Taking Care of Mom & Baby
Visitors
General Information

When you arrive at the hospital you will be welcomed at our Triage desk and escorted to your room. This room will be where you will labor, deliver vaginally, recover, and remain for your post-partum stay. All of our rooms are unique in size, shape, and amenities, but all include a private bathroom with shower and/or whirlpool tub, seating for guests and storage for personal belongings.

Your support person is welcome to stay with you throughout your stay. We will provide you and your support person with three meals a day and snacks during your entire stay. You may choose items from the provided menu and room service will deliver your meal between the hours of 6:30 AM to 6:30 PM. After hours, a cold tray maybe ordered by your nurse.

Your support person will be provided with either a fold out bed or recliner for rest periods. Family and friends are welcome to visit during your labor process and post-partum period as long as you agree and your condition allows.

After you have changed into your hospital gown, we will place external monitors on your abdomen to monitor the baby’s heart rate and uterine contractions. The contraction monitor cannot tell how strong your contractions are only how far apart they are and how long they last. Your nurses will ask you about the strength of your contractions and may place their hands upon your abdomen to feel (palpate) the strength of your contractions. These monitors will have to be adjusted often as you change positions, get up to go to the bathroom, and as the baby moves. We will adjust your monitors and intervene as needed. Your nurse can view your monitors from any patient room she is in and your doctor may view your monitor tracings from their office or home.

There are times during labor that internal monitoring of your baby’s heart rate and/or contractions is needed. An internal fetal scalp electrode can be applied to the top of the baby’s head to monitor the heart rate internally. This provides a more accurate tracing of the baby’s heart rate. If your water is not already broken, the placement of this monitor will break your water at the time it is applied. An internal uterine pressure catheter may be inserted to monitor your contractions. This can only be done after your water is broken. This monitor can tell us exactly how strong your contractions are and if other interventions are required for your labor process. We may also use this monitor to replace fluid into your uterus as needed; a process called an amnioinfusion.

The need to administer Pitocin will be determined by the frequency of your contractions, your labor process, the fetal heart, and your physician’s orders.
There are times that your labor nurse may need to do specific interventions during your labor process. There are times that your nurse may come and assist you in changing your position. Position changes may include a slight tilt so you are not flat on your back, all the way to one side, or even on your hands and knees. This helps increase blood flow to the placenta or changes the baby’s position within your uterus. You may also be required to wear an oxygen mask during labor to help increase the oxygen in your blood.

When you are ready to begin pushing, we ask that all family and friends not coaching you during pushing wait in the waiting room. This allows for your privacy and limits distractions. It is also for safety precautions that visitors are not in the hall during an emergency and risk impeding help or injuring themselves. You can call to the waiting room as often as you like or hold all calls until you are delivered. You may begin pushing with your labor nurse before your physician arrives. Some people have to push for a while before their physician is called in. There is no way to determine how long you will have to push until you actually begin. Your labor nurse is well trained to determine how much time it takes your physician to arrive.

Your family and friends may return to the room after you deliver, are cleaned up, and are ready for visitors. If you wish to breastfeed during this time, visitors may wait in the waiting room if you request. If you are stable, an hour or so after delivery you may have anything you want to eat or drink. Family may bring food in or you may order from the cafeteria menu.

**Induction of Labor**

Your physician has many options when sending you in for an induction of labor. We will be happy to answer any questions you have about the information your physician provided to you about induction. It is not possible to tell you when you will deliver when coming in for induction, but your labor nurse will keep you updated on your labor progress. Sometimes, the induction of labor is a longer process than active labor and can take more than 24 hours.

When you arrive at the hospital for your induction, several procedures must be done before the induction process can begin. We will take an initial set of vital signs, apply monitors to observe contractions and fetal heart rate, explain and sign admitting paperwork, and start an IV - all before we can administer any induction agent. Your physician will order an induction agent based on your gestation, cervical exam, and health history.
Cytotec

Cytotec or misoprostol is a prostaglandin that is used for cervical ripening. Your labor nurse will insert a small pill vaginally after your admission is complete and the baby has been monitored for at least 20 minutes. You may walk around your room and throughout the obstetrical unit until 30 minutes before your next dose is due. Cytotec can only be administered every 4 to 6 hours, as ordered by your physician. Patients generally complain of cramping initially and some will begin to have contractions with Cytotec administration. Pain medication is always available and should be discussed with your labor nurse. If you begin contracting, your next dose of Cytotec may be held so you do not experience too many contractions, too close together; hyper stimulation. Your labor nurse will discuss this with you. If hyper stimulation occurs, we will hold your next dose and possibly give you a medication to decrease your contractions.

Pitocin

Pitocin or Oxytocin is a hormone that your body produces naturally to stimulate contractions. Sometimes women need an extra amount of Pitocin to induce or further their labor. Your physician will decide how much Pitocin to use and your labor nurse will discuss that protocol with you. The Pitocin is administered through your IV, but is given in such small amounts you may not notice it infusing. Your labor nurse will increase the dose as necessary, depending on what your physician has ordered.

There is no way to determine how much Pitocin you will need. Your labor nurse will monitor your contractions for frequency and strength, and adjust your Pitocin accordingly. Sometimes, as labor progresses, the amount of Pitocin you need may decrease. Your labor nurse will discuss changes she makes. Pitocin may be turned off if your contractions occur too frequently and restarted as needed.

If you have any questions, concerns or special requests, please let us know as soon as possible so together we can make your labor and delivery a wonderful experience.

We at Southeast Hospital Elrod Obstetrical Unit thank you for choosing us as for this very special time in your life.
Welcome to the Dennis B. Elrod OB Unit

The Dennis B. Elrod, MD, Obstetrics & Gynecology Center is a safe, friendly and secure place to have your baby. Our unit is locked at all times and access is gained only after signing in and the main door unlocked. We have an additional 24/7 infant security system that will be explained at the time of delivery.

We thrive on being part of your special miracle and want to share that with everyone. We play a lullaby throughout the Hospital and parking garage to announce our special arrivals. We offer footprint tiles that you can decorate and display after your baby’s arrival. They will be mailed to you for a keepsake. Your baby also receives a handmade cap, lovingly made by members of the SoutheastAuxiliary.

We offer a photo birth announcement to post on our website or Facebook page that can be shared with friends and family. We also have a digital billboard that displays your baby’s picture at the corner of Kingshighway and William for one week.

We offer “At Your Request” Room Service where you can order from an extensive menu from 6:30 a.m.– 6:30 p.m. That service is included for both mom and one support person throughout their stay.

Other Southeast Hospital Services

Wi-Fi/Email a Patient: Wireless Internet access is available Hospital-wide at no charge. This includes all waiting rooms, patient rooms, Lacey’s On The Hill and the Cafeteria. You can receive free patient e-mails through our Website that are delivered three times each day by volunteers, Monday-Friday.

Cafeteria: The Cafeteria is located on the ground floor from Elevator C. Hours everyday are 6 – 9 a.m. for breakfast; 11 a.m. – 1:30 p.m. for lunch; and 5 – 7 p.m. for dinner and overnight hours from 1:30 – 3:30 a.m.

