

New Mother and Infant Care



Welcome!

Babies have a way of touching and changing the lives of everyone around them. They can take us outside ourselves and show us the world through new eyes. Watching your baby grow and develop is a unique and exciting experience, one that can be especially rewarding if you feel at ease.

This booklet can help. It includes information, advice and tips to guide your transition to parenthood during the first few weeks after delivery. Though the information has proven valuable for most parents and babies, be sure to follow your healthcare provider's instructions if they differ from what you find here. Your physician or midwife knows your health history best.

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General Information

Infant Safety and Security

The security of your infant is very important to us. We know it's important to you, too. In partnering with us to assure that your baby is safe throughout your hospital stay, please:

- Never leave your baby unattended. If alone while showering or using the bathroom, the door to the hall must be shut. Place your baby in the bassinet and keep the bathroom door open with the baby in your line of sight.
- Do not sleep with your baby in the bed. If you feel sleepy or plan on sleeping, put your baby in the bassinet.
- All hospital staff wear photo ID badges. Only the nursing staff on your unit (RN, clinical assistant, patient-care technician) or your physician may take your baby from you. Do not give your baby to anyone you don't know! If you are unsure, call your nurse.
- Make sure the numbers on your ID band and your baby's ID band are checked each time the baby is given to you and at discharge.
- Always transport your baby in the bassinet. Do not allow family or visitors to carry your baby in the hallway.

Visitors

Rest is important for new moms and babies. Visiting hours are limited to encourage recovery and allow parents to bond with their newborn. Let your nurse know if you would like polite help in encouraging your visitors to head home.

A few simple precautions can protect your baby from infection and overstimulation:

- Honor your unit's visiting hours and number of visitors allowed (ask your nurse for specifics).
- Limit visitors to those over the age of 12. Visitors under the age of 12 may visit if they are the baby's siblings.
- Ask your visitors to wash their hands before touching the baby.

Baby Photos

A company comes to the hospital daily to take photos. If you would like to have your baby's photo taken, ask the staff for more information.

Birth Certificate/Social Security Number

During your hospital stay, a vital statistics registrar will come to your room to obtain information for the birth certificate. In order for the hospital to file your baby's birth with the state, you must complete the birth certificate worksheet before you leave the hospital. The hospital can apply for the baby's birth certificate, as well as your baby's Social Security number. NOTE: there is a state fee of \$12 for each certificate; make the check or money order payable to the State Health Department. Cash or credit payments are not accepted. If you prefer to apply for your birth certificate on your own, the vital statistics registrar will give you an application to mail to the state. The State requests that you do not mail the application until a month after the baby's date of birth.

Infant Health Screening – Required

Virginia law requires that two health screenings be performed soon after birth:

1. **Metabolic screen.** This simple blood test identifies the most common treatable genetic diseases. It is performed 24 hours after birth. If you go home before then, the test will be done at discharge.
2. **Hearing screen.** This test is performed before discharge to check for possible hearing loss.

Infant Health Screening – Optional

1. **Virginia Child ID Program.** The hospital will provide a sample of your baby's blood for future use, such as DNA identification in the event of an emergency or abduction.
2. **Critical Congenital Heart Defects (CCHD) screening.** This painless procedure measures oxygen levels in your baby's blood. It is performed 24 to 48 hours after birth.

Remember, a positive result on any of the screening tests means your baby needs repeat testing. It does not necessarily mean there is a problem.

Length of Stay

Questions about your hospital length of stay should be directed to your healthcare provider or insurance company.

Follow-Up Care

Contact your healthcare provider and your baby's healthcare provider as soon as you get home to schedule follow-up appointments (unless the appointments are scheduled before you leave the hospital).

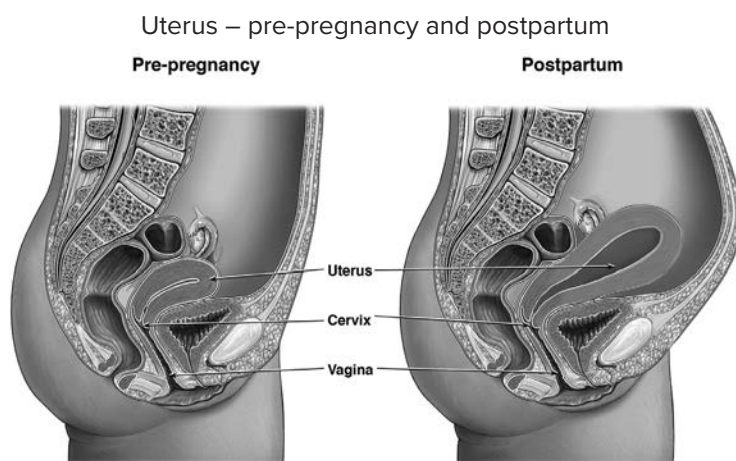


Mother

Basic Care

Returning to Normal

Childbirth is a major event for your body. Recovery – both physically and emotionally – takes time. It’s important to keep your expectations flexible. Parenthood is a gradual and learned adjustment. Even if you have had a child before, things will change with the new baby.



- Your body will take about six to eight weeks to heal from childbirth. During this time, the uterus gradually decreases to its pre-pregnancy size.
- You may feel cramps or “afterbirth” pains, especially during the first few days. These mild to moderate muscle contractions help the uterus return to normal. If you are breastfeeding, or if this is not your first pregnancy, your contractions may feel quite strong.
- It can take six to seven weeks for pelvic floor muscles to return to normal. Resuming Kegel exercises (*described on page 4*) can help.
- Many new mothers experience emotional changes, too. If feelings of sadness or anxiety become overwhelming or interfere with your ability to care for yourself or your baby, seek help! Let your healthcare provider know.

Hygiene

Maintaining good hygiene helps prevent infections. Wash your hands frequently, especially after changing your baby's diaper. You may shower and wash your hair while in the hospital. If you are breastfeeding, avoid using soap on your nipples as it can be drying. Your doctor will let you know when you can resume tub baths.

Temperature

A normal temperature is 97 to 99.6 degrees Fahrenheit (F) or 36 to 37 degrees Celsius (C). If your temperature is more than 100.4 degrees F, drink 24 to 36 ounces of fluid and recheck it in two hours. If it is still elevated, call your doctor.

Breast Care

If you are breastfeeding, refer to the "Exclusive Breastfeeding" section of this booklet on page 8. If you are formula feeding, your breasts will still produce some milk. They may become heavy and uncomfortable about three to five days postpartum, and the discomfort can last up to two weeks. Here are some ways to minimize it:

- Wear a snug-fitting, supportive bra at all times.
- Apply cold packs to the breasts and under the arms for 20 minutes each hour. Try using packages of frozen peas or corn. When they thaw, return them to the freezer. When they refreeze, it will be time to use them again.
- In the shower, avoid allowing warm water to flow over your breasts. This may stimulate milk production.
- To relieve any discomfort, use the pain reliever prescribed by your healthcare provider as directed in the hospital.

