – Associated Bloodstream Infection*

Post Birth Warning Signs

Always trust your instincts.
If you are concerned, obtain care.

Emergency Warning Signs, **CALL 911**

- **P**ain in chest
- **O**bstructed breathing or shortness of breath
- **S**eizures
- **T**houghts of hurting yourself

Urgent Warning Signs

Call your healthcare provider and if no response, go to the Emergency Room.

- **B**leeding, soaking through one pad per hour, or blot clots the size of an egg or bigger, or an
- **I**ncision that is not healing
- **R**ed or swollen leg that is painful or warm to touch
- **T**emperature of 100.4 degrees Fahrenheit, or higher
- **H**eadache that does not get better, even after taking medication, or bad headache with vision changes

Preeclampsia

Preeclampsia is a serious condition that can occur during pregnancy and in the weeks following delivery. The signs of preeclampsia are high blood pressure, swelling that does not go away (especially in the legs and face), and large amounts of protein in the urine. The cause is not completely understood, but you may be at risk if these conditions are present:

- First pregnancy
- Family history (mother or sister also had preeclampsia)
- Preeclampsia in a previous pregnancy
- Multiple births (twins, triplets, etc.)
- Obesity
- Age less than 18 or older than 40 years
- High blood pressure prior to pregnancy
- Kidney disease

Symptoms of preeclampsia may include:

- Severe headaches
- Swelling of ankles or feet (mild swelling during pregnancy and in the first few days after delivery may be normal)
- Swelling of the face and upper body when waking up
- Sudden weight gain related to fluid retention
- Changes in vision, blurred vision or sensitivity to light
- Upper stomach pain, usually on right side under ribs
- Nausea or vomiting
- Dizziness
- Seizures or convulsions

It is very important that you notify your doctor if you notice any of these symptoms. You may need to be admitted to the hospital for treatment.

Postpartum Check-Up in Three to Five Days

If you are given a discharge prescription for a blood pressure medication, you need to see your doctor for your postpartum check-up within three to five days. Please be sure to fill and take medications as prescribed.

Call your doctor's office after you get home to make your appointment.

Call your doctor immediately if you experience any of the following symptoms:

- Excessive vaginal bleeding (pad becomes saturated in less than one hour)
- Vaginal discharge with foul odor
- Temperature of 100.4°F or above; severe chills; flushing; flu-like symptoms (If you are not feeling well, check your temperature)
- Drainage, bleeding, swelling or redness of your abdominal incision or episiotomy
- Separation of your incision
- Pain not relieved by medication or an increase in your pain
- Fainting, extreme dizziness, or feeling extremely weak
- Burning, frequency, urgency of urination; pain in either side of lower back (flank pain); blood-tinged urine; cloudy urine; or urine with a foul odor
- No bowel movement within four days of giving birth
- Frequent nausea and vomiting
- **Chest pain or difficulty breathing — CALL 911!**
- Shortness of breath, persistent and/or productive cough
- Severe depression or depressed feelings or signs of anxiety that last more than a few weeks
- Pain, swelling, redness to one or both of your breasts or painful knots or lumps in your breast(s)
- Severe headache; abdominal pain; blurred vision; dizziness; seeing spots or flashing lights; loss of vision; or any other visual disturbance
- Persistent or worsening edema (swelling) in your face, eyes, hands or feet
- Pain, warmth, tenderness, swelling or redness in your leg(s).
- Falling or loss of balance; numbness; speech difficulty
- Domestic violence or sexual assault
- Anything else that doesn't seem right – trust your instincts

Deep Vein Thrombosis

A deep vein thrombosis (DVT) is a blood clot in the deep veins, usually in the legs.

DVTs can form when blood flow is slower than normal, when blood vessels are damaged, or after childbirth when the blood clots more easily than normal. You have a higher risk of a DVT during pregnancy and the first six weeks after giving birth.

A DVT can be life-threatening if it travels to the lungs. This is called a pulmonary embolism.

If you experience any of the warning signs listed here or have other symptoms that you feel are not normal, get medical attention immediately.

Know the risk factors and symptoms of a DVT (blood clot):

DVT Risk Factors	Notify your doctor immediately	Call 911 immediately
<ul style="list-style-type: none">• previous blood clot or family history of blood clots• age 40+• surgery (including C-section)• immobility (bed rest for three days or more)• broken bones requiring a cast or surgery• obesity• pregnancy and the first six weeks after giving birth• blood clotting disorders• severe varicose veins• current cancer treatment• delivery of multiples (twins, triplets, etc.)• four or more previous childbirths• preeclampsia	<ul style="list-style-type: none">• pain in leg• swelling in leg• tenderness along a vein• one leg feels warmer than the other leg• redness or bluish color of the skin of the leg	<ul style="list-style-type: none">• shortness of breath or difficulty breathing• chest pain – sharp or stabbing pain that may worsen with deep breaths• fast heart beat• unexplained cough (may have bloody mucus)

Some patients with a DVT do not have any symptoms until the clot moves into the lungs (pulmonary embolism). A pulmonary embolism is life-threatening and requires emergency treatment.

The best way to prevent deep vein thrombosis is to get out of bed and walk as soon as possible during your recovery. If you are restricted to the bed for any reason, you should exercise your legs every hour and change positions at least every two hours. Stretching your legs with “heel-to-toe” movements and moving feet in circles are good exercises to prevent DVT.

After you go home from the hospital, do not sit or lie in bed for long periods of time during the day. You should continue walking around your home and changing positions frequently. If your doctor prescribes medication to prevent blood clots, please take it as directed. If your doctor instructs you to wear compression stockings to help blood flow, please follow these directions as well.

Gestational Diabetes

Gestational diabetes is diabetes found during pregnancy. If a woman has gestational diabetes, both she and her new baby have a lifelong risk of becoming a type 2 diabetic. A woman with gestational diabetes is still “pre-diabetic” even after her baby is born. In many women, this can be prevented with a healthy diet and regular exercise, but others may need additional treatment.

Once You Go Home After your Baby is Born

- Remember to keep checking your blood sugars and keep a log for your next doctor’s visit.
- Keep your follow-up appointment with your Obstetrician/ Gynecologist (OB-GYN).
- Take a two-hour glucose tolerance test 6 to 12 weeks after delivery.
- Consider breastfeeding for six to nine months; it could reduce your and your baby’s risk for type 2 diabetes.

The Early Postpartum Days and Beyond

- Tell all of your doctors that you had gestational diabetes. Also tell your child’s doctor that you had gestational diabetes.
- Make healthy food choices for you and your family, such as eating fruits and vegetables, fish, lean meats, dry beans and peas, whole grains, and low-fat or skim milk, and cheese. Eat smaller portions and choose water to drink.
- Be active at least 30 minutes, five days per week to help burn calories and lose weight.
- Try to reach your pre-pregnancy weight 6 to 12 months after your baby is born.
- One year after your baby is born, you should have a repeat 75 gram oral glucose tolerance test with insulin.
- Talk to your doctor if you plan to become pregnant again in the future. If you plan to become pregnant in less than one year, you should be tested with a 75 gram oral glucose tolerance test before you become pregnant.

Woman’s Metabolic Health and Research offers care specifically for women who have had gestational diabetes. Call 225-924-8947 for more information or an appointment.

Getting Back in Shape



Exercise at Woman's

Stay healthy and strong after pregnancy at Woman's Center for Wellness.

Work with a trainer in a group with other new mothers. Postnatal classes with your baby allow bonding time while working to return to pre-pregnancy fitness levels.

Check out our class schedule online at womans.org/wcw or call 225-924-8709.

Exercise

Abdominal muscles, often called stomach muscles, are weakened after delivery. Gentle exercises for the stomach, such as pelvic tilting and abdominal tightening, should begin 24 hours after delivery. Do not do full sit-ups. Avoid exercises that require you to raise or lower both legs at the same time. Each day, try to do 10 to 15 minutes of a mild physical activity to help you get back “in shape.” Ask your doctor if you should avoid any activity. Be careful not to do too much too soon. If you notice any pain in your pelvis or changes in the color or amount of vaginal discharge, stop exercising and call your doctor.

Woman’s Fitness Club offers a medically supervised exercise program for women who have recently given birth. Call 225-924-8300 for more information.

Kegel Exercises After Vaginal and C-Section Delivery

Kegel exercises strengthen your pelvic floor muscles. The pelvic floor muscles are stretched from the weight of your baby during pregnancy and even more for those who deliver vaginally. The pelvic floor muscles support the bladder, uterus and rectum. Kegel exercises are beneficial after birth in regaining the loss of muscle tone around the vagina and urethra.

Strengthening these muscles will help prevent leaking of urine or bowel contents; help the perineum heal; and tighten the vagina, which stretches during childbirth.

- Tightly squeeze the muscles that you use to stop the flow of urine.
- Hold for up to 10 seconds, then release.
- Do this 10 to 20 times in a row at least three times a day.

Studies show that 40 percent of women do Kegel exercises incorrectly. For more information on how to perform this exercise correctly, register to attend our *Kegels: What you Need to Know About Your Pelvic Floor* class.

Diet and Nutrition

Eat properly to help your body heal. Eating a variety of foods will help you get all of the nutrients your body needs to be healthy and recover after your baby’s birth. To prevent dehydration and promote healing, drink to satisfy your thirst, which should be about 8 to 12 (8-ounce) glasses of water every day.

You may lose up to 20 pounds fairly easily in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program.

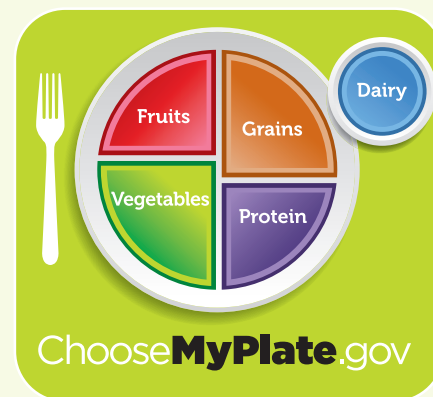
If you are breastfeeding, refer to the dietary recommendations in the Nutrition for Breastfeeding section of *Woman’s Breastfeeding Guide*.

You may also call Woman’s Food and Nutrition Services at 225-924-8451 for more information. As a general recommendation, breastfeeding mothers need extra fluid, calories, protein and calcium. Calcium and protein can be supplied by milk and other dairy products including yogurt, ice cream, cottage cheese and other cheeses. You should avoid tobacco, alcohol and non-essential medications while breastfeeding.

Find Your Balance Between Food and Physical Activity

General recommendations:

- Be sure to stay within your recommended daily calorie needs.
- Eat a well-balanced diet that includes a variety of whole grains, fruits, vegetables, protein and dairy.
- Drink 8 to 12 (8-ounce) glasses of water every day.
- Avoid oversized portions.
- Reduce your daily salt/sodium intake. This is especially important for African-Americans and anyone with high blood pressure or chronic kidney disease.
- Limit your intake of simple or refined sugars, such as cakes, pies, candies, table sugars and sugary drinks such as sodas, fruit punch, or cocktails. Water is the best choice.
- Choose healthy fats and oils such as Omega-3, monounsaturated and polyunsaturated fats.
- Avoid saturated fats, trans fats and synthetic trans fats. Trans fatty acids can be found in vegetable shortenings and partially hydrogenated oils.
- Engage in 10 to 15 minutes of mild physical activity each day to help get back “in shape”.



Other Adjustments

Family Adjustment

Your partner may feel left out because you and your new baby are receiving so much attention. Make sure that each family member knows that you still love them just as much, even though you are giving most of your attention to your baby. Try to continue doing some of the things that you did together before your baby was born. Find time to be alone as a couple.

If you already have other children, you may be worried about how they will react to the new baby. Your other children may act jealous or may begin to do things that you thought they had outgrown. Be sure to include your other children in your baby's care and show them that you love them just as much as before your baby was born.