Lacey’s On The Hill: This full-service restaurant is open Monday through Friday for breakfast, lunch and dinner.

Soda Vending Machines are located in most waiting rooms, along with complimentary coffee. Snack vending machines are in the cafeteria.

Gift Shop: Located just off the Hospital’s main lobby, the SoutheastHEALTH Auxiliary Wishing Well Gift Shop offers unique gifts, plush toys and baby items, as well as fresh flowers and balloons. It is open from 8 a.m. – 6 p.m. Monday through Friday, and from 11 a.m. to 3 p.m. on Saturdays.
Hospital Routine for New Moms

Recovery Period

1. The recovery period after delivery lasts about one hour. This will take place in your LDRP Room.
2. Your significant other may remain with you during this time.
3. No food or drink is allowed during recovery time.
4. Every 15 minutes your nurse will check your vital signs; lochia flow (bleeding) and will do uterine massage. Massage is necessary to control bleeding. Your uterus may be tender.
5. You may hold your baby during the recovery period, take pictures and make phone calls. Breastfeeding your infant is encouraged. The nurse will assist you as needed.

Rate Your Pain

Your nurse will ask frequently if you are experiencing any pain. Southeast Hospital uses a numerical pain scale when discussing any pain you might experience. This number between 0-10 provides quick and consistent communication between nurses and patients. 0 signifies no pain and 10 being the worst pain. You will decide at what point you need an intervention for your pain. Your nurse can offer you various pain control methods depending on your preference.

If communication is impaired, for whatever reason, an alternative non-verbal pain scale will be used based on the Wong and Perry faces pain scale.

<table>
<thead>
<tr>
<th>Wong-Baker FACES® Pain Rating Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>No Hurt</td>
</tr>
</tbody>
</table>

Postpartum Period for Vaginal Delivery

1. Southeast Hospital is a smoke-free facility. Smoking is not permitted anywhere in the hospital or campus by patients, visitors or staff members.

2. The average postpartum stay for a vaginal delivery is about one or two days.

3. OB nurses will check your ability to urinate after delivery. You will use “peri bottles” filled with warm water to cleanse your bottom after urinating.

4. Nurses will be checking your blood flow (lochia), uterine firmness, episiotomy, hemorrhoids and condition of your breasts/nipples (engorgement) throughout your stay.

5. You may be given a disposable sitz bath kit and instructions on its use. Sitz baths may be used three times a day and continued at home.

6. Anesthetic sprays, that maybe used four times daily and ointment and Tucks that maybe used as needed will be offered for epistomy and hemorrhoid discomforts.

7. Motrin (Ibuprofen) 800mg, if not allergic, will be given for pain every 8 hours while you are a patient. Normal times are 6 a.m., 2 p.m. and 10 p.m. Other pain pills are available upon request.

8. A telephone and television are in each room.

9. You can expect to be up and walking in the hallways within 4-6 hours after delivery.

10. Visiting Hours

    - Father or significant other may visit anytime.
    - Other visitors, including grandparents and siblings, may visit from 11 a.m. – 8 p.m.
    - Visiting in labor is restricted with only 1 or 2 in the room at a time.

11. Doctors usually make rounds daily. On the weekends, the time your doctor makes rounds may be unpredictable.
Postpartum Period for C-Sections

1. You will be asked to move in bed as soon as the spinal epidural wears off. Lifting your hips off the bed periodically while flat in bed will help reduce stiffness.

2. You will be asked to get up several hours after the procedure, and this may be difficult. Please do not get up without assistance. Use the side rails and pull up with your arms. Supporting your incision with your hand or a pillow will help when getting up.

3. The catheter will be removed from your bladder after about 24 hours. Please notify the nursing staff the first time you feel the need to urinate. It is not unusual for someone to need to be catheterized again when having difficulty urinating. A binder will be offered to aid in movement and pain control.

4. Your diet will be progressed slowly from clear liquids to solid foods as tolerated.

5. Pain medication will be available. Ask for this whenever necessary for your comfort.

6. You may experience gas pain 2-3 days after surgery. Walking will help to reduce gas.

7. Discharge from the hospital will be in approximately 2-3 days. Plan to have help at home for at least the first week. Get plenty of rest. This may also mean limiting visitors.

8. Remember good nutrition for yourself. A balanced diet including dairy products, fruits, vegetables and juice will help build strength and prevent constipation.
The Postpartum Period

For nine months, you and your spouse/significant other have gone through the many adjustments of pregnancy. Finally, you are home with your baby, and it would seem these should be the happiest days of your life. However, the fatigue, new sense of responsibilities, different needs, change of familiar routines, and a strong desire to excel in your new role can combine to make early parenthood one of the most challenging periods you will ever experience.

After the baby is born, you may feel tearful, restless or fatigued, irritable or anxious, have mild to moderate mood swings, experience a loss of appetite, or find yourself unable to sleep. You may feel it is difficult to cope with your new baby.

There are many reasons why you may feel this way. You may feel insecure about your parenting abilities. There may be a lack of communication between you and your spouse/significant other. You may have unrealistic expectations about being a parent. The increased responsibilities result in less time for yourself and you will experience dramatic hormonal and physical changes.

This postpartum state of mind is very common and normal. Studies show that 50 to 80 percent of women may experience some or all of these feelings during the first two weeks following the birth of a baby. If these feelings continue, become more severe, or interfere with your day-to-day functioning, you should seek professional help from your physician or a counselor.

Suggestions for caring for yourself after you go home:

Rest

- Fatigue can decrease coping abilities.
- Sleep when the baby sleeps.
- Get in bed by a reasonable hour.
- Involve your spouse/significant other, parents and close friends in household chores, meal preparation, etc.
- Don’t try to do everything yourself.
- Consider discouraging visitors the first week you are at home.

Take Frequent Breaks

- A break may be as simple as a cup of tea or taking a bath, having lunch with a friend, or taking a walk.
- Plan some time away with your spouse/significant other, or resume some of the activities you enjoyed before the baby was born.

Emotions

- Ventilate your positive and negative feelings with your spouse/significant other and friends.
- Allow yourself to feel sad or angry. Tears can be healing and relieve stress.
- Expand on your feelings of happiness and contentment.

Support

- Develop a support system for you. This may include your mother or a close friend.
Parenting is challenging work. Avoid rigid expectations of yourself. Give yourself credit. It takes time to learn how to care for a baby and to be comfortable doing so.

**Unless you have a problem that requires seeing your physician earlier, you should arrange an appointment no later than six weeks after the baby’s birth. This visit will include a breast/pelvic exam as well as a general physical assessment.**

**Physicians At Home Postpartum Instructions**

Follow these instructions until your postpartum visit with your physician. If you have questions, please ask your physician.

**I. Activity**

a. May go up and down stairs, but try to minimize times.
b. May lift but do not strain down with abdominal muscles.
c. No lifting anything heavier than the baby.
d. Light housework, such as dusting and dishes.
e. Rest when baby is sleeping.
f. If vaginal delivery, begin exercising with one sit up and one leg lift per day. Increase by one each day until office visit. Begin two weeks after infant is born.
g. No jogging, running, horseback riding.
h. May go swimming as your physician directs.
i. May hold small children, but have child climb in your lap instead of lifting.
j. Take temperature when you feel you may have a temperature. Notify physician if temperature is greater than 100.4 degrees on two separate occasions.