Bleeding

Your vaginal bleeding should gradually progress from a heavy, bright red flow in the first 24 hours after delivery, to a lighter, reddish-brown flow two to three days postpartum. The color will eventually turn pink, then tan, then yellow-white and finally clear. A fleshy or musty odor, similar to menstrual bleeding, is normal.

Do not put anything in your vagina, including tampons, until your healthcare provider gives you the OK.

Discharge can last from four to six weeks. It is normal to pass small clots or stringy-looking blood, especially after sitting or lying down. Bleeding may increase with activity. This is your body's way of telling you that you are doing too much. Increase your fluids, rest in bed and, if nursing, breastfeed your baby every two hours to help the uterus contract.

Saturating two or more pads within one hour, gushing blood or passage of clots larger than golf-ball size is excessive. Call your doctor immediately.

Pericare

The perineum is the area below your vagina and external genitalia down to your anus. It is important to keep it clean to prevent infection, promote healing and increase comfort.

In the hospital, nursing staff will instruct you on rinsing your labia and perineum with warm water each time you urinate or have a bowel movement. If you had a cesarean delivery, nurses will assist you with pericare for the first day until you feel able to do it yourself. If you had a vaginal delivery, some additional pericare is necessary, including:

- Cold packs on the perineum in the first 18 to 24 hours to reduce swelling and pain
- Sitz baths to increase blood flow to the area, enhance healing and help prevent hemorrhoids

Once you are home:

- Change your pad each time you use the bathroom.
- Continue to use the peribottle as long as you are bleeding. Blot carefully from front to back with toilet paper afterwards.
- If you need to wipe a second time, use a fresh piece of toilet paper.
- If your stitches are sore, use the topical spray, witch hazel pads or pain reliever given to you in the hospital.

Always wash your hands before and after pericare!

Incision

If you had a cesarean delivery or a postpartum tubal ligation, you have an incision in your abdomen.

Some basics:

- When you shower, gently wash the incision with soap, rinse and dry.
- If you have "steri-strips" on your incision, they will fall off when the incision is healed.
- If you came home with staples still in place, return to your healthcare provider as instructed for removal.
- Notify your healthcare provider of any redness, separation, bleeding or excessive yellowish discharge from the incision.

Bladder

Urination will be heavy the first few days postpartum. This is your body removing extra fluid that built up during your pregnancy.

Try to empty your bladder every two to four hours.

If you experience any of the following symptoms, alert your care provider:

- Discomfort or burning
- Inability to fully empty your bladder
- Frequent urination

Bowel Function

Your first bowel movement usually occurs two to three days following delivery.

To avoid or minimize hemorrhoids:

- Do not strain.
- Use an over-the-counter stool softener (docusate sodium with casathranol).
- Use the hemorrhoid ointment provided in the hospital. Three times a day, put a small dab on a witch hazel pad, then place the pad where the hemorrhoids are felt.
- Progressive exercise, dietary fiber and drinking plenty of water can help prevent constipation.

If your hemorrhoids do not improve or bleed excessively, notify your healthcare provider.

Signs of Illness

Call your healthcare provider if you have:

- Foul-smelling vaginal bleeding or discharge
- Large clots (golf-ball size or larger)
- Vaginal bleeding that saturates two or more pads in one hour
- A fever of 100.4 degrees F or higher
- Redness, severe pain or a lump in either breast
- Flu-like symptoms
- Tenderness or pain in your lower legs, especially when walking
- Overwhelming feelings of sadness, anger or inability to cope
- Pain or burning when urinating
- Separation or oozing of any sutured area (cesarean or tubal incision, episiotomy or tear)
- Other symptoms you do not understand

Rest and Activity

Most new mothers feel tired, especially in the first weeks after delivery. Giving birth is hard work and rest is essential to a smooth recovery.

When you get home:

- Include several rest periods during the day. Rest whenever the baby sleeps.
- Watch your diet. Make sure you are getting enough protein and fluids.
- Do not lift anything heavier than the baby for at least two weeks, especially if you had a cesarean delivery.
- Increase your activities slowly.
- Limit visitors and phone calls. Let email and voicemail help you!
- Make sure you have plenty of help from your spouse, family or friends in the first few days.
- If people offer to help, suggest laundry, shopping or meal preparation.

Exercise

Exercise can help promote a healthy recovery. A gradual and non-stressful routine, such as the one described below, is ideal.

There are many variables to consider when resuming exercise after giving birth. Always consult your healthcare provider for approval of this or any exercise program.

You can do these exercises in bed or on a carpeted floor. Begin by doing each one five times and increase by one repetition daily until you reach a maximum of 15 repetitions.

Pelvic-floor Exercise (Kegel): Lie on your back with your legs straight. Squeeze your buttocks, press your thighs together, stiffen your knees and tighten your vaginal muscles as if holding in urine. Hold for a count of 10. Repeat this exercise frequently, sitting and standing, during the day. It improves bladder control and helps your episiotomy heal.

Pelvic Tilt: Lie on your back with your knees bent and your feet flat. Press the small of your back against the floor by tightening your stomach and letting your pelvis roll back. Hold for a count of five. Repeat this exercise, each time gradually straightening your legs.

Small Sit-ups: Lie on your back with your knees bent and your feet flat. Reach your hands toward your knees, slowly raising your head and shoulders off the floor. Hold for a count of five, then slowly lower. Repeat this exercise, coming to a sitting position. Twist to the right as you rise halfway to sitting. Lower yourself, rest for a minute, then repeat, twisting to the left.

Side Roll: Lie on your back with your knees bent and your feet flat. Raise your arms above your head. Keeping your feet flat and your knees together, roll your knees to the left and lower them as far as you can to the floor. Return to the starting position and repeat on the right side.

Postpartum Blues

It is not uncommon to experience a temporary depression after the birth of your baby. This may take you by surprise, especially if you had an easy delivery. Adjusting to your new role can be overwhelming and exhausting.

These emotions together can lead to postpartum blues. Getting plenty of rest, eating a well-balanced diet and sharing your feelings with your partner can help. However, if the “baby blues” persist beyond three or four weeks, it may be a sign of clinical depression.

Here are some signals:

- Inability to perform daily activities, such as showering or getting dressed
- Crying spells
- Eating very little
- Insomnia or excessive sleep
- Inability to respond to your baby’s basic needs

If you experience any of these symptoms, contact your healthcare provider immediately!

Additional resources online:

Search “postpartum depression” on the following Web sites:

- postpartum.net
- apa.org
- helpguide.org
- marchofdimes.com

Nutrition

Continue your prenatal vitamins while you are breastfeeding, or if formula feeding, until they are gone. These will provide some nutritional support, but your diet provides the most.