Perinatal Mood and Anxiety Disorders (PMAD)

Pregnancy and caring for a new baby can be one of the most joyful and exciting times in a woman's life, but it's also hard work. It is natural for a woman to experience changes in her feelings and mood during pregnancy and after giving birth, including feeling more tired, irritable or worried. However, if unpleasant feelings do not go away after a couple of weeks – or if they get worse – they could be signs of a perinatal mood disorder. After the birth of the baby, many new mothers experience what is known as postpartum depression (PPD); others experience symptoms of anxiety and/or panic attacks. A mood disorder is a medical illness that can be effectively treated.

The transition to parenting comes with joy and happiness, but also many challenges. Pregnancy and childbirth are major life events for women and their families. Some of your reactions and emotions may even surprise you, especially if they seem negative. Women of every culture, age, income level and race can develop perinatal mood and anxiety disorders.

According to Postpartum Support International, as many as 1 in 7 women may experience emotional symptoms known as perinatal mood and anxiety disorders. 1 out of 10 new mothers develop anxiety alone or in addition to depression. Symptoms can appear anytime during pregnancy and the first 12 months after giving birth. These disorders do not discriminate; any woman can develop them.

Postpartum depression is the most well-known of these conditions. Many signs of the “blues” are present, but they are more intense or persistent.

Although healthcare providers are not sure what causes such extreme emotional changes, most believe perinatal mood and anxiety disorders stem from the physical and emotional adjustments of pregnancy and birth. It is important to realize that these symptoms are not signs of weakness or inadequacy. At the onset of these changes, you need to contact your healthcare provider immediately. There are effective and well-researched treatment options to help you recover. With proper treatment, most women recover fully. Above all, remember perinatal mood and anxiety disorders are real conditions and help is available.

Although the term “postpartum depression” is most often used, there are actually several forms that women may experience, including:

- Baby Blues
- Postpartum Depression
- Postpartum Anxiety or Obsessive Compulsive Disorder (OCD)
- Postpartum Psychosis

“Baby Blues” or “Postpartum Blues”

8 out of 10 new mothers experience weepiness, sad feelings, worry about being a good mother and sometimes feel overwhelmed. Having a baby is a very emotional event and like no other experience in life. As a new mother, you may have feelings ranging from happiness, joy, excitement, and love to anxiety, fear, confusion, exhaustion, and helplessness. Hormone changes and the lack of sleep in the first few days after having a baby can cause mood swings in many women. These swings can cause sudden bouts of sadness, crying, impatience, or irritability. These “postpartum blues” or “baby blues” are normal and should go away within two weeks. “Baby Blues” is the mildest and most common reaction for new mothers. It can feel like an emotional rollercoaster that usually starts within days of giving birth, when hormones drop rapidly and peaks at 4 to 5 days and lasts around 10 days. If these feelings extend beyond two weeks, notify your healthcare provider.

Common symptoms are:

- Anxiety (nervousness, worry)
- Crying spells
- Fear of being alone
- Feeling overwhelmed
- Lack of confidence in mothering ability
- Loneliness
- Mood swings
- Overly sensitive with others
- Trouble sleeping
- Burst of worry/panic that comes and goes

Postpartum Psychosis

1 out of 1,000 mothers are at risk for postpartum psychosis. In rare instances, symptoms of postpartum depression may become severe. These symptoms may appear 48 hours to four weeks after delivery. Postpartum psychosis risk factors are a personal or family history of bipolar disorder or a previous psychotic episode. Rapid mood changes from feeling high/manic or agitated to feeling low and depressed can occur.

Postpartum psychosis is an emergency and requires immediate help. Call your doctor immediately if you experience any of the following symptoms.

- Extreme mood swings
- High mood with being out of touch with reality (mania)
- Confusion
- Excessively irritable or agitated
- Disorganized, erratic behavior
- Hallucinations (seeing, smelling, or hearing things)
- Paranoia
- Difficulty communicating
- Feeling paranoid or suspicious of other’s motives
- Irrational false beliefs (delusions)
- Inability to sleep
- Withdrawal from family members

In some cases, the mother will experience:

- Suicidal thoughts
- Thoughts of harming her baby

Postpartum Depression

1 out of 5 new mothers experience emotions beyond the baby blues known as postpartum depression (PPD). Postpartum depression has many of the same symptoms as baby blues. Feelings of sadness, guilt, fear and inadequacy as a mother can become overwhelming feelings. Postpartum depression may start as early as the second or third day after birth or may take several weeks and even up to a year to develop.

Common symptoms are:

- Irritability
- Extreme nervousness
- Persistent sadness
- Feelings of hopelessness or emptiness
- Sleep all day or unable to sleep
- Loss of appetite
- No energy
- Lack of interest in the baby
- Crying often
- Feeling guilty or ashamed
- Anxiety
- Dislike or fear of touching the baby
- Feeling like you are not a good mother
- Feeling like you should never have become a mother
- Frightening thoughts about the baby

Postpartum Anxiety

Postpartum anxiety disorders such as panic disorder, obsessive compulsive disorder and generalized anxiety disorder appear to be as common as postpartum depression and even coincide with depression. Perinatal anxiety symptoms can include the following: panic attacks, hyperventilation, excessive worry, restless sleep, and repeated thoughts or images of frightening things happening to the baby.

Common Postpartum Anxiety and OCD Symptoms include:

- Fear and worry that interrupts your thoughts or daily tasks
- Constant worry
- Racing thoughts
- Inability to sleep at night or when the baby sleeps
- Headaches, dizziness, nausea
- Can’t sit still or relax
- Checking the baby over and over again
- Scary thoughts about the baby or yourself that upsets you
- Fear of being alone with the baby

It's OK to ask for Help

It can be very difficult to recognize or admit feelings of depression or anxiety at a time when moms are supposed to be happy.

Many new mothers who experience postpartum mood changes delay calling the doctor because they feel guilty or don't want to be judged. However, while mild mood changes during and after pregnancy are common, they are treatable. If feelings of depression or anxiety persist for a few weeks or interfere with daily activities, it is time to ask for help.

Activities to Prevent PMADs

Don't be ashamed of having emotional changes after your baby is born. It is very common.

- Talk to family and friends about the changes in your mood and problems that may occur after you have your baby.
- Take care of yourself. This means eating a balanced diet, getting regular exercise and getting adequate sleep.
- Ask someone to help care for your baby so that you can get a good night's sleep.
- Share your feelings with someone close to you; don't isolate yourself at home.
- Don't try to do everything for everyone. You do not need to be Superwoman!
- Don't expect too much of yourself.
- Try to sleep when your baby sleeps.
- Allow friends and family to help with shopping and cooking.
- Ask friends and family to help care for other children.
- Maintain a relaxed, flexible home routine.
- Avoid products containing caffeine (coffee, tea, soft drinks, and chocolate).
- Don't be afraid to ask for what you need.

Sleep

The physical demands of pregnancy and caring for a tiny human can make getting good sleep tricky for even the most dedicated women. But while a lack of sleep frustrates nearly all pregnant and postpartum women, it takes a much higher toll on those suffering from a PMAD. The relationship between sleep problems and PMADs is complex because impaired sleep can contribute to the initial development of a PMAD or make daily symptoms worse. The bottom line is that all postpartum women need good sleep in order to recover. Practicing good sleep habits — such as developing a bedtime routine, using bed for sleep and sex only, and avoiding caffeine late in the day — is a good start.

Involve your partner, family members or friends to schedule "baby shifts" and "sleep shifts" to make sure you get at least one block of uninterrupted sleep each night.

Support

Although PMADs affect nearly 1 million women annually, these conditions have a way of making each woman feel alone. Some women feel less alone and more supported in a community of others who are also experiencing PMADs. Attending support group meetings with other mothers who are in the same situation is a way to understand your feelings and share your thoughts.

Woman's **MOM2MOM** Support Group is a welcoming place to connect with moms who understand what you are going through. This group will help you adjust to the "new normal" that comes with motherhood in a safe, supportive environment. The support group is held at Woman's Hospital, is free and registration is not required. For more information about this support group and other resources, call Social Services at 225-924-8456 or visit womans.org.

If you are unable to attend an in-person support group, Postpartum Support International offers online support groups.

Visit www.postpartum.net/psi-online-support-meetings for additional information.

Exercise

The mood-boosting and anxiety-reducing benefits of exercise are well established, with some studies demonstrating that regular exercise reduces depressive symptoms as effectively as treatment with medication. This makes exercise an important component of treatment for pregnant and lactating women.

Please contact your healthcare provider if you think you have any of these signs or symptoms:

- Trouble sleeping or sleeping too much
- Feeling irritable, angry, or nervous
- Thoughts of harming the baby or yourself
- Lack of interest in friends and family
- Not enjoying life as much as in the past
- Feelings of being a bad mother
- Feeling guilty or worthless
- Lack of interest in the baby
- Changes in appetite
- Low energy
- Feeling exhausted
- Crying uncontrollably
- Feeling hopeless
- Trouble concentrating
- Lack of interest in sex

**In A Crisis Or Emergency Situation,
Call 911 Or Go To The Nearest
Emergency Room Immediately.**

We are here for you. Call Woman's Social Services at 225-924-8456. We can connect you with resources, including our MOM2MOM support group.

Woman's Social Services Support Groups:
225-924-8456

Woman's NICU Parents Support Group:
225-231-5588

Other Resources Include:

Postpartum Support International (PSI)
postpartum.net

PSI Coordinators provide support, encouragement, and information about perinatal mood and anxiety disorders, including postpartum depression. This organization can help you connect to your community or online resources. Visit postpartum.net or call 1-800-944-4PPD (4773).

The Well Mom Checklist
thewellmom.com

Postpartum Dads
postpartumdads.org

Postpartum Progress, Inc.
postpartumprogress.org

MGH Center for Women's Mental Health
womensmentalhealth.org

Seleni Institute
seleni.org

Crisis Line (The Phone)
225-924-3900 or 1-800-437-0303

Baby Care

You are bound to be amazed by the first sight of your newborn. For the first few hours after birth, your baby may be very alert and responsive to your touch, voice and warmth. Take advantage of this opportunity to feed, stroke, talk to and look closely at this child you have created.

Newborn Appearance

Head

Your baby's head may appear large compared to the rest of the body. It may be more elongated than oval due to the delivery process. The process of change in the shape of your baby's head after birth is called "molding." This molding gradually corrects itself in about a week. Changing baby's head position from back and side to side will help. Babies have two soft spots, or "fontanel," on their head. The one in the front usually closes between 6 and 24 months; the one on the back of the head is often closed at birth or closes within 3 months.

Eyes

Newborns can see, but not as clearly as adults. Your baby may look cross-eyed for the first few months of life because of immature eye muscle control. Eye coloring may change after birth to its permanent color at about 6 months of age.

Your newborn may have swelling around the eyes. This will go away in a few days. Some babies have a red area in the white part of the eye. This is a small hemorrhage from pressure during birth. No treatment is necessary and it will disappear within several weeks.

Eye Care

The ointment placed in your baby's eyes after birth may cause a slight redness, with some swelling of the lids and watering of the eyes for the first few days. Wash the eyelids with clear, warm water and a clean cloth or cotton ball. Wipe from the inside, near the nose, out toward the ear. Use a separate place on the washcloth or a new cotton ball on each eye to avoid transferring germs from one eye to the other.



Swollen Breasts, Labia or Testicles

The genitals in newborns may appear swollen. Girls may have thick, white, occasionally blood-tinged secretions from the vagina. Boys may have swollen testicles, and babies of either sex may have enlarged breasts and milky fluid coming from the nipples. This is because your baby still has your maternal hormones. As your hormones gradually disappear from your baby's body, so will the swelling.

Skin

Newborns have skin that is pink or light brown in color. Mucous membranes of the lips and inside the mouth are pink in color. Some blueness of the hands and feet is normal in the first two to three days. Newborns are often prone to a variety of harmless skin blemishes and rashes.