**II. Bleeding**

a. Should let up in two to three weeks but may continue for six weeks.
b. If bright red, get off feet (lie down); if continues heavy (one full pad every hour or less) call doctor.
c. Small blood clots (liver colored) are normal. If bright red clots occur, call doctor.
d. Do not use Tampons.
e. Breast-feeding may cause heavier flow while baby nurses.

**III. Contraception**

a. Methods
   1. Birth control pills
   2. Diaphragm
   3. Foams and condoms
   4. Tubal ligation for woman
   5. Vasectomy for man
b. Begin birth control pills on Sunday, two weeks after delivery or as prescribed by physician.
IV. Diet
a. Anything you want unless on a special diet.
b. Well balanced diet

V. Driving and Trips
a. You may drive your car in four days to one week, or as directed by your physician. If C-Section, you should wait 10 days to two weeks.
b. No long trips such as St. Louis or Memphis for 2-4 weeks unless you discuss with your physician.

VI. Hygiene/Episiotomy
a. Shower or tub bath if vaginal delivery, shower if cesarean section.
b. Sitz bath for stitches or hemorrhoids two or three times daily as needed.
c. No douches.
d. If breast feeding, wash breast with tepid water only.
e. Wipe vaginal area gently from front to back.
f. Tucks as needed for stitches or hemorrhoids.
g. Keep stitches clean (sitz bath 2 or 3 times daily).
h. Stitches will dissolve. Will start falling out in about 7-10 days.

VII. Incision
a. C-Section or Tubal
b. Wash incision with soap and water.
c. Leave steri strips on for 10-14 days and then remove.

VIII. Sexual Relations
a. May have intercourse after physician follow-up appointment or as instructed by your physician.

IX. Stool
a. Should have normal bowel movement if eating well balanced diet.
b. Drink at least six glasses of fluid daily.
c. Milk of Magnesia. Follow directions on bottle.
d. Colace up to four per day if needed.

X. Pain
a. If not allergic, may take Motrin (ibuprofen) 800mg every 8 hours for 2-3 days.
b. If additional pain medicine is needed, use as directed/prescribed by your doctor.
Depression During and After Pregnancy

Q: What is depression?
A: Depression is more than just feeling “blue” or “down in the dumps” for a few days. It’s a serious illness that involves the brain. With depression, sad, anxious, or “empty” feelings don’t go away and interfere with day-to-day life and routines. These feelings can be mild to severe. The good news is that most people with depression get better with treatment.

Q: How common is depression during and after pregnancy?
A: Depression is a common problem during and after pregnancy. About 13 percent of pregnant women and new mothers have depression.

Q: How do I know if I have depression?
A: When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes during and after pregnancy can cause symptoms similar to those of depression. But if you have any of the following symptoms of depression for more than 2 weeks, call your doctor:

- Feeling restless or moody
- Feeling sad, hopeless, and overwhelmed
- Crying a lot
- Having no energy or motivation
- Eating too little or too much
- Sleeping too little or too much
- Having trouble focusing or making decisions
- Having memory problems
- Feeling worthless and guilty
- Losing interest or pleasure in activities you used to enjoy
- Withdrawing from friends and family
- Having headaches, aches and pains, or stomach problems that don’t go away

Your doctor can figure out if your symptoms are caused by depression or something else.

Call 911 or your doctor if you have thoughts of harming yourself or your baby!

Q: What causes depression? What about postpartum depression?
A: There is no single cause. Rather, depression likely results from a combination of factors:

- Depression is a mental illness that tends to run in families. Women with a family history of depression are more likely to have depression.
- Changes in brain chemistry or structure are believed to play a big role in depression.
• Stressful life events, such as death of a loved one, caring for an aging family member, abuse, and poverty, can trigger depression.

• Hormonal factors unique to women may contribute to depression in some women. We know that hormones directly affect the brain chemistry that controls emotions and mood. We also know that women are at greater risk of depression at certain times in their lives, such as puberty, during and after pregnancy, and during perimenopause. Some women also have depressive symptoms right before their period.

Depression after childbirth is called postpartum depression. Hormonal changes may trigger symptoms of postpartum depression. When you are pregnant, levels of the female hormones estrogen (ESS-truh-jen) and progesterone (proh-JESS-tur-ohn) increase greatly. In the first 24 hours after childbirth, hormone levels quickly return to normal. Researchers think the big change in hormone levels may lead to depression. This is much like the way smaller hormone changes can affect a woman’s moods before she gets her period.

Levels of thyroid hormones may also drop after giving birth. The thyroid is a small gland in the neck that helps regulate how your body uses and stores energy from food. Low levels of thyroid hormones can cause symptoms of depression. A simple blood test can tell if this condition is causing your symptoms. If so, your doctor can prescribe thyroid medicine.

Other factors may play a role in postpartum depression. You may feel:

• Tired after delivery
• Tired from a lack of sleep or broken sleep
• Overwhelmed with a new baby
• Doubts about your ability to be a good mother
• Stress from changes in work and home routines
• An unrealistic need to be a perfect mom
• Loss of who you were before having the baby
• Less attractive
• A lack of free time

Q: Are some women more at risk for depression during and after pregnancy?
A: Certain factors may increase your risk of depression during and after pregnancy:

• A personal history of depression or another mental illness
• A family history of depression or another mental illness
• A lack of support from family and friends
• Anxiety or negative feelings about the pregnancy
• Problems with a previous pregnancy or birth
• Marriage or money problems
• Stressful life events
• Young age
• Substance abuse
Women who are depressed during pregnancy have a greater risk of depression after giving birth.

If you take medicine for depression, stopping your medicine when you become pregnant can cause your depression to come back. Before you stop any prescribed medicines, talk with your doctor. Not using medicine that you need may be harmful to you or your baby.

Q: What is the difference between “baby blues,” postpartum depression, and postpartum psychosis?

A: Many women have the baby blues in the days after childbirth. If you have the baby blues, you may:

- Have mood swings
- Feel sad, anxious, or overwhelmed
- Have crying spells
- Lose your appetite
- Have trouble sleeping

The baby blues most often go away within a few days or a week. The symptoms are not severe and do not need treatment.

The symptoms of postpartum depression last longer and are more severe. Postpartum depression can begin anytime within the first year after childbirth. If you have postpartum depression, you may have any of the symptoms of depression listed above. Symptoms may also include:

- Thoughts of hurting the baby
- Thoughts of hurting yourself
- Not having any interest in the baby

Postpartum depression needs to be treated by a doctor.

Postpartum psychosis (eye-KOH-suhss) is rare. It occurs in about 1 to 4 out of every 1,000 births. It usually begins in the first 2 weeks after childbirth. Women who have bipolar disorder or another mental health problem called schizoaffective (SKIT-soh-uh-FEK-tiv) disorder have a higher risk for postpartum psychosis. Symptoms may include:

- Seeing things that aren’t there
- Feeling confused
- Having rapid mood swings
- Trying to hurt yourself or your baby

Q: What should I do if I have symptoms of depression during or after pregnancy?