If you are breastfeeding, you need an additional 500 calories per day. Consume plenty of calcium and protein from milk and other dairy products including yogurt, ice cream and cheese. Avoid caffeine, artificial sweeteners, tobacco, alcohol and non-essential medications while breastfeeding. Be sure to drink 48 to 64 ounces of fluid each day.

10 Tips for a Great Plate

1. Balance calories

Visit ChooseMyPlate.gov to determine how many calories you need per day. Being physically active also helps you balance calories.

2. Enjoy your food

Take the time to fully enjoy your food as you eat it. Pay attention to hunger and fullness cues before, during and after meals. Use them to recognize when to eat and when you’ve had enough.

3. Practice portion control

Use a smaller plate, bowl and glass. Portion foods before you eat. When eating out, choose a smaller sized option, share a dish or take home part of your meal.

4. Foods to eat more often

Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber.

5. Make half your plate fruits and vegetables

Choose red, orange, and dark-green vegetables such as tomatoes, sweet potatoes and broccoli. Add fruit as a side dish or dessert.

6. Switch to fat-free or low-fat milk

Skim and 1% milk have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.

7. Make half your grains whole grains

Swap out a refined product, such as white bread or rice, with the whole-grain version for more fiber and vitamins.



8. Foods to eat less often

Avoid empty calories from cakes, cookies, candies, sweetened drinks, pizza and fatty meats like ribs, sausages, bacon and hot dogs.

9. Read the label

Choose lower sodium versions of soups, breads and frozen meals. Select canned foods labeled “low sodium,” “reduced sodium” or “no salt added.”

10. Drink more water

Cut calories by drinking water or unsweetened beverages. Soda, energy drinks and sports drinks are a major source of added sugar and calories.

Visit ChooseMyPlate.gov for more information.

Adapted from the USDA Center for Nutrition Policy and Promotion's ChooseMyPlate.gov Web site.

Sexuality

Many changes have occurred in your body and in your family. From a medical perspective, you can resume sexual intercourse after the risk of infection and hemorrhage have passed. But it's important to consider desire and comfort, too. Talk to your partner, and your healthcare provider, about this and other family planning issues.

Physical Changes

- Some women experience vaginal dryness after childbirth, especially if breastfeeding. First attempts at intercourse may be uncomfortable. Try using an over-the-counter, sterile, unscented, water-soluble lubricant.
- Some women find the postpartum period a time of heightened sexual enjoyment. However, hormonal changes may decrease sex drive and arousal may take longer.
- Sexual arousal may cause milk to leak from the breasts. If nursing, you may want to breastfeed prior to sexual activity.
- If intercourse is painful, consult your healthcare provider.

Feelings of Neglect

With all the attention on you and the new baby, your partner may experience feelings of neglect or loneliness. Keep the lines of communication open, share feelings and remind your partner that things will become more normal with time.

Family Planning and Contraception

When you and your partner resume sexual relations, it is important to use a method of family planning if you do not want to become pregnant. If you are not breastfeeding, menstruation usually returns seven to nine weeks after delivery. If you are nursing exclusively, you may not have a menstrual period for several more weeks or even months. However, ovulation will occur before your first period and you never know when this may happen.

Remember:

- Breastfeeding alone is not an effective method of contraception.
- If you used a diaphragm prior to your pregnancy, you must be refitted before using it again.
- The only contraceptive method that works 100% of the time is abstinence.

Methods of Contraception:

Natural Family Planning: This method requires tracking your menstrual cycle and abstaining from sex on days when conception could take place. Talk to your healthcare provider, and consider an education/support group, such as the Couple to Couple League.

Barrier Methods: Both male and female condoms are available without a prescription:

- **Condom (male)** — A thin latex or rubber sheath fits over the erect penis, collects the semen (sperm) and prevents it from entering the vagina. Condoms are used with spermicide.
- **Condom (female)** — A thin, loose-fitting sheath with two flexible rings at each end is placed over the cervix inside the vagina. The open end remains outside the vagina. It can be inserted as much as eight hours before sex and, like the male condom, is used with spermicide.

The following require a prescription:

- **Diaphragm** — A strong flexible rubber shield that fits over the cervix keeps the sperm from passing into the uterus. Diaphragms are used with spermicide. Your healthcare provider will fit you for the diaphragm and give you a prescription. Diaphragms must be refitted after each pregnancy and/or a weight change of 10 pounds.
- **Cervical cap** — A deep, soft, rubber cup with a firm round rim that covers the cervix like a miniature diaphragm. Cervical caps are used with spermicide and can remain in place for up to 48 hours. Your healthcare provider will fit you and give you a prescription.

Medications

These are available only by prescription:

- **Oral Contraceptive Pills** — Synthetic hormones in the pill prevent the release of an egg each month. Some can be taken while breastfeeding, though you may notice a decrease in milk supply. The pill is safe and effective if taken as directed.
- **Depo Provera** — A hormone injection given every three months to prevent ovulation, Depo Provera has a very good success rate. Many women do not have menstrual periods while receiving the medication. The International Lactation Consultant Association recommends starting Depo Provera after your milk comes in, usually four days postpartum.
- **Norplant** — A set of matchstick-sized hormonal implants that are placed in a woman's arm and slowly release hormones to suppress ovulation. Norplant can protect against pregnancy for up to five years and can be removed at any time. It is possible to safely breastfeed with this method.
- **Intrauterine Device (IUD)** — Though not technically a medication, an IUD is prescribed and placed in the uterus by a healthcare provider. Some IUDs contain hormones. The device can be removed by a healthcare provider at any time.

Sterilization

Both of the following are *permanent methods* of birth control:

- **Tubal Ligation** — The fallopian tubes that carry eggs from the ovary to the uterus are blocked with a ring or clip, burned or cut. Tubal ligation is an outpatient surgical procedure that must be performed in an operating room.
- **Vasectomy** — Vasectomy is an outpatient surgical procedure performed in the doctor's office with local anesthesia. The vas deferens, which carries the sperm for ejaculation, is cut. An alternate method of birth control is recommended for the first six months to be sure all sperm is fully out of the body. Vasectomy does not affect a man's sexual drive or performance.



Infant

Skin-to-Skin Connection

Seeing your baby for the first time is an experience you will never forget. The American Academy of Pediatrics recommends that a healthy newborn have direct skin-to-skin contact with its mother immediately after birth until the first feeding, or for the first hour.

This “skin-to-skin” connection provides very important health benefits. It helps regulate your baby’s temperature, heart rate and blood sugar and makes beginning breastfeeding easier. Newborns naturally move toward their mother’s breast.