- **Peeling or cracking skin** around the wrists, ankles or scalp is common, especially in babies who have gone past their due date. As new skin cells grow, this condition will clear up without treatment. This is simply the shedding of dead skin and is best left alone; lotions tend to slow the shedding process of these layers.
- **Newborn acne** is a common skin condition caused by the mother's hormones. It will lessen in the first few weeks of life.
- **Lanugo** is the name of the downy fuzz sometimes seen on the back, arms and ears of newborn babies. It disappears in a few weeks.
- **Milia** are tiny yellow-white cysts on the nose, forehead and cheeks. Do not squeeze them. They will go away on their own.
- **Vernix** is the creamy substance that protected your baby's skin while in the uterus. It may be present in skin folds. It will be absorbed by the skin in a few days.

All these conditions are normal and disappear rapidly as your baby matures and adjusts to life outside the womb.

A raised, pimple-like rash around the cord or genital area may occur. Usually, this rash will clear up with normal bathing or exposure to air. If the rash does not go away or gets worse, see your baby's doctor. Your baby's doctor should check a more blister-like rash that ruptures, leaves a scab or continues to spread.

Skin rashes can also result from overdressing or harsh laundry soaps. As your baby becomes warm and sweats, skin irritation develops. This is especially common in the skin folds. To prevent rashes, keep these areas clean and dry and avoid overdressing your baby. You can also try milder laundry soap; dissolve the soap before adding clothes and rinse twice.

Jaundice

Many newborn babies develop yellow skin when their liver cannot get rid of a substance in the blood called bilirubin. This is called jaundice. Jaundice usually appears on the second or third day of life in healthy babies who are born full-term. It is very common and may occur sooner in preterm and late preterm babies. The yellow skin first appears on the face. It then moves down the body toward the toes. In most cases, the condition is mild and will disappear on its own without any special treatment. A screening test for jaundice will be performed on your baby prior to discharge from the hospital.

In unusual situations, a baby's bilirubin level can become very high and could cause brain damage (kernicterus). This is why newborns should be checked carefully for jaundice and treated to prevent a dangerously high bilirubin level.

If you notice your baby's skin color becoming yellow, call your baby's doctor.

A blood test to check your baby's bilirubin level may be necessary. A small amount of blood is taken from the heel for this test. If the jaundice requires treatment, a technique called phototherapy is often used in a hospital setting. This treatment involves placing your baby under special ultraviolet lights, called "bili-lights." Exposing the skin to these lights helps the body get rid of bilirubin faster.

For more information about jaundice, see the *Information and Treatment: Newborn Jaundice brochure*.



Umbilical Cord Care

Your baby's umbilical cord stump will usually dry and fall off by itself two to three weeks after birth. As it heals, it will have the appearance of a scab. Do not pick at it or cut or pull it off. To help prevent infection, keep the base of the cord stump clean, dry, and open to air. Clean with mild soap and water if the cord becomes soiled with urine or stool. If your baby's cord is not dry before discharge from the hospital, the clamp will not be removed. The clamp will fall off with the cord in two to three weeks. You may see a few drops of blood on the diaper around the time the stump falls off.

Try to keep the diaper positioned below the navel until it has completely healed.

Call your baby's doctor if the umbilical cord stump:

- Becomes red or has red skin around its base
- Bleeds
- Smells bad
- Has pus or drainage at its base
- Is so sensitive that your baby cries when you touch the cord and the skin next to it with your finger

Give sponge baths until the cord stump falls off and the navel is completely healed.

Fingernails

Babies are born with fingernails that are paper-thin and sharp. Do not cut or bite your baby's nails. It is very difficult to tell where the nail ends and the skin starts when using baby clippers or scissors. This makes it easy to accidentally cut the skin, causing pain and bleeding. You may use an emery board to file the nails about once a week. Your baby's doctor can instruct you about when it is safe to cut your baby's nails.

Ear Care

Use a washcloth, not cotton swabs or Q-tips, to clean your baby's ears. Never insert a cotton swab into the ear canal.

Sneezing

Newborns sneeze frequently to clear nasal passages. This is normal.

Hiccups

During or after eating, your baby may hiccup. This is normal and will soon stop. There is no cause for concern.

Bulb Syringe

A bulb syringe is used to remove, or suction, fluid (such as milk or mucus) from your baby's mouth or nose. You may use it when your baby spits up, chokes, sneezes or has a runny nose. For the first few days of life, your baby may have excess mucus that may cause gagging. We suggest you keep a bulb syringe close to your baby, especially during feedings, and use it when necessary. If you need to suction both the nose and the mouth, always suction the mouth first.

To help your baby when he gags, turn your baby on his side and firmly pat the back. If gagging continues, you may need to use the bulb syringe.



How to Use a Bulb Syringe:

- First, squeeze the bulb until it is collapsed before inserting into your baby's mouth or nose to create suction.
- Gently place it in one nostril or the inside of the lower cheek towards the throat.
- Release the pressure applied to the bulb to suction mucus into the bulb.
- Remove the bulb syringe from the nose or mouth and squeeze the bulb quickly into a tissue to get rid of the mucus.
- Wipe the tip of the bulb syringe and repeat the process if necessary (for the other nostril or cheek).
- Clean the bulb syringe with hot, soapy water and rinse in hot water after using.
- Be sure to clean the inside of the syringe by squeezing the bulb while the tip is in the soapy water.
- Rinse by repeating the procedure with clean, hot water several times.
- Prop the clean bulb tip side down so the water will drain.
- Return the clean bulb syringe to a place that's near your baby.



Circumcisions

Circumcision is the removal of foreskin that surrounds the head of the penis. The choice for circumcision is a personal one. New parents are encouraged to discuss the benefits and risks of circumcision with their healthcare provider and make an informed decision about what is best for their baby.

Analgesia has been found to be safe and effective in providing pain relief for circumcision. Following his circumcision, the nursing staff will monitor your baby for bleeding for a minimum of two hours. You should then check him frequently during diaper changes over the next several hours to detect any unusual bleeding as directed by your nurse or doctor.

If you are interested in having your baby circumcised and the procedure was not performed in the hospital, please be sure to discuss options with your pediatrician during your baby's first appointment or earlier.

Circumcision Care

The circumcised penis needs very little care. Rinse the circumcision area at each diaper change by squeezing warm water over the tip of the penis. For the first few days, you may place a gauze sponge with Vaseline® (petroleum jelly) over the tip of the penis to prevent the diaper from sticking until the area is healed. If a Plastibell is used for your baby's circumcision, the Vaseline® on a gauze sponge is usually not needed.

If a Plastibell is used, the bell (plastic ring) will fall off your baby's penis in five to eight days. The rim of the skin in front of the ring will turn black and come off with the bell. Even if it is barely still attached, do not pull the Plastibell. The Plastibell will come off by itself. You will probably find it loose in your baby's diaper. Give your baby sponge baths until the circumcision is healed and do not place your baby in a tub of warm water.

There should be no active bleeding. The head of the penis may appear irritated. It can also appear whitish or yellowish in places as it heals. Do not try to wash off this whitish or yellowish substance. This is a normal phase of the healing process. **Call the doctor if the penis is bleeding, draining or oozing, or becomes unusually reddened or swollen.**

Care of the Uncircumcised Baby

If you choose not to have your son circumcised, do not retract (pull back) the foreskin (the skin covering the tip of the penis). Forcing the foreskin back may harm the penis, causing pain, bleeding and possibly scar tissue. The natural separation of the foreskin from the tip of the penis may take several years. After puberty, the young man learns to retract the foreskin and clean under it daily.

Diapering

It is important to keep track of your baby's wet and dirty diapers until feeding is well established. Your baby's diaper should be very wet 6 to 8 times in 24 hours. If you are breastfeeding, your baby may not have this many wet diapers per day until your milk transitions from colostrum to mature breast milk.

When your baby is wet or soiled, clean the diaper area with a warm washcloth using a mild soap and water, and then rinse the area with clean water. Diaper rashes can usually be avoided by carefully washing the diaper area, using a clean cloth for each diaper change, and washing washcloths and diapers properly. **Do not use powders and baby oils.** If your baby's bottom looks red or sore, leave the diaper off and expose the area to the air frequently. Your baby's doctor may recommend an ointment to treat diaper rash. Always wash your hands before and after diapering your baby.

If you notice dark pink to orange or rust-colored areas in the diaper, these are probably uric acid crystals, which are common and no cause for concern.

Diapering Girls

Baby girls may have a swollen bottom and may have a white mucus discharge from the vagina for several days after birth. The discharge may even be blood-tinged within the first week from the effects of your maternal hormones. This is normal and not a cause for concern. Gently washing the outside area (vulva) and wiping from front to back are all that is necessary.

Diapering Boys

When washing baby boys, be sure to lift the scrotum to remove any stool. Even small amounts of leftover stool can cause irritation.



Stools or Bowel Movements

Babies should have at least two bowel movements, or stools, each day. The stools are usually a yellow or brown color. The bowel movements of breast-fed babies will appear loose and may happen more frequently than those fed breast milk substitutes. It is normal for your baby to grunt, strain and turn red when having a bowel movement. This does not mean your baby is constipated.

Signs of Constipation

If your baby has no bowel movement for four days, call your baby's doctor. The doctor will tell you how to treat the constipation. If your baby is fussy, does not eat well or cries for a long time when having a bowel movement, call your baby's doctor.

The formula or the iron in formula does not cause constipation. If your baby does not have many stools but is eating well and does not seem uncomfortable, do not worry.

Diarrhea

Diarrhea is a large increase in the number of stools your baby usually has or stools that become looser in consistency. Diarrhea can also be watery stools or stools with a water ring around them. (Normally, stools are soft. Some are mushy or pasty.)

If your baby has several watery stools one right after the other within six to eight hours, call your baby's doctor immediately. This can be a symptom of an illness or food intolerance. It causes babies to dehydrate (lose fluid) easily and quickly.

Dehydration

The signs of dehydration include:

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

Call your baby's doctor if your baby shows any of these signs.



Bath Time

Bath time is a wonderful time for your baby to learn your touch. This is also a great time to inspect your baby's skin, rashes, healing of the umbilical cord area, and your baby's overall appearance.

There is no best time to bathe your baby; any time that is convenient for you is fine. For some babies, a bath before feedings is relaxing because most babies fall asleep shortly after eating. If your baby is a poor feeder, it may be better to wait and bathe between feedings when your baby wakes up.

While it is not necessary to bathe your baby every day, keep the diaper area and skin folds clean, and clean the hair and scalp every day. Sponge baths are recommended until the umbilical cord comes off, the navel (belly button) heals, and the circumcised penis is healed.

- Choose an area in the house where you will be comfortable bathing your baby.
- Gather all the items you will need for the bath and place them within easy reach.
- Be sure the room is warm and free of drafts so your baby does not become cool.
- Lay your baby on a towel to undress him.
- Cover your baby with a second towel so he doesn't get chilly, and only expose the areas you are actively washing.
- Water should be about body temperature (90°–100°F). Test the water with your elbow or wrist. It should feel comfortably warm.
- Bathe your baby from head to toes (or from clean to dirty).
- Start with the eyes. To wash your baby's eyes, dip the corner of the soft washcloth in clear warm water and wash the eye from the nose out toward the ears.
- Use a different corner of the washcloth for each eye to prevent the possibility of transferring infection from one eye into the other.
- Continue washing the rest of your baby's face with plain water.
- Wash around the nose and outer ears and around the entrance to the ears.
- Do not try to clean inside your baby's ears. Wax is formed in the ear to protect and clean it.
- Do not clean ear canals or nostrils with cotton swabs (Q-tips®).
- Shampoo the hair using a brush to help stimulate the scalp.
- Rinse the hair well and dry with a soft towel. Do not use a blow dryer to dry your baby's hair. The air from the dryer is too hot for a baby's skin.
- Mild soap can be used on the rest of the body. Make sure you wash all creases and rinse well.
- Check your baby's umbilical cord for proper healing as you wash it with clean, warm water. Pat the umbilical cord stump area dry.
- Wash the genital area last.
- **For girls**, separate the folds of the labia and wash from the front to the back using a clean part of the cloth for each wipe. Wipe away any vaginal discharge from front to back.