Call your doctor if:

- Your baby blues don’t go away after 2 weeks
- Symptoms of depression get more and more intense
- Symptoms of depression begin any time after delivery, even many months later
- It is hard for you to perform tasks at work or at home
- You cannot care for yourself or your baby
- You have thoughts of harming yourself or your baby

Your doctor can ask you questions to test for depression. Your doctor can also refer you to a mental health professional who specializes in treating depression.
Frequently Asked Questions

Some women don’t tell anyone about their symptoms. They feel embarrassed, ashamed, or guilty about feeling depressed when they are supposed to be happy. They worry they will be viewed as unfit parents.

Any woman may become depressed during pregnancy or after having a baby. It doesn’t mean you are a bad or “not together” mom. You and your baby don’t have to suffer. There is help.

Here are some other helpful tips:
- Rest as much as you can. Sleep when the baby is sleeping.
- Don’t try to do too much or try to be perfect.
- Ask your partner, family, and friends for help.
- Make time to go out, visit friends, or spend time alone with your partner.
- Discuss your feelings with your partner, family, and friends.
- Talk with other mothers so you can learn from their experiences.
- Join a support group. Ask your doctor about groups in your area.
- Don’t make any major life changes during pregnancy or right after giving birth. Major changes can cause unneeded stress. Sometimes big changes can’t be avoided. When that happens, try to arrange support and help in your new situation ahead of time.

Q: How is depression treated?
A: The two common types of treatment for depression are:
- Talk therapy. This involves talking to a therapist, psychologist, or social worker to learn to change how depression makes you think, feel, and act.
- Medicine. Your doctor can prescribe an antidepressant medicine. These medicines can help relieve symptoms of depression.

These treatment methods can be used alone or together. If you are depressed, your depression can affect your baby. Getting treatment is important for you and your baby. Talk with your doctor about the benefits and risks of taking medicine to treat depression when you are pregnant or breastfeeding.

Q: What can happen if depression is not treated?
A: Untreated depression can hurt you and your baby. Some women with depression have a hard time caring for themselves during pregnancy. They may:
- Eat poorly
- Not gain enough weight
- Have trouble sleeping
- Miss prenatal visits
- Not follow medical instructions
- Use harmful substances, like tobacco, alcohol, or illegal drugs

Depression during pregnancy can raise the risk of:
- Problems during pregnancy or delivery
- Having a low-birth-weight baby
- Premature birth

Untreated postpartum depression can affect your ability to parent. You may:
- Lack energy
- Have trouble focusing
Frequently Asked Questions

- Feel moody
- Not be able to meet your child’s needs
- Behavior problems
- Increased crying

As a result, you may feel guilty and lose confidence in yourself as a mother. These feelings can make your depression worse.

Researchers believe postpartum depression in a mother can affect her baby. It can cause the baby to have:
- Delays in language development
- Problems with mother-child bonding
- Behavior problems
- Increased crying

It helps if your partner or another caregiver can help meet the baby’s needs while you are depressed.

All children deserve the chance to have a healthy mom. And all moms deserve the chance to enjoy their life and their children. If you are feeling depressed during pregnancy or after having a baby, don’t suffer alone. Please tell a loved one and call your doctor right away.

For more information

For more information on depression during and after pregnancy, call womenshealth.gov at 1-800-994-9662 or contact the following organizations.

National Institute of Mental Health, NIH, HHS
Phone: (301) 496-9576
Internet Address: http://www.nimh.nih.gov

National Mental Health Association
Phone: (800) 969-NMHA
Internet Address: http://www.nmha.org

National Mental Health Information Center, SAMHSA, HHS
Phone: (800) 789-2647
Internet Address: http://www.mental-health.org

American Psychological Association
Phone: (800) 374-2721
Internet Address: http://www.apa.org

Postpartum Education for Parents
Phone: (805) 564-3888
Internet Address: http://www.sbpep.org

Postpartum Support International
Phone: (800) 944-4PPD, (800) 944-4773
Internet Address: http://www.postpartum.net

Reviewed by:
John W. Schmitt, MD
Associate Professor of Clinical Obstetrics and Gynecology
University of Virginia Medical School

All material contained in this FAQ is free of copyright restrictions, and may be copied, reproduced, or duplicated without permission of the Office on Women’s Health in the Department of Health and Human Services. Citation of the source is appreciated.

Content last updated March 6, 2009.
## Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient’s personal record card or provide a new one whenever you administer vaccine.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of Vaccine (generic abbreviation)</th>
<th>Date given (mo/day/yr)</th>
<th>Source (F.S.P.)</th>
<th>Site</th>
<th>Vaccine</th>
<th>Vaccine Information Statement</th>
<th>Signature/Initials of vaccinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria, Pertussis (e.g., Td, Tdap)</td>
<td>Give IM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (e.g., HepA, HepA-HepB)</td>
<td>Give IM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (e.g., HepB, HepA-HepB)</td>
<td>Give IM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>Give IM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR) Give SC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>Give SC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal, polysaccharide (PPV)</td>
<td>Give SC or IM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (e.g., MCV4, conjugate; MCV4, polysaccharide)</td>
<td>Give MCV4 IM.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster (Zost)</td>
<td>Give SC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (e.g., TIV, inactivated; LAIV, live, attenuated)</td>
<td>Give TIV IM.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), not the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (Supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.
Hospital Routine for Baby

1. Rooming In – The baby will stay in your room with you. You will help provide for his/her care – feeding, changing diapers, etc. If you become tired during the day or just need a break, the OB staff will be happy to take the baby to the nursery while you rest. Someone with an ID band is required to be with the baby at all times. Babies should not be carried in the halls. NEVER leave the baby unattended.

2. Your baby is weighed daily. It is normal for your baby to lose weight after birth, sometimes several ounces.

3. Feeding times are on demand (when baby is hungry). Record feedings on the clipboard found at the end of the crib.

4. Your baby’s doctor will visit each day to check your baby and talk with you, answering any questions you may have. Your baby may need to go to the nursery for these visits.

5. You will be asked to keep your baby’s used diapers under the crib in the container provided. Record output on clipboard at the end of the crib.

If your baby is sick and requires the services of the NICU, you may visit with your baby as often as you like and if the baby’s condition permits, this includes other family and friends.
**Neonatal/Infant Pain Scale (NIPS)**

A nursery nurse will assess your baby for pain as needed, but a minimum of every shift. Southeast Hospital uses the Neonatal/Infant Pain Scale (NIPS). This pain scale has scores between 0-7.

A score of 4 or greater will indicate a need for intervention. Interventions will be discussed with you as the need arises. A need for intervention may occur, but is not limited to, lab draws, circumcision, and IV starts.