Exclusive Breastfeeding

Breastfeeding is the best and most ideal way to feed your baby. In addition to being a great nutritional start, breast milk contains antibodies that aid with protection from diseases. It also contributes to maternal-child bonding. Exclusive breastfeeding may also reduce infant deaths from common illnesses such as diarrhea and pneumonia, and hasten recovery during illness.

There is no doubt that breast milk contains all the nutrients and antibodies your baby needs for proper growth and development. UNICEF and the World Health Organization recommend exclusive breastfeeding for the first six months of a baby’s life. Breastfeeding for the first 12 months of life provides additional benefits.

Benefits of Breastfeeding

For however long you choose to nurse, your baby’s immune system can benefit greatly from breast milk. Breast milk is easily digested, perfectly matched nutrition and filled with antibodies that protect against infection.

Breastfed babies avoid:

- Respiratory and ear infections
- Diarrhea and constipation
- Allergies
- Obesity
- Risk of sudden infant death syndrome (SIDS)
- Doctor visits

For moms, breastfeeding is convenient, economical and helps the uterus return to its normal size faster. It can be a beautiful way to bond with your baby.

Mothers who breastfeed experience less:

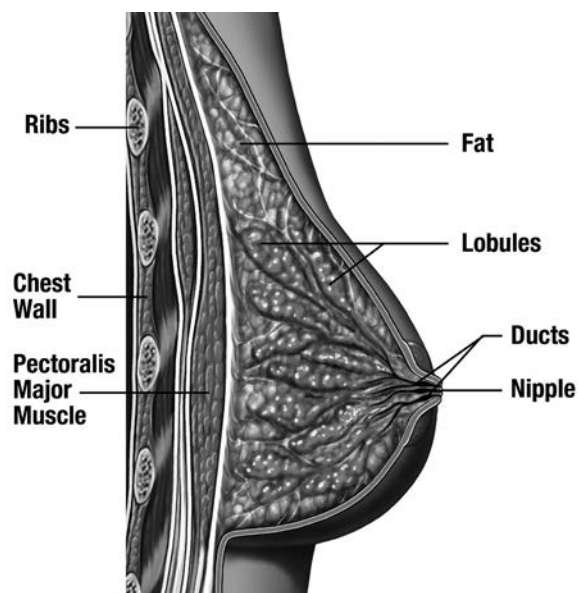
- Post-partum hemorrhage
- Post-partum depression
- Cancers, such as breast and endometrial
- Lost work time

Expert Help

Some women find breastfeeding difficult at first. Keep in mind that it is a learned art that requires patience and practice. Here are some suggestions to make it easier:

- Consult a lactation consultant or your healthcare provider about your decision to breastfeed – these professionals can help educate you and answer your questions.
- Take a lactation class.
- Join a breastfeeding support group.

Anatomy of the Breast



Breastfeeding success has nothing to do with the size of your breasts or nipples. It is a supply-and-demand process. The more you breastfeed, the more milk you will produce. Suckling at the breast stimulates the brain to release the hormones prolactin and oxytocin, which help your body make milk. Prolactin is also important in inhibiting ovulation, and oxytocin helps the uterus contract.

First Milk/Mature Milk

The first milk your breasts produce is called colostrum. It is yellow, thick, high in protein, and low in fat and sugar. Multiple antibodies protect your baby and act as a natural laxative, helping your baby pass the first stool (meconium).

Your milk will change and increase in quantity 48 to 72 hours after giving birth. The first milk to be drawn out is called foremilk, which is thin and watery to satisfy your baby's thirst. Hindmilk is released after several minutes of nursing. This milk looks like cream, is high in fat and has a relaxing effect. Hindmilk helps your baby feel full and gain weight.

Getting Started

Proper latching-on and positioning are important for successful breastfeeding. Your baby must learn to open his mouth wide to bypass the nipple and close his gums farther back on the breast. Your nurse or lactation consultant can teach you proper latching and positioning techniques. Breastfeed early and frequently to avoid engorgement and help your baby practice while the breast is still soft.

While learning to breastfeed, avoid any artificial nipples such as bottles and pacifiers. They may confuse the baby and make latching on more difficult. Your baby does not need any water or formula supplements unless your healthcare provider determines they are medically indicated.

Position and latch tips:

- Hold your baby close to you with her nose in line with your nipple.
- Wait for your baby's mouth to open wide with her tongue down.
- Bring your baby up and toward you. Do not lean down toward the baby.
- If you need to guide the nipple to your baby's mouth, grasp the breast on the sides, using either a "C" hold or "U" hold. Keep your fingers away from the nipple so you don't affect how your baby latches on.
- Get approximately one inch of the areola in the baby's mouth to ensure an adequate latch.
- Ensure that the baby's tongue is over the bottom gum ridge, her mouth is wide open and her lips are outward, like a fish. If they are not, use your finger to pull the bottom one down and open up the top one.
- You will feel a painless "tug" release sensation when the baby is latched correctly. In addition, your baby will have round full cheeks and rhythmic jaw movements.
- You should not hear any clicking, smacking or sucking sounds.

Breastfeeding Positions

There are many different positions for successful breastfeeding. It is important to find one that is comfortable for both you and your baby. Use pillows to prop your arms or the baby, if necessary.



Football



Cradle



Cross-Cradle



Side-lying



Australian

Supply and Demand

The key to establishing an adequate milk supply is to breastfeed on demand (eight to 12 times in 24 hours). Avoid supplements of any kind unless medically indicated. Contact your healthcare provider if your baby refuses two or more feedings, seems lethargic or hard to wake up, or has fewer urine or bowel movements.

You should offer both breasts at each feeding. After you breastfeed on one side, burp your baby as necessary and offer the other breast. Then burp your baby again. Signs of hunger include:

- Sucking on tongue or lips during sleep
- Sucking on fingers
- Moving arms and hands towards mouth
- Fussing or fidgeting while sleeping
- Turning head from side to side

Signs of being full include:

- Falling asleep
- Relaxing the body
- Opening fists
- Relaxing the face
- Letting go of the nipple

Engorgement

Breast engorgement, especially as colostrum changes to mature milk, is normal. Symptoms include full or swollen breasts that feel hard or painful. Sometimes the nipple and areola are stretched tight, making it difficult for the baby to latch on. Engorgement is a temporary condition that will resolve in several days.

To avoid or minimize engorgement:

- Make sure the baby has a good latch
- Feed your baby frequently – at least eight to 12 times in 24 hours
- Avoid artificial nipples, pacifiers or supplements
- Hand express or pump a little milk before a feeding to soften the breast
- Massage breasts during feeding to help the flow of milk
- If pumping, make sure your breast pump flange is correct
- Stay hydrated
- Apply a warm compress to the breasts just before feeding to help the milk flow

- Apply a cold compress to the breasts after feeding to decrease pain and swelling

Sore/Cracked Nipples

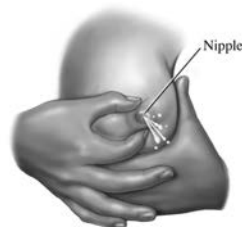
Be sure to get plenty of rest, drink fluids to quench your thirst, increase fluid intake on very hot days and nurse often — at least eight times in 24 hours. If your nipples are excessively sore, cracked, blistered or bleeding, consult your healthcare provider.