You will need:

- Two or three towels (one large towel to place baby on and one for drying baby)
- Vaseline® (petroleum jelly) for circumcision care, if necessary
- Plastic basin or large sink
- Soft washcloth
- Baby hairbrush
- Mild soap and baby shampoo
- Diaper
- Clean clothes

Bath Time Rules

- **Never take your hands off your baby during the bath.**
- **Never leave your baby unattended on a raised flat surface or alone in the tub.**

- **For boys**, gently wash the penis and under the scrotum.
- If your baby was circumcised, only use clean, warm water until the area is healed.
- If your baby was not circumcised, do not force the foreskin back to clean the penis. Cleaning the area with warm water and soap is all that is necessary.
- Using a dry towel, pat all areas dry. Place a clean diaper on your baby. Roll or fold the diaper down below the cord to keep urine from soaking the dried umbilical cord stump.
- Dress your baby in clean clothes.

Feeding Your Baby

*Approximate size of your baby's stomach
(1 teaspoon of liquid is about 5 milliliters)*

Does Your Baby Need Water?

Babies usually do not need water. Water does not contain any of the nutrients or calories that your baby needs and may make your baby feel too full to breastfeed.

Vitamins

Your baby's doctor may prescribe vitamins and fluoride to ensure that your baby gets proper nutrition and to protect your baby's emerging teeth. Breast milk provides all the nutrients that a baby needs during the first six months. Therefore, breast milk substitutes and solid foods (such as infant cereals and baby food) are not needed for nutritional or physical reasons prior to six months of age. Giving solid foods too early can contribute to obesity, may provide more salt than your baby's system can easily handle, and may cause an early onset of a food allergy.

Burping Your Baby

During the first few weeks, you will need to burp your baby frequently. You need to do this during, and at least once after, every feeding. Traditional over-the-shoulder burping works well, or you may want to try sitting your baby in your lap and leaning him slightly forward, supporting his jawbone and upper chest with your hand. Gently rubbing or patting your baby's back is comforting and may help the air bubbles come up.

Pacifiers

Pacifiers may interfere with identifying feeding cues. If breastfeeding, pacifiers are discouraged for the first 4 to 8 weeks of life while breastfeeding is being established.

Pacifiers may; however, be used briefly as a method of pain management during procedures that may be painful. Following the procedure, the pacifier will be discarded if you are breastfeeding.

Once breastfeeding is firmly established (around 4 to 8 weeks of life), the American Academy of Pediatrics (AAP) recommends pacifiers for the first year of life to reduce the risk of Sudden Infant Death Syndrome (SIDS).



Baby feeding cues (signs)

Early cues – "I'm hungry"



Stirring



Mouth opening



Turning head - Seeking/nodding

Mid cues – "I'm really hungry"



Stretching



Increasing physical movement



Hand to mouth

Late cues – "Calm me, then feed me"



Crying



Agitated body movements



Colour turning red

Time to calm crying baby

- Cuddling
- Skin-to-skin on chest
- Talking
- Stroking



For more information refer to the Queensland Health booklet *Child Health information: Your guide to the first twelve months*. Visit the Queensland Health breastfeeding website: <http://www.health.qld.gov.au/breastfeeding/>



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How Much and How Often to Feed

Babies should be fed at least 8 to 12 times per 24 hours. Feed your baby on demand at the earliest signs of hunger. Babies demonstrate hunger by turning their heads when their cheeks are touched or "rooting"; sucking on their fists; increasing their physical movement and stretching; and crying. During the first month, if your baby sleeps longer than four hours and starts missing feedings, wake him up and offer a feeding.

8 feedings
or more
in 24

Choosing to Breastfeed



Breastfeeding is the preferred method of infant feeding; breast milk provides the very best nutrition. Formula cannot replicate the nutrients found in breast milk. The different nutrients in your breast milk keep pace with your baby's growth and changing nutritional needs. For example, when your baby is five weeks old, your milk is the perfect mix of nutrients for a five-week-old. When your baby is 10 months old, the composition of your breast milk will be different – and perfect for your 10-month old baby! *Woman's Breastfeeding Guide* offers comprehensive breastfeeding information for you and your baby.

The following are just a few benefits of breastfeeding for you and your baby:

Benefits for Baby

- Easily digested
- Perfectly matched nutrition
- Decreases obesity
- Protects against Sudden Infant Death Syndrome (SIDS)
- Fewer gastrointestinal disturbances
- Fewer ear and lower respiratory infections and breathing problems
- Stimulates sense of taste and smell
- Antibodies protect against infections, colds, viruses and allergies
- Facilitates bonding; baby receives skin-to-skin, eye and voice contact
- Reduces the risk of many illnesses and health problems during childhood and later in life, including:
 - Staph, strep, E. coli and salmonella infections
 - Urinary tract infections
 - Pneumonia
 - Meningitis
 - Type 1 and type 2 diabetes
 - Juvenile rheumatoid arthritis
 - Many childhood cancers (such as leukemia)
 - Breast and ovarian cancer

Benefits for Mother

- Convenient — it is always available and at the perfect temperature
- Saves money
- Helps the uterus return to its normal size faster
- Reduces the risk of osteoporosis (bone loss) later in life
- Less likely to develop some breast, uterine, endometrial and ovarian cancers
- Reduces risk of type 2 diabetes
- May reduce the risk of heart disease, high blood pressure, high cholesterol and high triglycerides
- Recover more quickly after childbirth
- Are more likely to return to their pre-pregnancy weight
- Have a lower risk of anemia after childbirth
- Miss fewer work days to care for sick children

Benefits for Both

- Helps you and your baby emotionally bond, contributing to a very special and loving relationship

Exclusive Breastfeeding Recommended

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend **exclusive breastfeeding for the first six months of life**. This recommendation is based on scientific evidence that shows benefits for a baby's health and proper growth and development.

In its most recent policy statement, "The American Academy of Pediatrics (AAP) reaffirms its recommendation of exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced, with the continuation of breastfeeding for one year or longer as mutually desired by mother and infant (AAP, 2012)."

Common Breastfeeding Questions

Does breastfeeding hurt? Breastfeeding may be uncomfortable at first, but should not hurt. You can learn how to properly position your baby to reduce discomfort. While at the hospital, be sure to ask your lactation consultant if your baby is latched on properly.

What if I don't have a healthy diet? Even if your diet isn't as healthy as it should be, your body will still make healthy breast milk.

What if I smoke? It's still best to breastfeed even if you smoke; however, **never** smoke around your baby.

Is it possible to breastfeed if I go back to work or school? Yes! You can pump milk during breaks and store in a refrigerator or small ice chest.

10 Steps to the Breast Start

- 1. All you need is breast milk!**
 - Breast milk is the perfect food for your baby.
 - The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of your baby's life.
 - Breast milk is a wonderful gift to your baby that only you can provide.
- 2. Frequent breast feeds — not formula.**
 - It is important to remember that babies do not eat on a schedule, and breast milk is produced on a supply and demand basis.
 - The more often you breastfeed, the more breast milk you make. If you give formula, your baby will feel too full to nurse frequently.
- 3. Feed early and often.**
 - Feed early and often — at least 8 to 12 times per 24 hours.
 - Feed your baby on demand at the earliest signs of hunger.
 - Remember that crying is a late sign of hunger.
- 4. The early days.**
 - Long-term success with breastfeeding greatly depends on what is done the first few weeks after you deliver.
 - A newborn needs very little breast milk for the first 3 to 4 days of life.
 - Your baby will get colostrum from your breast to meet this need.
 - Colostrum is the thick, golden “pre-milk” that offers many immunity benefits for your baby.
 - On average, you can expect your milk to transition from colostrum (thick, golden “early milk”) to mature milk by the third day after delivery.
 - Weight loss in your baby of up to 7% from birth weight is normal.
 - Your baby should regain his birth weight by 10 to 14 days of life.
- 5. Latching on “Chin-to-breast, chest-to-chest”**
 - Remember, if your baby is latched on and sucking correctly, it is normal to feel a tugging sensation without painful pressure on your nipple.
- 6. Look and/or listen for swallows.**
 - To help you know if your baby is getting breast milk, look for signs and/or listen for sounds of frequent swallowing or gulping while breastfeeding.
- 7. Watch your baby, not the clock.**
 - Allow your baby to set the feeding pace and breastfeed until he is finished.
- 8. Just say “no” to pacifiers and bottles.**
 - Unless you plan to pump and bottle feed only, you should avoid pacifiers and other artificial nipples for the first 4 to 8 weeks.
 - Giving bottles or pacifiers before this time can lead to “nipple preference” or “nipple/suck confusion.”
 - If pacifiers and/or bottles are used when your baby is hungry, it may be difficult for you to hear or see your baby's feeding cues. As a result, you may not be nursing often enough to make enough milk to meet your baby's needs.
- 9. Just say “no” to supplemental formula unless...**
 - Do not give formula or other supplements unless there is a medical reason (such as your baby having low blood sugar or if your breast milk has not yet transitioned from colostrum to mature milk by days five to seven after delivery).
 - Before supplementing your breast milk without a medical reason, discuss your decision with your baby's doctor, lactation consultant and/or hospital nursing staff.
- 10. Ask for help — it's worth it!**

To give you and your baby the best chance at successful breastfeeding:

 - Ask your nurse for help while in the hospital.
 - Follow-up with your baby's doctor as directed and/or with any concerns after you go home.
 - Call our Warmline at 225-924-8239 or refer to your *Woman's Breastfeeding Guide* for further guidance as needed.
 - Don't wait too long to get the help you need to make breastfeeding easier.



Keeping Baby Healthy

Well-Baby Visits

You will need to schedule an appointment with your baby's doctor as directed after leaving the hospital. You will also need to make appointments for regular well-baby check-ups. These visits are most frequently scheduled with routine immunizations for many preventable illnesses. These appointments will allow you to talk about routine care with your baby's healthcare provider. It is also a good time for you to learn how to handle problems such as fever, vomiting, diarrhea, crying spells or feeding problems.



Protecting Your Baby Against Disease: Immunizations

Immunizations, also called vaccinations or shots, are medicines given to protect your child against certain harmful diseases. All of these diseases still occur and, for some, there is no cure. All can cause permanent disability; some can cause death. Vaccinations are given by mouth or by injection (shot). Studies also show that infants who are immunized have a lower risk of SIDS (Sudden Infant Death Syndrome or “Crib Death”).

Immunizations are an effective way to produce disease-fighting substances called antibodies. Children are susceptible to nine very dangerous diseases that can be prevented by vaccines. Your child is most vulnerable to diseases when very young, so immunization should start early. Your child should receive immunizations at birth, 2 months, 4 months, 6 months, 12 months, 15 to 18 months, 4 to 6 years, and then as a teen.

Vaccines are among the safest and most effective medicines. Reactions do occur, but they are rarely serious. It is important to remember that the risk of disease from delaying or not vaccinating your child is far greater than the remote risk of a serious reaction.

Your baby’s doctor will decide the exact schedule for your baby’s vaccinations. Babies do often run fever after receiving vaccines. Call the doctor if your baby’s fever is above 99.6°F and does not come down with acetaminophen (see Taking a Temperature section of this booklet on page 45), if your baby is crying and cannot be calmed, or is excessively sleepy or floppy.

Your doctor or public health clinic will keep a record of your child’s immunizations. You will need an immunization record to enroll your child in day care or school.

Screening Tests

As required by Louisiana state law, a number of screening tests are routinely performed on newborn babies. Some will be done while your baby is in the hospital; others are done in the doctor’s office during a checkup. These tests can give information about certain conditions or diseases. If test results are not normal, your doctor will talk to you about this and discuss what needs to be done.

