

Newborn Care Guide



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

6:30 AM-8:30 PM

To place an order, extension 3663

Questions or concerns, extension 4669

Family members or guests 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.

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.

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.

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 baby's account. You will receive separate bills from your baby's pediatrician. Please ask your baby's doctors about this if you have questions.

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.

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.

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. Our nurses care for your baby. 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.

Skin-to-skin contact has wonderful benefits for both parent and baby. Learn more on page 21.



Baby Care

You are bound to be amazed by the first sight of your newborn. For the first few hours after delivery, 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.

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 maternal hormones. As these 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.

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 breastfed 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.

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 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.
- **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

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 feed.

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.

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.

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



Baby feeding cues (signs)

Early cues – "I'm hungry"



Stirring



Mouth opening



Turning head
Seeking/rooting

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

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 20), 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.

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 ◦ Bipterin 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
- 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 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.

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.



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.

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 your chest. A diaper and cap may be placed on the infant if desired, but no clothing should be between your chest and the infant's body. For healthy, stable infants, it is recommended that skin-to-skin care be initiated immediately. 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. 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:

- Maintain semi-upright position, not lying flat.
- Baby is lying chest to chest on your chest.
- 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.



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.

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.

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 Abusive 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

Violently shaking a baby forces the head to whip back and forth, causing blood vessels in the brain and eyes to tear and bleed.

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:

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.

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>.

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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.*
- Do not drink alcohol or use illegal drugs.
- 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.

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. You should be taking time to enjoy your newest addition and taking time to rest. 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 you. 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.

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 delivery.

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.

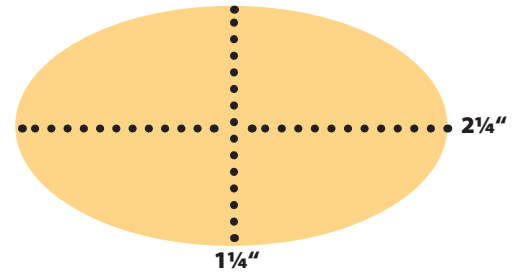
Fire Safety

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. 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

Fitness (exercise classes with your baby).....	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

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

Louisiana Poison Control
1-800-222-1222

Partners for Healthy Babies
1-800-251-BABY (2229)
Connects you to resources,
services and information.
PartnersforHealthyBabies.org

Resources for Infant Needs
United Way
211 or <http://211.org/>

Text4Baby.org
FREE texts on baby health, parenting
and more.

Louisiana WIC

WIC provides nutritional services,
and supplemental food for infants
and children.

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

East Baton Rouge Parish WIC Clinic
225-925-3606

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

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

American Academy of Pediatrics
www.aap.org

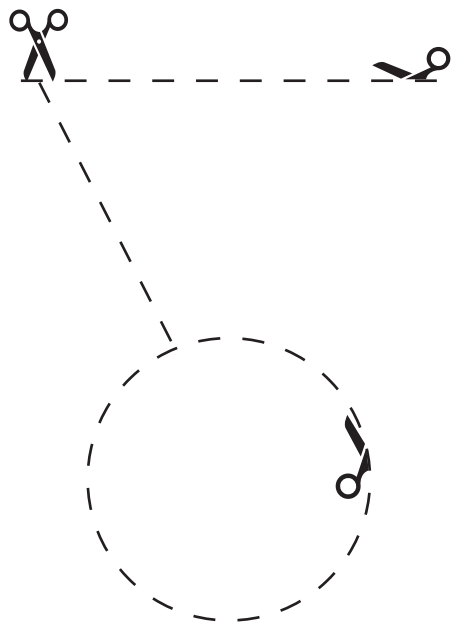
Safe Kids Worldwide
www.safekids.org

National Highway Traffic Safety
Administration (NHTSA)
www.nhtsa.gov

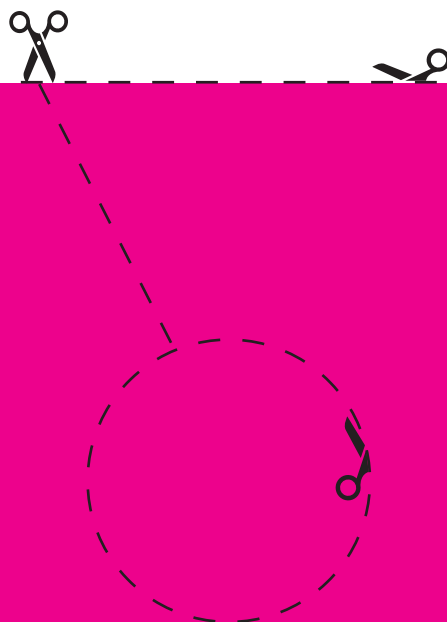
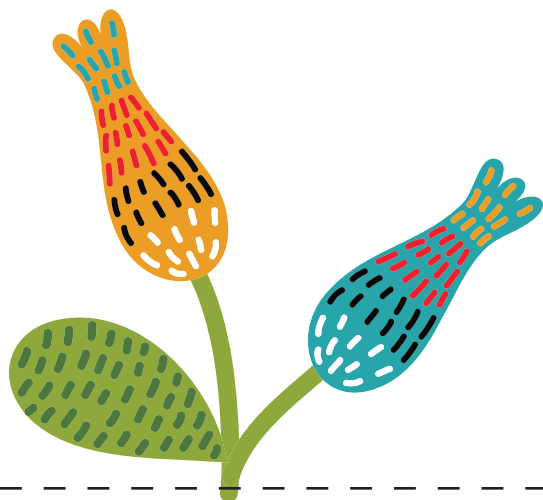


Backseat Reminder

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