To prevent sore or cracked nipples:

- Do not use your breast as a pacifier.
- Avoid using soaps, creams or lotions on your breasts.
- Apply a few drops of colostrum or hindmilk to your nipple and areola after feedings and allow your nipples to air dry.
- Change your baby’s position during feedings so all the milk ducts are adequately drained, and pressure is distributed.
- Do not skip feedings.

Hand Expression of Breast Milk

- Wash your hands.
- Use a wide-mouth container or specially designed funnel to collect the milk. Wash the container in very hot, soapy water; sterilization is not necessary.
- To increase the let-down reflex, gently massage your breasts, relax and think about your baby.
- Position your thumb, index and middle fingers an inch or two behind the nipple, with your thumb above and fingers below. Your hand should form a “C”.
- Push your fingers straight back toward your chest, keeping them the same distance apart. Then gently squeeze them together using a slight rolling motion, lifting the nipple outward. Try not to slide your fingers away from their original position. Relax your hand and repeat the motion.
- Lean forward and collect the milk in the container.
- Rotate your fingers around the nipple to help drain all areas.
- Switch back and forth from breast to breast as the flow slows to collect more milk.



Handling and Storage of Fresh-Expressed Breast Milk

Method	Full-term Infant	Preterm Infant
Room temperature 26C/79F	4 hours	4 hours
Refrigerator	48 hours (hospital use) 8 days (home use)	48 hours
Completely thawed in refrigerator but not warmed	24 hours (hospital use) 48 hours (home use)	24 hours
Freezer compartment (One-door refrigerator)	2 weeks	Not recommended
Freezer compartment (Two-door refrigerator)	3-4 months	3 months
Deep freeze (-20C, -4F)	12 months	Less than 3 months is best

My First Week: Daily Breastfeeding Log

1. Breastfeeding goal: eight to 12 breastfeeds every 24 hours.
2. Write down the time when your baby breastfeeds.
3. Circle the "W" when your baby has a wet diaper and the "S" when your baby has a stool diaper. It is okay if your baby has more wet and soiled diapers than listed. Contact your pediatrician if your baby has fewer wet or soiled diapers.

Baby's date of birth: _____ Time of birth: _____ Baby's birth weight: _____

Birth to 24 hours: Colostrum ("first milk")

Feeding times: _____

Wet diaper _____ W _____
 Black tarry stool diaper _____ S _____

24 to 48 hours: A little more colostrum

Feeding times: _____

Wet diaper _____ W _____ W _____
 Black tarry stool diaper _____ S _____ S _____

48 to 72 hours: Even more colostrum. Breastfeed a lot today to prevent engorgement!

Feeding times: _____

Wet diaper _____ W _____ W _____ W _____
 Black tarry stool diaper _____ S _____ S _____ S _____

Day 4: More milk is on the way - keep up the good work!

Feeding times: _____

Wet diaper _____ W _____ W _____ W _____ W _____ W _____
 Black tarry stool diaper _____ S _____ S _____ S _____ S _____

Day 5: Lots of wet diapers, stools are turning to bright yellow

Feeding times: _____

Wet diaper _____ W _____ W _____ W _____ W _____ W _____
 Stool diaper _____ S _____ S _____ S _____ S _____

Day 6: Many wet diapers and stools; you are hearing swallows from your baby

Feeding times: _____

Wet diaper _____ W _____ W _____ W _____ W _____ W _____
 Stool diaper _____ S _____ S _____ S _____ S _____

Day 7: Congratulations on exclusively breastfeeding your baby for the first week!

Feeding times: _____

Wet diaper _____ W _____ W _____ W _____ W _____ W _____
 Stool diaper _____ S _____ S _____ S _____ S _____

Breastfeeding: The First Three Weeks

The first 24 hours:

- Nurse your baby as soon as possible after birth.
- Your breasts already have first milk (colostrum).
- Your baby may seem upset if she does not latch on immediately. This is normal. Breastfeeding is a learning curve for both you and your baby. Be patient and persistent as it may take several attempts before a successful latch occurs.
- Some babies feed frequently in the first 24 hours but it is also normal for them to have a few hours of recovery sleep. Use this time to catch up on some needed sleep yourself.
- Unrestricted feeding in the first 24 hours is important as the baby is learning how to breastfeed and establishing your milk supply.

Day two:

- In the next 24 hours, most babies will feed more frequently. Occasionally, babies are still a little sleepy and disinterested and may need some encouragement.
- Your baby should feed eight to 12 times in 24 hours. Most feeds will include 20 to 30 minutes of active sucking.
- The second night is often a sleepless one! Babies naturally get hungrier and cluster feed to bring your milk in. Your baby might seem upset or frustrated after a feed. This is normal. Nature has provided your baby with fat stores to get through this early period before your mature milk comes in.
- Chart your baby's wet and dirty diapers.
- Avoid pacifiers or supplementing with formula.

Days three and four:

- Your nipples may feel tender on initial latch, but this should subside in the first few seconds if the latch is proper.
- Your mature milk should be coming in today or tomorrow. You'll notice a change in color – from the yellow first milk to the paler mature milk.
- Your breasts feel fuller or heavier and you may hear more swallowing and gulping as your baby feeds.
- Some moms experience engorgement, which can feel quite uncomfortable. *Refer to the tips on page 10 for relief.*

- Your milk production will gradually increase to meet your baby's needs.
- Your baby needs to feed eight to 12 times in 24 hours, with 20 to 30 minutes of active sucking.
- Once your mature milk is in, your baby should sleep longer between feeds

Days five through nine

- It is okay if your baby has a longer stretch of sleep at night now, as long as you achieve eight to 12 feeds in 24 hours.
- From day six onward, expect six to eight wet diapers per day.

Days 10 through 14

- Your breasts may feel softer now and not quite as full. This is normal.
- Count your baby's wet and dirty diapers to monitor your milk supply. There should be at least six to eight per day.

Days 14 through 21 and beyond

- It is common for babies to go through a growth spurt at about three weeks of age.
- You may find that your baby is feeding frequently. Don't worry! This is his way of increasing your milk supply by increasing demand. Within 48 to 72 hours, your supply should adjust to the baby's growing needs.
- If you have had a difficult start, remember how far you've come and enjoy this wonderful relationship with your baby. It is recommended that you exclusively breastfeed for the first six months.