Hearing Screen

Hearing loss is the most common congenital disorder in newborns. Therefore, it is recommended that all newborns be screened for hearing. If hearing loss is not caught early, then there will be a lack of stimulation of the brain’s hearing center. This can delay speech and other development in your newborn.

Every baby born at Woman’s will have a hearing screening before going home from the hospital. A screening technician will come to your room to perform this hearing screening. If it is too noisy in your hospital room, the technician may need to take your baby in the bassinet to a quiet room. It takes about 30 minutes to perform the screening test. A certified audiologist will interpret the test results.

Your baby may need another screening test if he does not pass this first test. The repeat screening is usually done when your baby is three to four weeks old. If needed, please call Hearing Services at 225-924-8450 to schedule an appointment. If you have concerns about your child’s hearing, speech or language development, talk with your baby’s doctor.

Immunization of Parents, Caregivers and Family Members

Parents, caregivers and family members of newborns are encouraged to receive the Tetanus Diphtheria and Acellular Pertussis (Tdap) vaccine to protect their infants from pertussis.

Pertussis (“whooping cough”) is very contagious and can cause serious illness and even death in babies. It is most often spread by adults or older children coughing or sneezing near babies. If you didn’t receive this vaccine during your pregnancy, you may be offered the vaccine while in the hospital.

Encourage your family members and other caregivers that will be around your baby to get vaccinated for whooping cough. This will create a circle of protection called “cocooning.” Other family members and caregivers should contact their doctor about receiving the vaccine.

Pulse Oximetry Screening for Critical Congenital Heart Defects (CCHD)

Some babies born with a heart defect can appear healthy at first and be discharged home before their heart defect is detected. These babies are at risk for death or having serious complications within the first few days or weeks of life and often require emergency care.

Pulse oximetry screening is a simple bedside test used to measure how much oxygen is in your baby's blood as well as your baby's pulse rate. Low levels of oxygen in the blood can be a sign of a critical congenital heart defect (CCHD). The test is done using a machine called a pulse oximeter, with a sensor (or probe) placed on your baby's hand and foot. The test is painless and only takes a few minutes to perform while your baby is still, quiet and warm. The screening will be done when your baby is about 36 hours of age, or as close to this time as possible if your baby is to be discharged from the hospital before 36 hours of age.

Pulse oximetry screening can identify some infants with a CCHD before they show signs of a CCHD. Once identified, babies with a CCHD can be seen by cardiologists and can receive specialized care and treatment that could prevent death or disability early in life. Treatment of a CCHD can include medications and surgery.

Other heart defects can be just as severe as these seven CCHDs and also require treatment soon after birth. However, pulse oximetry screening may not detect these heart defects as consistently as it detects the seven disorders listed as CCHDs:

- Hypoplastic left heart syndrome
- Pulmonary atresia (with intact septum)
- Tetralogy of Fallot
- Total anomalous pulmonary venous return
- Transposition of the great arteries
- Tricuspid atresia
- Truncus arteriosus

Pulse Oximetry Screening Results

If the results are **“negative” (normal result)**, it means that the baby's test results did not show signs of a CCHD. This type of screening test does not detect all CCHDs, so it is possible to still have a CCHD or other congenital heart defect with a negative screening result. If the results are **“positive” (abnormal result)**, it means that the baby's test results showed low levels of oxygen in the blood, which can be a sign of a CCHD. This does not always mean that the baby has a CCHD. It just means that more testing is needed. The baby's doctor might recommend that your baby get screened again or have more specific tests, like an echocardiogram (an ultrasound picture of the heart), to diagnose a CCHD. Babies who are found to have a CCHD also might be evaluated by a clinical geneticist. This could help identify genetic syndromes associated with CCHDs and inform families about future risks.

For more information on pulse oximetry screening for CCHDs, visit <http://www.cdc.gov/ncbddd/heartdefects/screening>.

Newborn Metabolic Screening

All infants are screened for inherited metabolic defects. This testing is called newborn metabolic screening and tests for more than 40 disorders. Though not very common, metabolic defects can cause serious problems if not properly treated. In the beginning, most infants with these disorders show no obvious signs of disease. If left untreated, a metabolic disease can be serious or even life-threatening. Some diseases may slow physical development or cause mental disability.

If detected early, these disorders can often be managed effectively with dietary adjustments, vitamins and medicines. With early diagnosis and treatment, many of these rare conditions can be treated before they cause serious health problems in your child.

What to Expect During Your Newborn’s Metabolic Screening

A blood sample for the newborn metabolic screening will be collected when your baby is around 36 hours of age. A few drops of blood are taken from your baby’s heel to test for these disorders before your baby leaves the hospital. The sample is then sent to a lab for testing. If your baby is less than 24 hours old when you go home, the newborn metabolic screening test must be repeated in one to two weeks. Your nurse will discuss this with you before you go home.

Woman’s follows the American College of Medical Genetics screening recommendations for metabolic conditions, which exceed the Louisiana state law requirements.

TSH (Hypothyroidism) Screening:

Hypothyroidism, the condition when a baby has a low thyroid hormone level, occurs in about 1 in 2,000 to 3,000 babies and is not always an inherited disease. If untreated, your baby may become mentally disabled and may not grow normally. Hypothyroidism can be treated with medication. This test is run on an umbilical cord blood sample obtained when your baby is born.

Sickle-Cell Disease Screening:

Sickle-cell disease is an inherited disease of red blood cells that affects 1 in 500 African American babies, as well as those of Mediterranean and Hispanic descent. There is no cure for sickle-cell disease, but the anemia and other problems (pain, fever, infections) can be treated. This test is run on all babies using the blood sample obtained for newborn metabolic screening.

Cystic Fibrosis Screening

Cystic fibrosis (CF) is an inherited disorder of the mucus glands. CF causes the body to produce excess mucus that is abnormally thick and sticky, which can lead to a variety of health problems. If left untreated, CF can cause serious health problems. However, if the condition is identified early and proper treatment is begun, many of the symptoms of CF can be controlled and children can live longer, healthier lives. This test is run on all babies using the newborn metabolic screening blood sample.

Metabolic Disorders Screened

Fatty Acid Oxidation Disorders	Organic Acid Disorders	Amino Acid Disorders
<ul style="list-style-type: none">• Carnitine/Acylcarnitine Translocase Deficiency• Carnitine Uptake Defect• Carnitine Palmitoyl Transferase Deficiency I and II• 3-Hydroxy Long Chain Acyl-CoA Dehydrogenase Deficiency• 2,4-Dienoyl-CoA Reductase Deficiency• Medium Chain Acyl-CoA Dehydrogenase Deficiency• Multiple Acyl-CoA Dehydrogenase Deficiency• Trifunctional Protein Deficiency	<ul style="list-style-type: none">• 3-Hydroxy-3-methylglutaryl-CoA Lyase Deficiency• Glutaric Acidemia Type I-II• Isobutyryl-CoA Dehydrogenase Deficiency• Isovaleric Acidemia• 2-Methyl-3-Hydroxy Butyric Aciduria• 2-Methylbutyryl-CoA Dehydrogenase Deficiency• 3-Methylcrotonyl-CoA Carboxylase Deficiency• 3-Methylglutaconic Aciduria Deficiency• Methylmalonic Acidemias<ul style="list-style-type: none">◦ Methylmalonyl-CoA Mutase Deficiency◦ Some Adenosylcobalamin Synthesis Defects◦ Maternal Vitamin B12 Deficiency• Beta Ketothiolase Deficiency• Medium Chain Ketoacyl-CoA Thiolase Deficiency• Propionic Acidemia• Multiple-CoA Carboxylase Deficiency• Malonic Acidemia	<ul style="list-style-type: none">• Arginemia• Argininosuccinic Acidemia• Citrullinemia• Homocystinuria• Hypermethioninemia• Maple Syrup Urine Disease• Phenylketonuria<ul style="list-style-type: none">◦ Classical/Hyper phenylalaninemia◦ Biopterin Cofactor Deficiencies• Tymsinemia<ul style="list-style-type: none">◦ Transient Neonatal Tyrosinemia◦ Tyrosinemia Type I◦ Tyrosinemia Type II◦ Tyrosinemia Type III

When to Call the Doctor

Call your baby's doctor if your baby looks sick or starts to act differently. When you call, the doctor or nurse will ask questions to help find out what might be wrong. Make sure you are prepared to give the following information:

- Description of your baby's symptoms; for example, what your baby is doing, is not doing or other signs that make you think something is wrong;
- Your baby's temperature, including if you took the temperature under the arm or with an ear thermometer; and
- Name and phone number of your pharmacy.

Keep paper and a pen near you when you call the doctor so you can write down important information, especially anything the doctor tells you to do.

Baby's Warning Signs

It is important to remember that most of the common physical problems that occur during a given 24 hours may be normal situations or problems with simple answers.

You should call your baby's doctor in any of the following cases:

- Redness, drainage or foul odor from the umbilical cord
- Bluish or pale skin color or bluish lip color
- Yellow skin color or yellow eyes (yellow color to the area of the eyes that is usually white)
- Temperature less than 97°F or over 99.6°F axillary (taken under arm)
- Irritability, crying or fussing more than usual with no known cause
- Listlessness or becoming floppy or limp
- Not eating as well or as often as usual or several refused feedings in a row
- Vomiting after more than two feedings in a row
- White patches in baby's mouth
- An unusual or severe rash
- Fewer than six to eight wet diapers per day (after milk has transitioned from colostrum or "early milk" to "mature milk" for breastfed babies)
- No stool for 48 hours
- Watery stools or diarrhea
- Stools with a lot of mucus or stools with unusually foul odor
- Convulsions or seizures
- Problems with breathing
- Problems waking up baby
- Problems or worries about the circumcision (including drainage, bleeding, foul odor or not urinating)
- Call your baby's doctor before stopping breastfeeding, introducing formula or changing your baby's formula

Contact your baby's doctor for emergencies. Be sure to ask which hospital you should go to if necessary.

Taking Your Baby's Temperature

Normal ranges in body temperature vary depending on the amount of activity, emotional stress, type of clothing worn, and temperature of the environment.

Do not use mercury glass thermometers. The American Academy of Pediatrics recommends that you remove mercury glass thermometers from your home to prevent accidental exposure to mercury, a dangerous toxin.

You can use a digital thermometer at any age to take your baby's temperature. While there are several ear thermometers available on the market, not all are meant to be used on newborns. It is recommended that your baby's temperature be taken axillary (under the arm) using a digital thermometer. Have your healthcare team show you how to take your baby's temperature before going home from the hospital. **Always follow the manufacturer's guidelines for use and care of whatever type of thermometer you choose.**

The rectal temperature method should only be used if instructed by your baby's doctor.

- Moisten the end of the thermometer with a water-soluble lubricant.
- Place your baby on his stomach and across your lap. Spread the buttocks with one hand to expose the anal opening.
- Keep your arm along your baby's back or have another person help hold your baby so he won't move.
- Insert thermometer, slowly and gently, just far enough for the bulb to pass the anal sphincter (muscle). This is about 1/2 inch.
- After temperature is taken, remove the thermometer gently in a straight line and read it.
- Rectal temperatures are slightly higher than axillary (armpit) temperatures.
- Follow manufacturer's instructions for using digital thermometers.

Treatment of Fever

If your baby is less than three months old and has a fever, call your baby's doctor before giving acetaminophen.

Unless ordered by your baby's doctor, aspirin should **not** be given to children. Several studies link aspirin use in children with Reye's syndrome, a severe illness that may be fatal.

Saline Nose Drops

Your baby's doctor may recommend the use of normal saline nose drops to clean your baby's nose when your baby has a cold or congestion (stuffy nose).

To use, place three to four drops in one side of your baby's nose (use medicine dropper) while the head is slightly tilted back. Suction with the bulb syringe. Repeat on the other side. Your baby may cough, sneeze and/or swallow part of the solution. This is normal.