<table>
<thead>
<tr>
<th>Facial Expression</th>
<th>Pain Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Relaxed muscles</td>
<td>Restful face, neutral expression</td>
<td></td>
</tr>
<tr>
<td>1 – Grinace</td>
<td>Tight facial muscles; furrowed brow, chin, lip</td>
<td></td>
</tr>
<tr>
<td>2 – Bucal</td>
<td>Intermittent</td>
<td></td>
</tr>
</tbody>
</table>

**(Recommended for children less than 1 year old) - A score greater than 3 indicates pain**

<table>
<thead>
<tr>
<th>Breathing Patterns</th>
<th>Pain Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Relaxed</td>
<td>Usual pattern for this infant</td>
<td></td>
</tr>
<tr>
<td>1 – Change in breathing</td>
<td>Indrawing, irregular, faster than usual; gasping; breath holding</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Arms</th>
<th>Pain Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Relaxed/Restrainted</td>
<td>No muscular rigidity, occasional random movements of arms</td>
<td></td>
</tr>
<tr>
<td>1 – Flexed/Extended</td>
<td>Tense, straight legs, rigid and/or rapid extension, flexion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legs</th>
<th>Pain Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Relaxed/Restrainted</td>
<td>No muscular rigidity, occasional random leg movement</td>
<td></td>
</tr>
<tr>
<td>1 – Flexed/Extended</td>
<td>Tense, straight legs, rigid and/or rapid extension, flexion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Arousal</th>
<th>Pain Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Sleepy/Asleep</td>
<td>Quiet, peaceful sleeping or alert, random leg movement</td>
<td></td>
</tr>
<tr>
<td>1 – Feisty</td>
<td>Alert, restless, and thrashing</td>
<td></td>
</tr>
</tbody>
</table>
Safety for Your Baby

The staff of Southeast Hospital wishes to help you have a pleasant and safe stay in our Hospital. We encourage family togetherness, so we ask our parents to provide a safe and healthy environment. Your signature indicates your willingness to help us provide this safety to your new baby.

1. You may keep your baby in your room as much as you wish. It may be necessary for your baby to return to the Nursery for the doctor’s visit, circumcision, lab work or other procedures.

2. Become familiar with the staff that works in the Obstetrical/Nursery area.
Because your baby’s safety is important to us, we ask you to give your baby only to those Obstetrical/Nursery staff members who are appropriately identified. You will be given specific instruction on infant security after your delivery.

3. Never leave your baby alone in your room. If you wish to go for a walk, etc., ask your nurse to return your baby to the Nursery or you may push your baby in the crib. If you go to the bathroom, push your baby’s crib in the doorway with you.

4. Since our beds are narrower than full-size beds, we ask that you place your baby in the crib when you become drowsy or you go to the bathroom. Never leave your baby alone on your bed. Newborns can move around more than you may think possible.

5. Feel free to question anyone who comes into your room if he/she is unfamiliar to you. Please, press your call light to contact your nurse if you have a question. Likewise, ask questions about the length of time the baby may be gone for tests, etc.

6. The baby must be in your room with you or your properly identified significant other or returned to the Nursery. Never carry the baby in the halls, always use the crib.

7. Visiting Guidelines:
   a. Fathers or significant others are welcome at all times.
   b. All other visitors may visit from 11:00 a.m. until 8:00 p.m.
   c. Children under 12 years of age must have adult supervision.
   d. Anyone who handles the baby must wash his or her hands or use the antiseptic foam.
   e. Please tell your visitors to leave and not handle your baby if they have any of the following: a cold, diarrhea, a sore that is draining, any contagious disease such as chicken pox or measles, a temperature or fever blisters.
   f. Likewise, always wash your hands or use antiseptic foam before handling your baby.
Use of Bulb Syringe

1. Have the bulb syringe available at all times.

2. You may need to suction your baby’s nose and mouth if he/she sounds congested, if you see mucous or drainage coming from his/her nose, or if he/she spits up.

3. To suction your baby’s mouth: hold the baby’s head securely with one hand while he/she is lying on his/her side. Squeeze the bulb syringe completely. Gently place the tip of the syringe into the baby’s mouth (be careful not to insert it too far because this will cause the baby to gag). Release the pressure on the bulb. This will cause suction and clear secretions from the mouth. Squeeze the secretions from the syringe into a washcloth, tissue, etc. This may be repeated 2-3 more times until all the secretions have been removed.

4. To suction the baby’s nose: hold the baby’s head securely with one hand while he/she is lying on his/her side. Squeeze the bulb syringe completely. Put the tip of the syringe into one side of the nose and release the pressure on the bulb. This will clear secretions from the nose. Squeeze the secretions from the syringe into a washcloth, tissue, etc. Repeat this procedure for each side of the nose until you no longer see or hear any mucous in the nasal passages. Be careful not to insert the tip of the syringe into the nose too far. This may irritate the inside of the nasal passages.

5. If your baby has very thick mucous in the nasal passages, consult with your baby’s physician.

6. Clean bulb syringe after each use by squeezing it several times in hot soapy water and then rinsing.

Umbilical Cord Care

1. Cleanse cord with soap and water during infant bath. Allow to air dry.

2. To dry cord after birth, take towel and pat gently at base of cord, making sure cord is dry before diapering baby.

3. The cord should fall off in 1-3 weeks. Continue to clean the umbilical area after the cord falls off until completely healed. This may take an additional week.

4. After the cord has fallen off, you may notice a few drops of blood when the babies cries or has a bowel movement. This is normal.

5. Do not use “belly bands.” They hold in moisture and could increase the chance of infection. Their use will not prevent umbilical hernias.

6. Fold the front of the diaper down below the cord to promote drying of the cord.

7. A small amount of moisture from the cord is normal. If the moisture looks like pus or has an odor, or the area looks red, call your baby’s physician immediately.

8. A tub bath may be given after the cord has fallen off and/or the circumcision has healed.
Rashes

1. Newborn rash occurs frequently in the newborn period. It usually appears as red circles surrounding white pustules. While it appears on the face and body first, it can appear on the arms and legs. Do not pick at these pustules. The rash will disappear in a few days and may come back later.

2. Your baby’s skin is delicate and needs to be kept clean and dry. Rashes can develop if skin is exposed too long to wet diapers, heat, stool, detergents, or perfumes in lotions, disposable diapers or soap.

3. To prevent rashes from developing, change your baby’s diaper frequently. Keep your baby cool and dry in hot weather, and use mild soap for your baby’s bath and laundry.

4. Avoid using excessive amounts of lotions on your baby’s skin. Baby powder and baby oil should be avoided. Baby powder can cause lung infections to occur if your baby breathes the powder into his/her lungs. Baby Body oil can clog pores on the skin causing a rash.

Jaundice

1. Physiological jaundice is a yellowish tinge to the skin that may appear the first two to four days of life. It is caused by the breakdown of extra red blood cells and the inability of the liver to excrete the bilirubin properly. Jaundice will disappear gradually.

2. Most babies are jaundiced in varying degrees. This is usually not a serious problem.

3. If your baby develops a high bilirubin level (this is determined by a blood test and/or bilimeter test ordered by the baby’s physician), the baby may be treated with phototherapy. Phototherapy can be provided in two ways. One method consists of your baby being placed in an islette with special lights, being undressed with eye protection and genital protection provided. The other method is the use of a “bili blanket.” This is a light pad that is placed under the baby’s t-shirt. These methods may be done at home or at the hospital.