Adapted from The Midwifery Group midwiferygroup.ca



Basic Care

Environment

- Babies who are exposed to normal household sounds, such as vacuum cleaners, ringing phones, television, etc., learn how to block out the sound and sleep through most noise.
- A room temperature of 68 to 72° F is recommended. Babies chill easily. Avoid sudden changes in temperature and drafts.
- If your home is heated by wood or is dry in the winter, consider a cool-mist vaporizer. Check with your healthcare provider about specific recommendations.
- Dress your baby one layer warmer than you dress yourself.
- In cold weather, use layers of clothing, especially a hat and receiving blanket.
- Do not smoke anywhere near your baby or where your baby may be, such as in your car or home.

It is normal for babies to:

- Sneeze
- Hiccup
- Make noises while sleeping
- Sleep soundly even with lots of noise around

Crying

A crying baby can be a challenge for parents. Babies cry for many reasons, including:

- Hunger. New babies may need to breastfeed as often as every hour and a half to three hours, or formula feed every three to four hours.
- Wet/soiled diaper.
- Gas. If your baby just ate, he may need to be burped. Babies who have cried a lot before a feeding may need to be burped beforehand to avoid gas.
- Need to suck. Babies love to suck and explore their mouths with their hands.

To Comfort a Crying Newborn:

- Rock your baby
- Go for a stroller ride
- Go for a ride in the car with the baby in a properly secured safety seat

- Give your baby a bath
- Swaddle your baby
- Encourage sucking on fingers or a pacifier
- Talk or sing softly to your baby
- Hold your baby close to your chest so she can hear your heartbeat

Taking your Baby's Temperature

If you are concerned that your baby may be ill, check his temperature. Ear thermometers are not recommended in the first year of life. To take a temperature, follow these guidelines:

- Use a digital or mercury-free glass thermometer.
- Shake down the glass thermometer until the silver line is below 96° F. Follow the manufacturer's directions for turning on a digital thermometer.
- Place the thermometer in the center of the baby's bare, dry armpit and hold for at least three minutes or until the digital thermometer beeps.
- A normal temperature is between 97.6 and 99.6° F (36.5 to 37° C). Call your healthcare provider if the baby's temperature is higher or lower than the normal range.

Bulb Suctioning

The bulb syringe can be used to clear mucus from your baby's mouth. Depress the bulb and place the tip along the baby's inner cheek. Slowly release the bulb to suction out mucus. Remove the syringe and squeeze the bulb forcefully to expel the mucus into a tissue. Clean by squeezing and releasing in soapy warm water.

If your baby has a large amount of mucus or seems to be choking, hold her face down with her head lower than her shoulders and gently rub between the shoulder blades. If your baby is choking and turning blue, call 911.

Umbilical Cord Care

A cord clamp is applied to the umbilical cord at delivery and will be removed before your baby is discharged from the hospital. If the clamp is left on, ask your healthcare provider to remove it at the first office visit. The cord will dry and turn black. It usually falls off within 10 to 14 days.

Keep the cord clean and dry and exposed to air as much as possible by folding the diaper below the cord. Your healthcare provider will instruct you if further care is required.

If there is any redness, swelling, odor or drainage from the cord, call your healthcare provider immediately.

Elimination and Diapering

By the time babies are about four days old, they should have about six to eight (or more) wet/soiled diapers a day. Your baby will establish an individual bowel-movement pattern – as frequently as one after each feeding or two or three times a day.

At first, your newborn's bowel movements will contain a black sticky substance called meconium. A few days after birth, there will be a transitional stage of light, yellow stools. By the fourth day, breastfed babies tend to have more frequent stools that are seedy and golden yellow. Formula-fed babies have pale-yellow to light-brown stools that have a firmer consistency. Babies often grunt, strain, cry and become red as they draw up their legs while having a bowel movement. If your baby has stools that are more frequent, explosive, bloody or contain mucus, call your pediatrician immediately.

Diaper Rash Prevention and Treatment

Keep the diaper area clean and dry to reduce the chance of a rash:

- Change your baby's diaper after each feeding and when needed.
- Use plain water or alcohol-free diaper wipes.
- Dry your baby's bottom thoroughly.
- If redness occurs, use a barrier cream containing zinc oxide. If redness persists for 24 hours, call your healthcare provider.

Circumcision Care

- Gauze with petroleum jelly is applied to your baby's penis immediately after the circumcision is performed. Apply a new gauze square with petroleum jelly to the tip of the penis every three to four hours during the first 24 hours. (Exception: If your baby's circumcision was performed with a Plastibel, follow the instructions you were given.)
- Anything more than a few spots of blood should be reported to your healthcare provider.
- The circumcision is healed when the penis loses its moist cherry-red color and turns a deeper reddish shade.
- There may be a whitish-yellow crust that forms around the tip of the penis. This is normal.
- Try to avoid wiping the tip of the penis until the circumcision is healed, unless it is soiled with stool. If cleansing is required, wipe gently with a soft gauze or cotton ball and water.

Care of the Uncircumcised Penis

The uncircumcised penis requires no special care. Wash the penis with warm soapy water, just as you would any other part of the baby's body.

Female Genitalia

Clean your baby's genitals with a warm, moist, soft washcloth. Gently separate the labia of the vagina and clean each side from front to back. You may see a little blood, a white discharge or swollen labia. These are normal in newborns and will go away.

How to Give a Bath:

- Wash your baby in a warm, draft-free room.
- Gather all the supplies you will need before starting, including mild baby soap/shampoo, towels, washcloth, hair brush, clean clothes and a diaper.
- Begin by washing your baby's face with plain warm water, especially behind the ears and under the chin.
- Wash your baby's chest, arms and hands, making sure to cleanse thoroughly between the fingers.
- Wash your baby's back. Gently pat dry the upper half of the body with a towel.
- Wash your baby's legs and feet, then the genital area last, always washing from front to back.
- To wash your baby's hair, squeeze a bit of water on top of the head with a washcloth. Apply a dab of no-tear formula baby shampoo and gently massage the scalp. Do not worry about the soft spot; it is actually tough underneath and you can do no harm as long as you are gentle. Remove all traces of the shampoo with a washcloth dipped in warm water.
- When you are finished, dry your baby thoroughly with a towel and put on a fresh diaper and clean clothes.

Fingernails/Toenails

You may wish to trim your baby's nails to prevent accidental scratching. File the nails with an emery board while your baby is asleep.

Cradle Cap

Cradle cap is a common condition that appears as a yellowish, scaly, patchy area over part of the scalp, or sometimes behind the ears. Gentle scrubbing of the affected area with a mild soap may help relieve it. Daily washing or brushing may help prevent cradle cap.

Eyes

During the first few days of life, your baby's eyes may appear puffy because of the birth process and extra fluid in his system. It is common for a newborn's eyes to have poor control or appear crossed. This should decrease as the eye muscles strengthen. Notify your baby's healthcare provider if the eyes seem to be crossed constantly.