Normal saline nose drops can be used whenever necessary. If your baby has a cold or congestion, be sure to use the nose drops before feedings. Check with your baby's doctor for specific instructions.

The axillary (under the arm) method is recommended for taking a temperature for infants and toddlers.

- Hold the thermometer snugly in the armpit, making sure the sensor end of the thermometer is completely covered between your baby's arm and side.
- Hold in place until temperature reading is obtained.
- Follow manufacturer's instructions for your particular digital thermometer.



Comfort Measures

Safe Skin-to-Skin Care for the Term Infant

Skin-to-skin care is the act of placing an unclothed infant directly onto the mother's chest. A diaper and cap may be placed on the infant if desired, but no clothing should be between the mother's and the infant's bodies. For healthy, stable infants, it is recommended that skin-to-skin care be initiated immediately after a vaginal delivery and as soon as the mother is alert and oriented after a C-section. Skin-to-skin care should be encouraged beyond the first hours and during the early days after birth.

Skin-to-Skin Care Promotes Nurturing and Bonding

One special benefit of skin-to-skin care is the bonding that takes place between mother and baby. Your baby can feel your warmth and hear your heartbeat and breathing while held skin-to-skin with you. In addition, skin-to-skin care fosters frequent eye contact and voice recognition and can be a special time for both your baby and you.

Recommended Skin-to-Skin Position

1. Place your naked baby (or wearing only a diaper) with his bare chest against your bare chest.
2. Put your baby's head on your chest (**not on your abdomen or breast**).
3. Your baby's head should remain upright during skin-to-skin care with his head turned to one side (**not face down**).
4. To keep your baby warm, a light blanket is placed over your baby's body and shoulders, leaving his face and head uncovered. **Do not cover your baby's face or head.**
5. You are able to see your baby's face with a clear view of his mouth and nose at all times.
6. Avoid using your phone while holding your baby skin-to-skin.
7. **Do not hold your baby skin-to-skin if you are sleepy.** If you become drowsy, place your baby in his crib (or bassinet) on his back to sleep.

Example of Correct Positioning for Skin-to-Skin:

- Mom or dad in semi-upright position, not lying flat.
- Baby is lying chest to chest on mother or father.
- Baby's neck straight, in sniffing position.
- Nothing is covering baby's nostrils or mouth.

Safety First

- Blankets should not go past baby's shoulders.
- Keep the bulb syringe and bassinet within your reach.
- Lay baby in the bassinet on his back if you are tired and unable to stay awake.
- Minimize distractions.
- Encourage a support person to stay with you during skin-to-skin care.
- While in the hospital, your bed should be in the lowest position with the bedrails up and your nurse call light within reach.



Shaken Baby Syndrome or Abusive Head Trauma

Understanding Your Crying Baby

Caring for a baby can be exciting, but it can also be frustrating. Remember, all babies cry, some more than others.

Babies cry because it is the only way they can let us know when they need something. It is important to respond to your baby’s cries as soon as possible in the first few months of life. This kind of attention does not spoil your baby, but lets your baby know that his basic needs will be met and that he can trust those caring for him.

- Your baby may cry more each day until about two to three months of age and will likely cry less thereafter.
- Healthy crying babies may look like they are in pain, even when they are not.
- Soothing your baby may not stop the crying all the time.
- Crying may come and go and you don’t know why.

It’s good to know that the crying does come to an end. Remember, most babies seem to be fussy at about the same time each day. During this time, nothing seems to calm your baby. The sound of crying can be very upsetting, especially when it goes on for a long time. When you feel overwhelmed, plan to have someone watch your baby for a few minutes so you can get away.

Most importantly, **NEVER SHAKE OR THROW YOUR BABY, NO MATTER WHAT.** Remind yourself: it does get better.

Crying is the most common reason why someone shakes a baby. Caregivers, babysitters and other family members should be warned of the dangers of shaking your baby. Data indicates young adult males who are the baby’s father or mother’s boyfriend are most often the “shaker.” Females who cause shaking injuries to babies are more likely to be babysitters or caregivers.

While crying is normal, you can always check with your baby’s doctor if you think there is something wrong that is causing the crying.

If You Become Frustrated

- Take a deep breath.
- Close your eyes and count to 10.
- Give yourself a “timeout.”
- Put your baby down in the crib and walk away for a few minutes.
- Do not pick your baby up until you feel calm.
- Ask a friend, neighbor or family member to take over for a while.

Why is shaking a baby dangerous?

Characteristics	Possible Long-Term Effects	Signs and Symptoms
<p>Babies have certain characteristics that make shaking very harmful, including:</p> <ul style="list-style-type: none">• Larger head compared to body• Weak neck muscles• Fragile, undeveloped brain• Large size and strength difference between the baby that is shaken (victim) and the shaker (abuser)	<p>Possible long-term consequences of shaking a baby or young child can include:</p> <ul style="list-style-type: none">• Blindness• Seizures• Learning disabilities• Physical disabilities• Death	<p>Signs and Symptoms of Shaken Baby Syndrome or Abuse Head Trauma Include:</p> <ul style="list-style-type: none">• Extreme irritability• Difficulty feeding• Irregular, difficult or stopped breathing• Seizures or vomiting• No smiling or vocalization• Difficulty staying awake• Inability of eyes to focus or track movement
<p>Violently shaking a baby forces the head to whip back and forth, causing blood vessels in the brain and eyes to tear and bleed.</p>		

What You Can Do to Calm Your Baby

To calm your baby, start with one soothing action at a time. If what you try is not working, stop and try a different soothing action. You will start to notice what types of things work well to help calm your baby.

Here are some soothing ideas and actions to try to help you calm your baby's crying:

- Hold your baby skin-to-skin.
- Cuddle your baby close to your chest and breathe slowly (calmness is contagious).
- Change the diaper, if needed.
- Sing, hum or play quiet music.
- Turn on a fan or something else that makes a continuous sound.
- Feed your baby if you think he might be hungry.
- Burp your baby once more.
- Check your baby's temperature to see if he may be sick.
- Take your baby outside for a walk (weather permitting).
- Take your baby for a car ride (in a car seat, of course).
- Rock your baby in your arms, a cradle, a baby swing or rocking chair.
- Walk with your baby upright, with his head on your shoulder.
- Give your baby a warm bath.
- Gently massage your baby's arms and legs.
- Put your baby on your lap, tummy down, and rub his back.
- Try darkening the room, turning down the noise and putting your baby down or not touching your baby as much.
- Swaddle (wrap) your baby in a soft diaper or blanket, making sure his breathing is not blocked.
- Let someone else try to calm your baby or put your baby in his crib for a few minutes.
- Call your baby's doctor for help.
- Call a trusted friend, neighbor or family member to help care for your baby or for emotional support.
- Call 225-924-3900 or toll-free 1-800-437-0303. Hearing a kind voice that understands your frustration is another way to help you handle the crying (your baby's or even yours). Hotlines are free and the people who answer know that it's normal for parents to need support from others.

If you or a caregiver has violently shaken your baby because of frustration or anger, the most important step you can take is to seek medical attention **IMMEDIATELY!**

Do not let fear, shame or embarrassment keep you from doing the right thing. Getting the necessary and proper treatment without delay may save your baby's life.

Helpful Resources:

Postpartum Support International (PSI)

www.postpartum.net
1-800-944-4PPD (toll free)
(1-800-944-4773)

The National Center on Shaken Baby Syndrome

mail@dontshake.org
www.dontshake.org
facebook.com/ncsbs
twitter.com/ncsbs
1-888-273-0071 (toll free)
1-801-447-9360

The Shaken Baby Alliance

info@shakenbaby.org
www.shakenbaby.com
1-877-6ENDSBS (toll free)
(1-877-636-3727)

Think First Foundation

thinkfirst@thinkfirst.org
www.thinkfirst.org
1-800-THINK-56 (toll free)
(1-800-844-6556)

The ARC

info@thearc.org
www.thearc.org
1-301-565-3842

National Institute of Child Health and Human Development

NICHDClearinghouse@mail.nih.gov
www.nichd.nih.gov
1-800-370-2943 (toll free)

The Childhelp National Child Abuse Hotline

Crisis counselors available 24/7
www.childhelp.org
1-800-4-A-CHILD (toll free)
(1-800-422-4453)

Prevent Child Abuse America

mailbox@preventchildabuse.org
www.preventchildabuse.org
1-312-663-3520

Crisis Line (The Phone)

225-924-3900
1-800-437-0303 (toll free)



Sleep

Sleep Patterns

Sleep patterns of infants can cause concern to new parents who often feel tired and exhausted because of their own lack of sleep. Although uncommon, a baby will occasionally sleep through the night before he is six to eight weeks of age. Each baby tends to establish his own sleep pattern. Some may fall asleep after a feeding, while others take only brief, occasional naps. Babies generally know how much sleep they need and virtually nothing you do will change that pattern. Instead, you should plan your “rest periods” to match your baby’s.

Around 4 to 8 weeks of age, your baby’s nighttime sleeping patterns will likely change. At this time, the majority of babies will start sleeping through 1 or 2 nighttime feedings, allowing you 5 to 8 hours of uninterrupted sleep. Your baby will finally “sleep through the night.”

However, it’s important to understand that the time your baby chooses to sleep may not coincide with your nighttime sleeping pattern. Furthermore, feeding your baby solid foods earlier than six months of age does not usually alter this pattern. Try to be patient, and always check with your baby’s health-care provider before resorting to giving solid foods earlier than six months of age.

Again, it is considerably more difficult to change your baby’s sleeping pattern than it is to change your own.

Sleeping Safely “Back to Sleep”

For the first year of life, American Academy of Pediatrics (AAP) recommends placing babies on their backs in a crib to sleep. Your baby should not be placed on his stomach or side to sleep. Your baby’s doctor will advise you if you should use another sleep position for your baby. If you have questions about sleeping positions, talk to your baby’s doctor.

Props, wedges, rolled blankets, towels, pillows, comforters, bumper pads and stuffed toys should not be placed where your baby sleeps because they can cause suffocation.

Pacifiers attached to stuffed toys should not be used during sleep time. These are only appropriate when your baby is being supervised and should not be used until breastfeeding has been well established.

A crib with a firm mattress and a tight fitting sheet is the safest place for your baby to sleep.

Never place your baby on an adult bed, sofa or other soft surface to sleep. Your baby should never share a bed with another child or an adult.

If using a blanket, place your baby with his feet at the foot of the crib. Cover the infant with a thin blanket only up to the chest and tuck the blanket around the crib mattress to secure. This will help prevent the blanket from covering your baby’s head and face.

Supervised “Tummy Time”

When your baby is awake and alert, he needs to spend some time on his tummy so he can learn to lift his head and push with his arms. This will help your baby gain normal strength in his head, neck and upper body. This also helps prevent flat spots on the back of your baby’s head. Always watch your baby closely during “tummy time.”



Products such as the one shown should only be used when baby is supervised.



Safe Sleep FAQs

Will my baby choke if placed on his back to sleep? No. Healthy babies naturally swallow or cough up fluids – it's a reflex all people have. Babies might actually clear such fluids better when on their backs.

What if my baby rolls onto his stomach on his own during sleep?
Do I need to put my baby in the back sleep position again if this happens?

No. Rolling over is an important and natural part of baby's growth. Most babies start rolling over on their own around four to six months of age, but babies should always be placed on their backs when they begin each sleep.

What Does a Safe Sleep Environment Look Like?

Reduce the risk of Sudden Infant Death Syndrome and other sleep-related causes of infant death.