4. It may take a few days of phototherapy for the bilirubin level to lower. The baby’s physician will determine when the bilirubin level is low enough for the phototherapy to be discontinued.

5. Contact your lactation consultant if your baby seems sleepy or is not nursing well. She will assist you with pumping and latching tips.
Taking Temperature

1. You will not be taking your baby’s temperature every day when you go home. Take your baby’s temperature if he/she is acting sick (vomiting, diarrhea, fussy, etc.) and before you call the doctor.

2. Always lubricate the thermometer before inserting it into the rectum. Inserting an unlubricated thermometer into the rectum may cause trauma to the rectal mucosa.

3. Use K-Y Jelly or other water-soluble lubricant when using a digital thermometer.

4. Turn the thermometer on by pressing the ON/OFF switch. A beep may sound and several numbers will be displayed. This is a check that all parts of the thermometer are working.

5. Insert the lubricated thermometer gently into the rectum, holding the baby’s legs firmly to prevent injury to the rectum. Do not insert the thermometer further than ½ inch. Stop if you feel resistance of any kind.

6. Keep holding the thermometer securely. The displayed numbers will continue to change, and the F in the corner will flash while the temperature is being taken.

7. The F will stop flashing when the thermometer is finished taking the temperature. Clean the thermometer with alcohol or soap and water after each use.

8. Your baby’s temperature should be between 98° and 100°F. If baby’s temperature is out of this range, you may need to call the doctor. Discuss with your baby’s doctor at what point you should call for a fever. If baby develops a fever greater than 100°F in the first month of life, call your baby’s doctor.

9. Ear thermometers are not accurate in the newborn period and should not be used.

If taking an axillary (under the arm) temperature, place the thermometer against the skin in the middle of the armpit. Hold the baby’s arm in place across his/her chest. Do not leave the baby.

If your baby has a fever:
- Dress him/her lightly. Don’t bundle him/her up, but don’t let him/her chill.
- Consult your baby’s doctor about medications that will reduce fever.
- Call the doctor or emergency department if the fever persists for over 12 to 24 hours.
- If baby is under 4 months old, call your doctor or emergency department.

If temperature is less than 98°: add clothing and blankets and recheck in 30 minutes. If temperature remains low, call your physician.

Always read the manufacturer’s information before using your thermometer!
Baby Bath

1. Gather all the supplies needed
   • Soap
   • Comb and brush
   • Diapers
   • Shirt/clothes
   • 2 towels or receiving blankets
   • Pan of water or sink

2. Undress the baby.

3. Make sure the water is not too hot! Test the water with your wrist or elbow before giving the bath.

4. Wash the eyes first, but only clean water using a washcloth. (A clean area of cloth for each eye) Wipe from the inner corner (near nose) out.

5. Now wash the face with body soap. Please don’t use Q-tips in the ears or nose, because this practice could injure the baby.

6. Next, wash the baby’s hair with soap and water. Wrap baby in a towel with arms at baby’s side. Hold baby underneath one arm, like a football, with baby’s head over the sink or tub.

7. Rinse the hair well and rub it dry.

8. Next are the stomach, back, arms and legs. Wet infant by wringing wash cloth on infant, lather well with soap and rinse well. You may wring the washcloth out on infant again to rinse. Until the cord is healed, only give baby a sponge bath. After the cord is healed, you may use a tub or sink (2 inches of water is enough). Remember: wash baby’s bottom from front to back with soap and water. If your baby is a boy and is circumcised, wash penis gently until the circumcision is healed. (3-4 days)

9. When finished, wrap baby in a towel and dry him or her all over. Be sure to dry in all the creases and folds. Remember that babies are slippery when wet.

Keep baby warm and covered.
Don’t forget to wash and dry in baby’s creases.
Keep the diaper below the cord.
Never leave baby alone around water!
Universal Newborn Hearing Screen

TO IDENTIFY HEARING LOSS EARLY…
Babies born at Southeast Hospital are screened for hearing loss.

DID YOU KNOW THAT…

- Approximately 2-3 babies out of every 1000 healthy newborns are born with hearing loss, although few babies are totally deaf.

- Without newborn hearing screening, loss is usually not identified until 12-25 months of age.

- Late identification of hearing loss causes speech-language and learning delays.

Hearing Screen

Your baby’s hearing will be screened using an Evoked Otoacoustic Emissions (OAE) test or an Auditory Brainstem Response (ABR) test. The results will be reported to your baby’s physician.

The test is done in a quiet room in the nursery area, a soft earplug is placed into the outer part of the ear canal. A clicking sound is put into the baby’s ear and a response is recorded from the inner ear.

If your baby does not pass the OAE test, the ABR test is performed. The ABR test requires three adhesive electrodes be placed on the infant (one on the forehead, one on the cheek and one on the nape of the neck). The electrodes measure if the baby’s brain is detecting sound.

What happens if my baby does not pass the hearing screening?
If your baby does not pass the hearing screening it does not necessarily mean that your baby has hearing loss, but it does mean that your baby’s hearing screening needs to be repeated. Some babies do not pass the hearing screening because of newborn material in their ear canals or middle ear.

- If a repeat screening is needed; a follow up appointment will be scheduled for you to return to the Obstetrics unit 3 to 4 weeks after your discharge from the hospital.

- Concerns for hearing loss should not stop at birth.

- Some babies pass the initial hearing screening and later develop inner ear hearing loss. Hearing loss also may be caused by middle ear fluid in infants and young children.

- Even mild degrees of persistent hearing loss may interfere with speech-language development and learning.
Facts on Newborn Hearing Loss

Everyday in the United States, approximately 33 babies are born with significant hearing loss. Hearing loss is the most common congenital disorder in newborns.

The average age that children with hearing loss are identified in the United States is 12-25 months of age. When hearing loss is detected late, speech-language development is delayed. This can affect social and emotional growth as well as academic achievement.

National Recommendations on Newborn Hearing Screening

The majority of hospitals only test infants considered at risk for hearing loss, which has conditions such as low birth weight, a family history of hearing loss or other medical conditions. Research indicates that testing only at-risk babies results in identifying only 40-50% of the children with hearing loss.

The Joint Commission on Infant Hearing recommends that all newborns be screened for hearing loss. The National Institute of Health concluded the best way to achieve this goal is to develop hearing screening programs for newborns in the hospital, prior to discharge. Southeast Hospital’s Newborn Hearing Screening program was developed to ensure that all infants have the opportunity to benefit from early detection.

Benefits of Early Detection

Early intervention of infants with hearing loss can improve speech-language, cognitive and social development. Detection of hearing loss during infancy followed with appropriate intervention minimizes the need for rehabilitation during school years.
Elimination Habits

1. Babies usually urinate 6-10 times in a 24-hour period after the first week of life.

2. Breastfeeding babies may have a stool after every feeding and will eventually establish their own pattern of 1-4 stools a day. These stools may be a loose consistency.