A newborn's eyes usually appear blue-gray or brown. In general, your baby's permanent eye color will be apparent within six to 12 months.

Infant Stimulation

From the day babies are born, they can see, hear and respond to touch. When your baby is alert and content, spend a few minutes stimulating her senses:

- **Sight.** Babies like to look at things that are complex and show contrast. Black and white pictures of checkerboards, circular targets and slanted lines are excellent forms of stimulation.
- **Hearing.** Infants respond to the human voice and soft music.
- **Touch.** Cuddle your baby as often as possible. Stroke her head. Let her grab your finger.

Jaundice

Jaundice is common in newborn infants. It is indicated by a yellowish color in the whites of the eyes and skin, caused by bilirubin in the blood. Normally, jaundice is not a problem, unless there is a very high bilirubin level, which can lead to permanent brain damage. If the baby is premature, jaundice may be more severe because the liver can't process the bilirubin properly.

Sometimes a medical problem such as different blood types between mother and baby, bruising, internal bleeding, infection, blood cell destruction or an inherited problem causes jaundice. If the bilirubin remains at a safe level (as determined by your pediatrician), no treatment is needed. If the bilirubin is too high, your pediatrician may order phototherapy with special lights.

In most cases, jaundice occurs by the third or fourth day of life and disappears by the end of the first week (within five to seven days). It can last two weeks or more, especially if your baby is breastfeeding. Usually, you do not need to stop breastfeeding if your baby has jaundice.

Call your pediatrician immediately if your baby:

- Has a fever
- Has breathing or feeding problems
- Becomes dehydrated
- Is less active than normal
- The whites of the eyes continue turning yellow
- The yellow color has moved from the head to the chest or lower body (some babies look tan instead of yellow)
- Continues to have jaundice beyond two weeks
- Has dark yellow or brown urine
- Has light (white) stool

Tips for treating jaundice:

- Make sure your baby is getting enough breast milk or formula
- Feed eight to 12 times per day or every two to three hours
- Make sure your baby has six to eight wet diapers per day
- Do not use herbs and/or teas to treat newborn jaundice

First Pediatrician Appointment

Make an appointment to see your baby's pediatrician within three to five days of birth. If your baby has jaundice and is discharged from Family Centered Care, the Emergency Department, Pediatrics or the Neonatal Intensive Care Unit (NICU), make an appointment as instructed by your healthcare provider.

Infant Safety at Home

Accidents

Most newborn accidents in the home involve falls. Be sure your baby is not left alone on high surfaces. The safest place for a newborn when not being held by someone is in a crib or bassinet, with the side rails up and no pillows, quilts or toys inside. Never leave your baby alone and unprotected on a sofa, bed or table.

If you buy a used crib or someone gives you one, be sure the slats or bars are no more than two inches apart. The mattress should fit snugly; there should be no room between the mattress and the sides or ends of the crib. Bumper pads are discouraged because of the risk of strangulation or suffocation.

Car Safety

Car accidents are the most common preventable cause of death in babies and small children. Most of these can be prevented with the proper use of car safety seats:

- Always secure your baby in an approved safety seat when traveling in a car, beginning on your trip home from the hospital.
- Check with your carseat manufacturer for instructions on correct installation.
- The center of the back seat is the safest place for your child to ride.
- Infants should face the back of the car, looking toward the trunk.
- Check that the carseat is properly installed, and that your baby is securely harnessed in with the straps between the legs and over the chest.
- Consider installing a mirror on the back seat so that you can see your baby in the car's rearview mirror while driving.

Choking

During the newborn period, keep a bulb syringe easily accessible to help your baby avoid choking from mucus or spit up. Keep all small items, which could cause your baby to choke, out of reach. Be particularly careful with small toys that belong to older siblings.

Drowning

A baby can drown in as little as two inches of water. Never leave an infant alone in a tub or around water without a responsible adult.

Sleep Patterns

Newborns generally sleep anywhere from 16 to 20 hours a day. Sleep time decreases as babies grow older. Most babies do not sleep through the night until they weigh at least 10 pounds. Newborns typically wake up every two to four hours, depending on their feeding method. Days and nights are not clearly defined until your baby is three to four months old.

Sudden Infant Death Syndrome (SIDS) and Safe Sleeping Environment

The American Academy of Pediatrics recommends that healthy infants be placed on their backs for sleep, not their stomachs. Putting your baby to sleep on his back decreases the chances of SIDS, which is responsible for more infant deaths in the United States than any other cause during the first year of life. Studies suggest that infants who sleep on their stomachs re-breathe carbon dioxide from a small pocket of bedding pulled up around the nose.

Keep these important recommendations in mind and share with babysitters, grandparents and other caregivers:

- **Place your baby to sleep on his back for every sleep.** Babies up to one year of age should always be placed on their backs to sleep during naps and at night. However, if your baby rolls to his side or stomach, he can be left in that position if he is already able to roll from tummy to back and back to tummy. If your baby falls asleep in a car safety seat, stroller, swing, infant carrier or infant sling, he should be moved to a firm sleep surface as soon as possible.
- **Place your baby to sleep on a firm sleep surface.** The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts, or has drop-side rails. Cover the mattress that comes with the product with a fitted sheet. Do not put blankets or pillows between the mattress and the fitted sheet. Never put your baby to sleep on a chair, sofa, water bed, cushion or sheepskin. For more information about crib safety standards, visit the Consumer Product Safety Commission website at cpsc.gov.
- **Keep soft objects, loose bedding, or anything that could increase the risk of entrapment, suffocation or strangulation out of the crib.** Pillows, quilts, comforters, sheepskins, bumper pads and stuffed toys can cause suffocation. Although there is no firm research to indicate when it's 100% safe to have these objects in the crib, most experts agree that there is little risk to healthy babies over the age of 12 months.
- **Place your baby to sleep in the same room where you sleep but not the same bed.** Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby. Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep or babies can get tangled in the sheets or blankets.
- **Breastfeed for as long as you can.** Studies show that breastfeeding your baby can help reduce the risk of SIDS.
- **See your pediatrician regularly.** Your baby will receive important immunizations. Recent evidence suggests that immunizations may have a protective effect against SIDS.
- **Keep your baby away from smokers and second-hand smoke.** If you smoke, try to quit. In the meantime, don't smoke inside your home or car and don't smoke anywhere near your baby, even if you are outside.
- **Do not let your baby get too hot.** Keep the room where your baby sleeps at a comfortable temperature. In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot. If you are worried that your baby is cold, use clothing specially designed to keep babies warm without the risk of covering their heads.
- **Pacifier use helps reduce the risk of SIDS.** If you are breastfeeding, wait until your breastfeeding is well-established before offering a pacifier. This usually takes three to four weeks. It's OK if your baby doesn't want to use a pacifier; some babies don't like them.
- **Do not use home cardiorespiratory monitors.** These monitors can be helpful for babies with breathing or heart problems but they have not been found to reduce the risk of SIDS.