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

Do not use 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.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

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

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

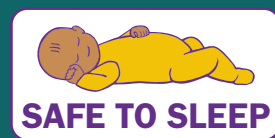
Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

 [cpsc.gov](http://www.cpsc.gov)



Eunice Kennedy Shriver National Institute
of Child Health and Human Development



Please visit <http://safetosleep.nichd.nih.gov> to order free educational materials developed by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). If you have any questions or additional requests, please contact the NICHD Information Resource Center toll free at 1-800-505-CRIB (2742) or by email at NICHDInformationResourceCenter@mail.nih.gov.

Key ways to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death include:

- **Back-to-Sleep:** Always place your baby on his back to sleep for naps and at night.
- **Safe Sleep Environment:** Use a firm sleep surface, in a safety-approved crib, covered with a fitted sheet, free from soft objects such as pillows, toys, crib bumpers or loose bedding.
- **Room-Share/Room-In:** Keep baby's sleep area separate, but in the same room, next to where parents sleep.*
- **Do not smoke or allow smoking around your baby:** Your baby's lungs are very delicate and can be hurt by smoke. Babies who breathe in smoke may develop frequent respiratory infections and are at greater risk for SIDS. Do not allow anyone to smoke anywhere in your home. Smoking should only be done outside of the house. Babies can breathe in smoke, even if you smoke in a different room than your baby. Also, never smoke in the car when your baby is with you.
- The risk of SIDS is reduced when infants use pacifiers that are not attached to strings or ribbons, during sleep.* See page 34 for more information on pacifiers and delaying their use until after breastfeeding has been well established.
- Do not drink alcohol or use illegal drugs.
- Breastfeed your baby.
- Do not let your baby get too hot during sleep.
- Follow healthcare provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he is awake and when someone is watching.

**According to the American Academy of Pediatrics*



Cribs, Bassinets, Carriages or Playpens

The American Academy of Pediatrics recommends that all baby furniture and devices meet the Consumer Product Safety Commission (CPSC) and the Juvenile Products Manufacturers Association (JPMA) standards. This information is usually included in manufacturer's instructions or can be accessed online. Be sure to inspect every crib your child uses for safety – at a grandparent's home, babysitter's home and childcare center. If not using a new crib, be sure to check the CPSC's recall list to make sure your crib has not been recalled. Additional crib safety guidelines include the following:

- Do not use the crib if there are any missing, damaged or broken parts. Contact the manufacturer for replacement parts if needed. Never substitute original crib parts with something from a hardware store.
- Be sure that no slats are cracked, loose or missing. Wood surfaces should be free of splinters and cracks and have lead-free paint.
- Be sure bars/slats are no farther apart than $2\frac{3}{8}$ inches so your baby cannot slide through or get stuck.
- Be sure all screws and bolts are present and tightened.
- The sides of the crib should have a latch that prevents them from coming down accidentally. New cribs that are certified as safe by JPMA will not have drop sides, but may have a drop gate, where the top portion of one side folds down for easier access to the crib.
- Never leave crib rails down when your baby is in the crib.
- The mattress should be firm and tight-fitting (no more than two finger-widths between the edge of the crib and the mattress). The top of the railing should be 26 inches above the mattress support when the mattress is placed in the lowest position. If your crib has a drop side or a drop gate, the lowered crib side should be at least 9 inches above the mattress support to prevent your baby from falling out. Mattress supports should be securely attached to the head and footboards.
- Corner posts should be flush with end panels or be very tall (such as posts on a canopy bed) to avoid catching your baby's clothing.
- There should be no cutouts in the head or footboards because your baby's arms, legs or head could be trapped.
- **Bumper pads should not be used due to risk of suffocation, strangulation or entrapment.**
- Do not put a baby monitor in the crib, bassinet or toddler bed.
- Begin to lower the crib mattress before your baby is able to sit without help. The mattress should be at its lowest setting before your baby can stand.
- Toys that hang across the crib are meant for young babies. When your baby is able to push up on his hands and knees, any toy that stretches across the crib should be removed. Your baby could get tangled in these toys and become strangled.
- Do not place the crib near blinds or curtains with long cords because your baby could strangle on the cords.
- Avoid the use of all soft bedding and toys in your baby's sleep area, including fluffy blankets, comforters and pillows.
- Children should be taken out of a crib by the time they are 35 inches tall because they could climb out and hurt themselves.

Home Temperature

The American Academy of Pediatrics recommends keeping your home temperature between 68°F and 72°F. Do not place your baby under fans or near drafts. Signs that the house may be too cool and/or your baby is underdressed may be coldness to touch, pale appearance or a mottled-blue appearance of your baby's hands and feet. Take your baby outdoors for only short periods of time and never leave your baby unprotected in direct sun.

Dressing Your Baby

Dress your baby according to the weather. Comfortable clothing and socks are important.

In cool weather:

- Wrap your baby in a light blanket
- Cover your baby's head with a cap or the blanket
- Leave your baby's face uncovered and visible

Common Infant Conditions

A few common conditions are often seen in young babies. These conditions include cradle cap, colds and thrush. Because babies are usually not treated the same as children or adults, talk with your baby's doctor about ways to treat these common problems.

Cradle Cap

Cradle cap is a scaly, greasy-looking crust that forms on the head. Redness of the scalp is usually also present. Soft brushing can help to loosen and remove the scales. Your baby's doctor may recommend medicated shampoo. You can prevent cradle cap by shampooing your baby's head with mild baby shampoo each day.

Cold

Signs of a cold include sneezing, coughing or a runny or stuffy nose. If your baby has a cold, he may have trouble nursing or taking a bottle. To make breathing easier, add more moisture to your baby's room with a clean humidifier. Also, suction mucus out of the nose using a soft bulb syringe. If your baby has fever (greater than 99.6°F axillary), talk to your doctor about how to control it. **Never give your baby aspirin to bring the fever down.**

Aspirin may cause serious problems, including a disease called Reye's syndrome, in children.

Thrush

Thrush is a fungal yeast infection of the mouth that causes white patches to form inside of the mouth. These patches may look like formula or milk in your baby's mouth. If the white patches cannot be wiped away using a soft cloth, your baby may have thrush. Because thrush can be painful, your baby may not want to suck or eat. Call your baby's doctor if you see these signs.

Jewelry

Infants and toddlers should not wear jewelry of any kind. Necklaces, baby rings, bracelets, religious pins and pacifiers on a string are very dangerous. Babies can suffocate by breathing small objects into their lungs.

Pierced ears are not recommended for children until they are at least four years old. Earrings can cause infections, pressure sores on the head and the ears (because your baby is unable to turn her head well), scar formation on the ears from the earring backs and suffocation due to your baby breathing parts of the earring into her lungs.

If you are breastfeeding and your baby has thrush, contact your doctor because you may also need treatment.

Infant Safety and Security



Many of the accidents that claim the lives of babies and children each year can be easily prevented. Try to anticipate any potential risks ahead of time and take necessary precautions.

Social Media and Internet Sites

Use caution in creating a blog for your baby or posting photographs of your baby on social media. When doing so, limit access to those you know personally and trust. To limit anyone else's potential misuse of a photograph of your infant, carefully consider anyone's request to take a picture of your baby and only share photographs of your baby with those you personally know and trust.

Birth Announcements

Be very careful when you announce your baby's birth. Birth announcements should include only your last name and should not include your address.

Outdoor Decorations

The use of outdoor decorations, including balloons, large floral wreaths and wooden storks to announce your baby's birth is **not** recommended. These decorations alert others that you have a new baby in the house.

Visitors

Many well-meaning friends and family members will want to visit you and your baby once you are home from the hospital. Try not to let this disturb your baby's sleeping or feedings. Babies can become fussy if their routines are interrupted. Do not feel obligated to entertain and try to limit the number of visitors you have during the first few days. After birth, you should be taking time to enjoy your newest addition and taking time to rest and take care of yourself, too. Let others know how they can help.

Ask visitors to wash their hands prior to touching your baby. Ask friends and family members who are sick or who have been around others who are sick to wait and visit when they are well. It's not only the new baby who needs care.

Visitors in the Home

Do not allow anyone into your home if they say they are employed by Woman's unless they have proper identification. Before you leave the hospital, you will be told if a home visit is necessary.

Only allow persons into your home who are well known by the mother. It is **not** advised to allow anyone into your home who is just a mere or recent acquaintance or known only online such as in social media and other online forums, especially if met briefly since you became pregnant or gave birth.

Outings and Public Places

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

Unless your baby has health problems, you may take him out when you like. Generally, short trips to the doctor, homes of family and friends and around the block are less tiring for the two of you than more extended outings. Many doctors advise against taking a new baby to crowded places during their first two months to lessen exposure to germs and illnesses.

For identification purposes, it is strongly recommended that you take at least one color photograph, video, or digital image of your baby with a full, front-face view and keep for your records. This should be done as soon as possible after birth.

Backseat Reminder

Leaving a child in a vehicle can have devastating consequences. Always check the backseat before you exit your car.

- The temperature in a car can rise 20 degrees in only 10 minutes.
- A child's temperature heats up to five times faster than an adult's.
- The risk of dying from a heatstroke in a vehicle is increased when a child is too young to communicate.

Woman's offers backseat reminder tags to families as an extra reminder to check for your child in the backseat. Ask for yours at Woman's valet parking, main lobby information desk or cut one out from the back of this book and hang it from your rear-view mirror.



Car Seats

Car crashes are the leading cause of death and injury among children in the United States. Almost all of these deaths are preventable. When used properly, car seats that meet federal safety standards have been shown to reduce death and serious injury from auto crashes by as much as 70 percent. The child safety seat protects your child by preventing him from being thrown into the dashboard, the windshield or out of the vehicle. In the event of a crash or sudden stop, it will also spread the force over the strongest parts of your child's body.

Louisiana law requires that you use a car seat. Therefore, your baby should have a safety car seat for the very first ride home from the hospital. Babies and children must be properly secured, according to manufacturer's instructions, in an age – and size-appropriate child restraint. Be sure you have a car seat installed and ready when you bring your baby home from the hospital. For the most up-to-date Louisiana Child Passenger Safety Laws, visit womans.org.

Car Seat Safety Guidelines:

- The safest place in a car for all children is in the back seat.
- Ideally, the car seat should be placed in the middle of the back seat.
- Child safety seats should meet all applicable federal motor vehicle safety standards. This information is usually included in the manufacturer's instructions.
- A child younger than 2 years old must be restrained rear-facing, according to the vehicle and child safety seat manufacturer's instructions, until the child reaches the maximum height/weight limit of the child safety seat. A child must not turn forward-facing until he has met *both* 2 years old *and* the maximum height or weight limit of the child safety seat. The height and weight limits for each child safety seat are on the seat labels or in the instruction booklet.
- Never place a rear-facing car safety seat in the front seat of a vehicle with a passenger-side air bag.
- Never leave your child unattended in a car safety seat, in or out of the car.
- Never leave an infant or child unattended in a car, not even for a moment.
- Always keep the car window rolled up (closed) and the door locked nearest your baby.
- Children must ride in the rear seat, when available and in a properly used child restraint, booster seat, or seat belt until age 13.
- When a child who is at least 2 years old has reached the maximum height/weight limit for the rear-facing child safety seat, he must be restrained in a forward-facing child safety seat with an internal harness until the child reached the height/weight limit for that seat.
- A child must be at least 4 years old *and* outgrown the forward-facing height/weight limits of the child safety seat with an internal harness before he can move to a booster seat secured with a lap-shoulder seat belt.
- To ride safely, most children need a booster seat until age 10-12. A child who is at least 9 years old or has outgrown the maximum height/weight limits of the child safety seat or booster seat (as set by the manufacturer), must be restrained on the vehicle seat with a lap-shoulder seat belt. The seat belt must fit correctly.
- Keep a small blanket or hand towel in the car and cover the car seat buckle so it will not be hot when you place your baby in the car seat.

Child Safety Seat Tips

Child safety seats are not one size fits all. To decrease injury or a fatal consequence, you must:

- Have the correct seat for the child;
- Harness the child correctly;
- Face the correct direction; and
- Install the child safety seat in the vehicle properly according to the manufacturer's instructions.