3. Bottle-fed babies’ stools are more formed, and they may have as few as one every 2-3 days.

4. It is not uncommon for babies to turn red in the face and look as though they are straining to have a bowel movement. This may continue until they develop better muscle control.

5. Constipation refers to the consistency and the frequency of stools. If your infant has hard, pebble-like stools and difficulty passing the stool, call the baby’s physician for further advice.

6. Do not use laxatives, suppositories, Kayro syrup or enemas unless instructed to do so by the baby’s physician.

Vaginal Discharge

1. Some baby girls may have red-tinged or whitish mucous discharge from their vaginal area. This is normal. This discharge will disappear in a few weeks.

2. Cleanse the genital area by separating the labia and washing gently from front to back. This will help prevent bacteria from being spread from the anus to the vaginal area.
Discharge Home

Once you and your baby have been discharged you may prepare your belongings. Your nurse and your baby’s nurse will give you home instructions.

Immediately prior to the OB staff escorting you and your baby to your vehicle by wheelchair, your ID bands will be matched one final time. One of your infant’s bands will be removed and secured to a form filled out at time of delivery. You will be asked to sign this form.

After You Are Home

Feel free to call the Nursery at (573) 651-5560 at anytime after you are discharged if you have questions regarding your baby. A nurse from the OB Unit will call you 2-3 days after discharge and then 2 weeks and one month after delivery.
Information Regarding Circumcision for Male Newborns

Routine circumcisions are ones that are done for some reason other than a specific medically indicated condition. Some commercial insurance plans are also not covering circumcision of the newborn. If you are unsure about coverage, please contact your insurer.

SHOULD MY NEWBORN BOY BE CIRCUMCISED?

There is much debate about circumcision. Many studies have been done by medical researchers. The most common reason why parents choose circumcision is that it makes it easier to keep the newborn clean. Other reasons include:

- The father was circumcised
- Easier and less painful to do as an infant rather than as an older child
- Matter of social custom, tradition, religion or other personal reason

BILLING FOR NONCOVERED CHARGES

Southeast Hospital believes the decision should be made by parents after discussing it with the child’s pediatrician. If the decision is made to have the child circumcised, the parents will receive a bill for both the Hospital services and the physician’s services for performing the circumcision. You will be responsible for the total of hospital and physician charges.

You may call 573-651-5512 for more information regarding these charges or questions about payment.
Circumcision Care

Gomco:

1. The exposed top of the penis may be bright red and more sensitive. A&D Ointment or Vaseline may be applied to the tip of the penis to prevent it from sticking to the diaper. The dressing should be changed with every diaper change.

2. A yellowish matter will appear on the tip of the penis around 24 hours after the circumcision is done. This is normal healing tissue and is not infection. Do not try to wash this off.

3. The circumcision should be fully healed by the time the cord falls off.

4. Any signs of infection, such as swelling, redness along the shaft, white discharge or excessive bleeding should be reported to your baby’s doctor immediately.

5. At your first doctor’s appointment, ask him or her when you should begin to pull back the foreskin if uncircumcised.
Every expectant parent dreams of a happy, healthy baby. Most of the time, their dreams come true. Nationally, one in 10 newborns require extra care. For these parents, the experience of a hospital’s Level III Neonatal Intensive Care Nursery (NICU) staff and the level of technology will come into sharp focus.

Southeast Hospital was the first hospital in the region to establish neonatal intensive care services in the late 1970s. Southeast Hospital has board-certified Neonatologists to care for sick newborns along with board-certified Pediatric Hospitalists providing specialized inpatient care for newborns around the clock.

Through a clinical affiliation with the nationally-recognized SSM Cardinal Glennon Medical Center in St. Louis, physicians and nurses at Southeast are assured access to leading-edge approaches in the care of critically ill newborns and children.

Southeast’s NICU can comfortably take care of babies born as early as 27 weeks of gestation. These babies may have trouble with breathing, eating, infection, blood sugar or body temperature. But it’s not just premature babies who require special care. Even seemingly healthy infants can develop infections, experience-breathing problems or exhibit other symptoms that require around-the-clock monitoring.

Babies may spend from a couple days to several weeks in the special care nursery. Nursery staff can provide oxygen therapy, antibiotics, IVs and NG tube feedings.

The staff is trained to take care of exchange transfusions, umbilical artery catheters, chest tubes, infusions of fluids, blood or lipids; oxygen support such as ventilators, nasal cannulas, CPAP or oxygen hoods; feeding problems requiring special equipment; and monitoring infant heart and respiratory rates or blood pressure.
Car Seat Information

Missouri law requires that children less than 4 years of age (regardless of weight) and children weighing at least 40 pounds but less than 80 pounds, and less than 4’9” must be properly restrained in an appropriate child safety seat. Our OB technicians are car seat certified and will inspect your car seat and assist you in installing it in your car.

With infants:

Use a rear-facing car seat to at least age 1, and 20 pounds. Use the rear-facing car seat longer if the seat has higher weight and height limits.

With toddlers:

Use a forward-facing car seat (convertible or combo seat) until the harness no longer fits.

Booster Seats

Use a booster seat with the vehicle lap and shoulder safety belts until your child passes the Safety Belt Fit Test:

1. Have your child sit all the way back on the vehicle seat. Do his or her knees bend at the front edge of the seat? If they bend naturally, go to #2. If they don’t, return to the booster seat.
2. Buckle the lap and shoulder belt. Be sure the lap belt rests on the upper legs or hips. If it does, go to #3. If it rests on the stomach, return to the booster seat.
3. Be sure the shoulder belt rests on the shoulder or collarbone. If it does, go to #4. If it’s on the face or neck, return to the booster seat. Never put the shoulder belt under the child’s arm or behind the child’s back.
4. Check whether your child maintains the correct seating position for as long as you are in the car. If your child slouches or shifts positions so the safety belt touches the face, neck or stomach, return your child to the booster seat.

Safety Belts

Once your child passes the Safety Belt Fit test, require him or her to use safety belts in a back seat in every vehicle on every ride, whether or not you are present.

Air Bags and Children

Air bags have saved many lives since 1986. In fact, when used with a seat belt, air bags are the most effective protection available in a vehicle. Air bags inflate with a tremendous force in any head-on collision over 12 mph. For this reason, it is important that all children under the age of 12 always ride in the back seat or in a seat with air bag protection, buckled up.

If a child must sit in an air bag-equipped position, the seat should be moved back as far as possible and the child properly restrained.

*A child riding in a rear-facing child safety seat should never ride in an air bag-equipped position. Read and follow the instructions that come with the child safety seat and in the vehicle’s owner manual.
When to Call the Doctor

You should not be afraid to call your doctor whenever any signs of illness are noted in your baby. If any of the following symptoms occur, be certain to call your doctor: severe abdominal pain, diarrhea, vomiting, blood in stool, convulsions, earache, fever (as indicated by your physician), croup – especially when associated with fever, wheezing, difficulty breathing or lethargy (drowsiness or very sleepy).

Much medical information and advice may be given over the telephone. The following are some suggestions for using the telephone when you are concerned about your child’s health.