- **Do not use products that claim to reduce the risk of SIDS.** Wedges, positioners, special mattresses and specialized sleep surfaces have not been shown to reduce the risk. In fact, some infants have suffocated while using these products.
- **Remember “Tummy Time.”** Give your baby plenty of “tummy time” when she is awake. This will help strengthen neck muscles and avoid flat spots on the head. Always stay with your baby during tummy time and make sure she is awake.

Source: Safe Sleep and Your Baby: How Parents Can Reduce the Risk of SIDS and Suffocation (Copyright © 2012 American Academy of Pediatrics). The information should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Shaken Baby Syndrome

Shaken Baby Syndrome is a form of child abuse and is the most common cause for inflicted brain injury in the first two years of life. Many of these injuries can be avoided when parents and caregivers understand how to respond appropriately to a crying baby.

Shaking infants and toddlers can have dangerous consequences because of their large heads and immature brains. A baby’s neck muscles can’t support the stress of vigorous shaking; when the baby is shaken, its head moves in a sudden whiplash motion that can cause internal bleeding and increased pressure on the brain.

Shaking a baby can cause irreversible brain damage, learning disabilities, mental retardation, blindness, deafness, seizures, paralysis or death. Infants who survive severe shaking may require lifelong medical care.

Many new parents and caregivers may not understand that crying is the baby’s only way to communicate and that some babies cry more than others. Babies will cry because they are hungry, tired, in pain, teething, need to suck or simply want to be held. Parents who understand that babies cry frequently may be less likely to feel stressed and shake their baby.

Here are a few tips to remember when your baby just won’t seem to stop crying:

- Make sure your baby is fed and dry
- Feed your baby slowly
- Burp your baby often
- Rock your baby gently or go for a walk
- Take your baby for a ride in a stroller
- Go for a drive with the baby in a properly secured car safety seat
- Try a wind-up infant swing
- Call the doctor if you suspect your child is injured or ill

If you’re feeling overly tense or angry and you think you may shake or hit your baby, focus on calming yourself:

- Lay your baby in a safe place such as the crib on his back and walk away for a short break
- Call a friend, relative, neighbor or parent helpline for support
- Check on the baby every five to 10 minutes
- Do not pick the baby up until you feel calm

Immunizations

All infants and children must be immunized to protect them from life-threatening diseases. Immunizations save lives. Use the form below to be sure your baby receives all required immunizations. Bring it to each appointment with your healthcare provider.

Immunization Schedule

Age	Immunizations	Age Range	Date Given	Adverse Reactions
Birth	HepB #1	Birth		
2 months	HepB #2	1 - 2 months		
	RV #1			
	DTaP #1			
	Hib #1			
	PCV #1			
	IPV #1			
4 months	RV #2			
	DTaP #2			
	Hib #2			
	PCV #2			
	IPV #2			
6 months	HepB #3	6 – 18 months		
	RV #3			
	DTaP #3			
	Hib #3			
	PCV #3			
	IPV #3	6 – 18 months		
	Influenza*	6 – 59 months Recommended yearly		
12 months	Hib #4	12 – 15 months		
	PCV #4	12 – 15 months		
	MMR #1	12 – 15 months		
	Varicella #1	12 – 15 months		
	HepA**	12 – 23 months; 2nd dose at least 6 months after		
15 months	DTaP #4	15 – 18 months		

*Two doses given at least four weeks apart are recommended for children six months through eight years who are getting a flu vaccine for the first time, and for some other children in this age group.

**Two doses of HepA vaccine are needed for lasting protection. The first dose should be given between 12 and 23 months of age. The second dose should be given six to 18 months later. HepA vaccination may be given to any child 12 months and older. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against HepA.

For more information, visit cdc.gov/vaccines.

Signs of Illness

Babies demonstrate illness in various ways. Here are some signs to watch for:

- Any marked change in behavior: suddenly inactive, unusually fussy or irritable, sleeping more than five hours at a stretch, difficult to awaken or arouse after three to four hours
- Blood or mucus present in a bowel movement, or a sudden change in the number of stools
- Breathing difficulties, including rapid breathing or working hard to inhale with flared nostrils and sunken chest
- Swelling, foul smell, drainage, excessive bleeding or redness of skin surrounding the umbilical cord
- Discharge, bleeding or foul smell from the circumcision
- A diaper rash that does not improve or looks excessively red (see “Diaper Rash Prevention and Treatment” on page 16)
- Marked change in eating habits: refuses two or more feedings in a six- to eight-hour period
- A temperature above or below normal
- Yellow, red, or tanned skin or whites of the eyes
- Fewer than six wet diapers a day after day five (breastfeeding or formula feeding)
- Forceful vomiting or spitting up after each feeding

Before calling your baby’s healthcare provider:

- Take your baby’s temperature
- Write down your questions
- Have a pen ready to write down instructions
- Have the phone number of a 24-hour pharmacy on hand

Never give your baby any medication without a doctor’s advice.

Notes

Important Phone Numbers

Inova Alexandria Hospital Birthing Center

Inova Alexandria Hospital
4320 Seminary Road
Alexandria, VA 22304
inova.org/iah

- Lactation Center and Breastfeeding Support Group **703.504.PUMP (7867)**
- New Mom's Group **703.289.8706**

Inova Women's Hospital

Inova Fairfax Medical Campus
3300 Gallows Road
Falls Church, VA 22042
inova.org/ifhwc

- Lactation Center **703.776.6455**
- Breastfeeding Support Group. **703.776.6455**

Inova Fair Oaks Hospital Birthing Center

Inova Fair Oaks Hospital
3600 Joseph Siewick Drive
Fairfax, VA 22033
inova.org/ifoh

- Lactation Center **703.391.3908**

Inova Loudoun Hospital Women's Center

The Birthing Inn
Inova Loudoun Hospital
44045 Riverside Parkway
Leesburg, VA 20176
inova.org/ilh
thebirthinginn.org

- Lactation Center **703.858.8911**
- Breastfeeding Support Group. **703.858. 8911**
- New Mom's Group **703.858.8911**
- Boutique. **703.858.8911**
- Breastfeeding Questions. **703.858.8072**

CPR Information inovahealthsource.org

Fairfax County Commission for Women . . . **703.324.5730**

Inova HealthSource inovahealthsource.org
(Health education and wellness classes)

Linking Infant Needs with Community Service (LINCS). **703.968.4000**
(Help and advice for parents of infants and toddlers)

Physician Referral **855.My.Inova (855.694.6682)**

Poison Control. **1.800.222.1222**
(National Capital Poison Center)

Women, Infants and Children (WIC) . vdh.virginia.gov/lhd
(Supplementary feeding program for women and children)