Manufacturer labels on the side of child safety seats contain important information on height/weight limits, belt paths, LATCH, use in the vehicle, recline angle, plus much more.

Refrain from graduating a child too soon to the next level. When in doubt, use the more protective child restraint.



You can have your baby's car seat inspected for safety. Refer to womans.org for a list of locations that provide nationally certified child passenger safety technicians to teach you how to install your child safety seat(s) properly. Do this before you take him home from the hospital.



WARNING

DEATH or SERIOUS INJURY can occur

- Children 12 and under can be killed by the air bag
- The BACK SEAT is the SAFEST place for children
- NEVER put a rear-facing child seat in the front unless air bag is off
- Sit as far back as possible from the air bag
- ALWAYS use SEAT BELTS and CHILD RESTRAINTS

Toys

Choose toys that are too large to swallow, too tough to break, have no small breakable parts and no sharp points or edges. Toys should be at least $1\frac{1}{4}$ inches by $2\frac{1}{4}$ inches around until your baby is 3 years old. Toys should not have buttons, heads or objects on them that can be pulled off.

Don't Forget "Tummy Time"

Place babies on their stomachs when they are awake and when someone is watching. This will help your baby gain normal strength in his head, neck and upper body. This also helps prevent flat spots on the back of your baby's head.

Household

- Plastic bags should not be placed on your baby's mattress or pillow.
 - Keep plastic bags in a place that your baby cannot reach.
 - Never leave your baby alone with young children or animals.
 - Never place your baby on a waterbed.
 - Do not pour hot liquids when your baby is close by.
 - Do not allow your baby to stay in the sun for more than a few minutes.
 - Do not leave your baby in a parked car.
 - Wash flame-retardant clothing according to the label directions.
 - Do not leave medications within your baby's reach. Use a medicine box with a safety lock.
 - Store cleaning products out of your baby's reach.
 - Get rid of any houseplants that could be poisonous.
 - Keep the telephone numbers of your baby's doctor, ambulance / rescue squad and poison control center posted near your telephone.
- In Louisiana, the Poison Control Center's phone number is 1-800-222-1222.**
- If you have gas appliances or heat in your home, install a carbon monoxide detector.
 - Consider taking an infant / child CPR course and first aid class. Visit the American Red Cross website at redcross.org for training information.

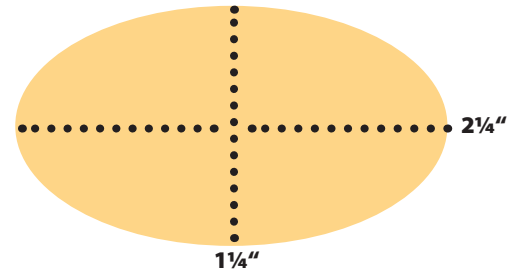
Fire Safety

Use the following tips to protect your newborn from fire:

- Never leave your infant alone in the home – not even for a minute.
- Install a smoke detector on every level of your home and in your baby's room.
- Keep a chair or rope ladders on upper floors to allow escape.
- Locate several escape routes from each area of the house, including your baby's room, and plan a meeting place once outside.
- Keep a fire extinguisher in the kitchen and out of children's reach.

In case of fire, get everyone outside immediately – do not stop or try to put out the fire. Most deaths occur from suffocation due to smoke, and not from direct burning. Call 911 from a neighbor's house.

Toys should be at least $1\frac{1}{4}$ inches by $2\frac{1}{4}$ inches around until your baby is 3 years old.



The smallest safe ball is $2\frac{1}{4}"$ in diameter.



The smallest removable piece is $2\frac{1}{4}"$ wide.



Enjoy Your Journey!

You and your baby are going home. While you may be excited, you may also be nervous, especially if you just gave birth to your first child. When you get home, you may realize that you have many questions that you did not think to ask while at the hospital. Hopefully, this guide will help answer most of your questions. Contact your healthcare provider if you still have unanswered questions or concerns.

Remember, each baby is unique. A great deal of how you nurture and love your child comes naturally. Please know that parenting is a process that requires you to constantly learn. You will discover new skills and insights along the way that will allow you to learn what works best for you, your baby and your family. At the end of the day, it all comes down to love. Your love for this new precious life will guide you in making the right decisions.

Once you are home, please contact your healthcare provider for continued support throughout this new journey.

Woman's Resources You May Need

Breastfeeding Consultations	225-924-8239
Breastfeeding Support Group.....	225-231-5475
Breastfeeding Warmline.....	225-924-8239
Breastfeeding accessories and breast pump rentals at Mom & Baby Boutique	225-231-5578
Woman's Diabetes Prevention Center	225-924-8550
Fitness (mom and baby exercise classes)	225-924-8300
Genetics Clinic.....	225-924-8550
Health Information Management	225-924-8753
Medical Records	
Birth Certificates	
Laboratory Services.....	225-924-8271
Nutrition Services.....	225-924-8313
Patient Accounting (billing questions).....	225-924-8106
Patient Relations	
(patient satisfaction hotline)	225-231-5555
Pastoral Care (Chaplain).....	225-924-8456
Photography (Newborn / Baby Photos)	225-924-8997
Social Services	225-924-8456
Spa Services	225-924-8388
Therapy Services (Adult and Pediatric).....	225-924-8450
Occupational Therapy	
Physical Therapy	
Speech Pathology	
Hearing Services	
Woman's Website	womans.org

BreastTime Virtual Consultations

If you need assistance with breastfeeding, but don't have time to leave home, Woman's offers live, virtual breastfeeding appointments with our lactation nurses in the convenience of your own home via iPhone™, iPad™, or Android™ phone.

- Consultations are one hour.
- Schedule your virtual consultation or learn more at womans.org/BreastTime. **FEE**

Woman's Pregnancy App

Woman's Pregnancy app features helpful information as well as a breastfeeding and breast pumping log to keep you on track. Search "Woman's Hospital Pregnancy" in the App Store or Google Play Store. **NO CHARGE**

Support Group

Twice each month, moms and babies get together to share their successes and challenges. A certified lactation consultant leads this morning support group. It's free, and registration is not required. Visit womans.org/classes for dates. **NO CHARGE**

Breastfeeding Classes

In-Person Classes

Learn the benefits of breastfeeding, how to prepare for breastfeeding, how to avoid common problems, and more. Visit womans.org/classes. **FEE VARIES**

E-Class

Our online breastfeeding class uses videos, personal stories, animations and activities to prepare for breastfeeding.

Visit womans.org/classes for more information. **FEE VARIES**

Community Resources

Aliados Para Bebés Sanos

1-800-251-BABY (2229)
Conecta a mamás embarazadas con recursos, servicios e información
AliadosParaBebesSanos.org

Battered Women's / Domestic Violence Crisis Line

1-800-541-9706

CDC Information Line

1-800-232-4636
Provides information on vaccines and immunizations.

Child Abuse Hotline

1-800-422-4453

Crisis Line (The Phone)

225-924-3900 or 1-800-437-0303

Greater Baton Rouge Food Bank

225-359-9940

LABreastfeedingSupport.org

Zip code search of breastfeeding resources and more.

La Leche League International

Call 1-800-LALECHE (525-3243) for mother-to-mother breastfeeding support, encouragement and information.
www.lalecheleague.org

Louisiana Breastfeeding Coalition

Provides breastfeeding information and resources for mothers, families and communities.
Louisianabreastfeeding.org

Louisiana Poison Control

1-800-222-1222

Partners for Healthy Babies

1-800-251-BABY (2229)
Connects moms to pregnancy resources, services and information.
PartnersforHealthyBabies.org

Resources for Infant Needs

United Way
211 or <http://211.org/>

Text4Baby.org

FREE texts on prenatal care, baby health, parenting and more.

Louisiana WIC

WIC provides nutritional services, breastfeeding support and supplemental food for pregnant women, new mothers, infants and children. WIC will schedule a clinic visit as soon as possible after delivery for breastfeeding moms and their infants to provide timely breastfeeding support. Contact your local agency at:

East Baton Rouge Parish WIC Clinic
225-925-3606

Livingston Parish Health Unit
225-686-7017 or 225-686-9363

To locate a WIC clinic near you,
Please call 1-800-251-BABY (2229)

**Visit the following websites to stay
up-to-date on car seat laws and safety**

The Safety Place

safetyplacela.org/

Louisiana State Police Troop A

www.lsp.org/

Louisiana Highway Safety Commission

[www.lahighwaysafety.org/Pages/OurPrograms/
ChildPassengerSafety.aspx](http://www.lahighwaysafety.org/Pages/OurPrograms/ChildPassengerSafety.aspx)

American Academy of Pediatrics

www.aap.org

Safe Kids Worldwide

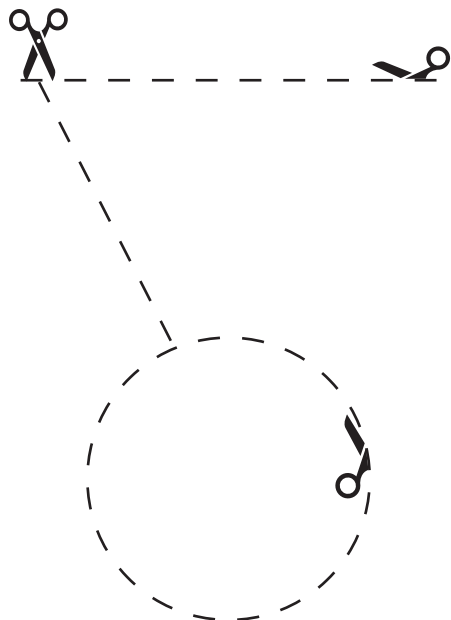
www.safekids.org

**National Highway Traffic Safety
Administration (NHTSA)**

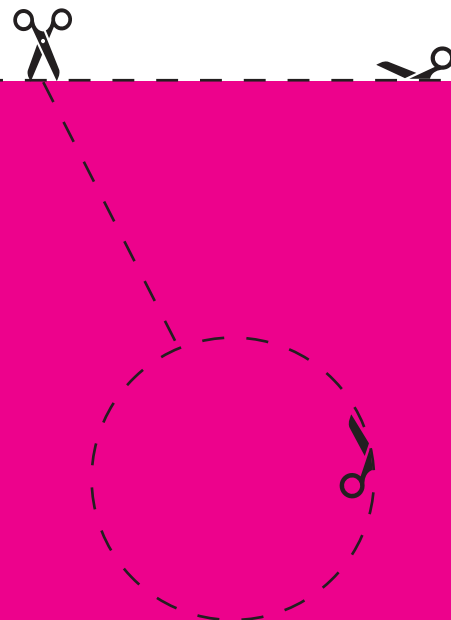
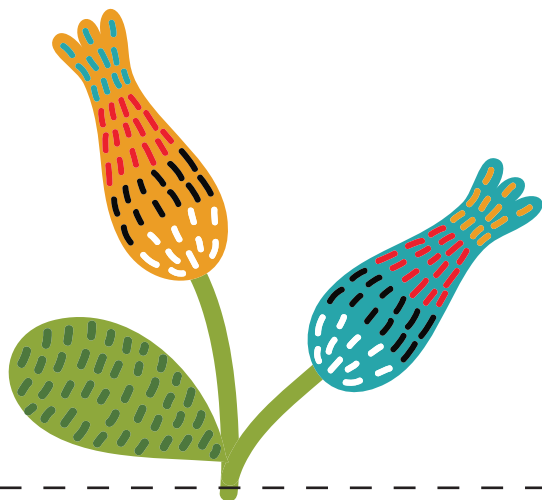
www.nhtsa.gov

Backseat Reminder

Woman's offers backseat reminder tags to families as an extra reminder to check for your child in the backseat. Ask for yours at Woman's valet parking, main lobby information desk or cut one out below and hang it from your rear-view mirror.



Look back
for little ones!



**CHECK
FOR CHILD
in the
backseat!**

womans.org