How to Call the Doctor

Non-emergency calls are handled best during regular office hours. However, most doctors have emergency care available by telephone around the clock, every day. If the doctor’s answering service or receptionist promises a return call at a certain time and you have not received a call, do not hesitate to call again.

What the Doctor Needs to Know

When you telephone about an illness, be prepared to give the following information:

1. Your name
2. Your telephone number
3. Your child’s name, date of birth or age
4. The child’s temperature
5. When the child became ill
6. Symptoms the child is having. Some examples may be

   • Vomiting or diarrhea, and the frequency in a given time period
   • Urination: the last time, the color, and the amount
   • General appearance of the child
   • Any change from usual feeding pattern, especially in small children
Acetaminophen Dosages

<table>
<thead>
<tr>
<th>Age</th>
<th>Approximate Weight Range</th>
<th>Dosage Drops</th>
<th>Dosage Syrup</th>
<th>Dosage Chewable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 3 months</td>
<td>Under 13 pounds</td>
<td>At physician’s discretion</td>
<td>At physician’s discretion</td>
<td>- - - - -</td>
</tr>
<tr>
<td>3 to 9 months</td>
<td>13-20 pounds</td>
<td>1 dropper</td>
<td>½ tsp.</td>
<td>- - - - -</td>
</tr>
<tr>
<td>10 to 24 months</td>
<td>21-26 pounds</td>
<td>1 ½ droppers</td>
<td>¾ tsp.</td>
<td>- - - - -</td>
</tr>
<tr>
<td>2 to 3 years</td>
<td>27-35 pounds</td>
<td>2 droppers</td>
<td>1 tsp.</td>
<td>2 tablets</td>
</tr>
<tr>
<td>4 to 5 years</td>
<td>36-43 pounds</td>
<td>3 droppers</td>
<td>1 ½ tsp.</td>
<td>3 tablets</td>
</tr>
<tr>
<td>6 to 8 years</td>
<td>44-62 pounds</td>
<td>- - - - -</td>
<td>2 tsp.</td>
<td>4 tablets</td>
</tr>
<tr>
<td>9 to 10 years</td>
<td>63-79 pounds</td>
<td>- - - - -</td>
<td>2 ½ tsp.</td>
<td>5 tablets</td>
</tr>
<tr>
<td>11 years</td>
<td>80-89 pounds</td>
<td>- - - - -</td>
<td>3 tsp.</td>
<td>6 tablets</td>
</tr>
<tr>
<td>12 years to adult</td>
<td>90 pounds +</td>
<td>- - - - -</td>
<td>3-4 tsp.</td>
<td>6-8 tablets</td>
</tr>
</tbody>
</table>

How Supplied

Drops: Each 0.8 ml dropper contains 80 mg acetaminophen.
Syrup: Each 5 ml tsp. Contains 160 mg acetaminophen.
Chewable: Each tablet contains 80 mg acetaminophen.
Infant Stimulation

What is Infant Stimulation?

Infant stimulation is a way to help your baby grow mentally, emotionally and physically by increasing stimulation of the senses: seeing, hearing, touching, tasting and moving. It is possible to begin this process before your baby is born! Mothers often notice their babies jumping in response to loud noises, quieting down to soft music or a certain person’s voice. Whenever your baby is most active (usually during the evening hours) is the time he/she is more alert and responsive to stimulation. Choose these times to talk to the baby or play music.

Remember baby’s attention span is only 4 to 10 seconds, so short sessions are best. Spend five to ten minutes, two to three times a day during the baby’s alert time with different stimulation exercises. While this does not guarantee a “super baby,” it will enhance your baby’s ability to cope with the world and make for pleasurable interaction between the two of you.

Stimulation of Senses:

Seeing: Initially babies prefer black and white (areas of great contrast). Black and white bull’s eyes, checkerboards and stripes are especially good. You may want to make black and white flashcards to show baby during stimulation time. Mirrors are enjoyable, but babies’ favorite objects: mom or dad’s face.

Hearing: Babies will jump at loud noises and sometimes quiet down with music or mother’s voice, so talk with your baby! Generally, babies will respond to high-pitched voices such as moms and very quickly learn to distinguish familiar voices. Music boxes and tapes are great! Babies seem to like classical music, such as Brahms and Bach because of the pure sounds and high/low crescendos.

Touch: Hug and kiss your baby often. Stroke his/her body from head to toe several times, beginning with the right side. Always start with the head and upper extremities. Touch various fabric types to baby’s skin, such as velvet and cotton. Cloth toys are excellent for this exercise.

Taste: You may offer pacifiers to stimulate sucking. Babies sometimes need to satisfy their sucking even though they may not be hungry. They will soon make smacking noises at the taste of something pleasant such as formula or breast milk.

Smell: Babies are able to quickly recognize the smell of formula or mom’s breast milk. Pleasant smells, such as cherry, nutmeg or cinnamon, can be used to stimulate baby’s sense of smell. Avoid strong odors as much as possible.

Movement: Rocking chairs are excellent for stimulating motor growth. Alternately flexing and extending arms and legs as well as closing the baby’s fist around a soft toy will help increase the baby’s ability to move objects into his/her field of vision. Be careful not to snap the baby’s head back.
SIDS stands for Sudden Infant Death Syndrome. SIDS is when a healthy baby dies quickly without warning. It is not known how or why SIDS happens. SIDS can happen to any family, no matter where they live, what race they are, or how much money they make.

Listed are some steps to help reduce the risk of SIDS and other infant deaths.

- Take good care of yourself when you are going to have a baby.
- Do not smoke while you are pregnant and do not let anyone smoke around your baby.
- Place your baby on his/her back to sleep unless your baby’s doctor tells you otherwise.
- Your baby should sleep on a firm, flat mattress with a tightly fitted sheet.
- Do not let your baby get too hot by overdressing or overwrapping.
- Take good care of your baby.
- Breast-feed your baby.
- No stuffed animals, pillow or loose blankets in baby’s crib

For more information write or call:

Sudden Infant Death Syndrome Research Inc.
143 Grand Avenue
St. Louis, MO 63122
(314) 822-2323
Toll Free – 1-800-421-3511
Newborn Screening

A Lifesaver for Millions

In Missouri, as in the majority of states, newborn babies must have a blood test to determine the presence of certain disorders. More than 2 million newborns have been tested in Missouri since 1965. These screens have resulted in early detection and treatment of prayer but serious disorders that could lead to mental retardation or other developmental disabilities or death just a few drops of blood from the baby’s heel and lab tests can determine a child’s future quality of life. Missouri tests for over 50 disorders with the blood sample taken before the baby leaves the hospital. This test will be performed after your baby is 24 hours old.

Phenylketonuria – a buildup of the amino acid phenylalnine in the blood that prevents normal brain development. A special diet, begun in the first few weeks of life, will prevent mental retardation caused by this disorder.

Hypothyroidism – a decrease in the production of the thyroid hormone that could result in brain damage and mental retardation without proper, prompt treatment.

Galactosemia – a buildup of galactose (a component of milk sugar) in the blood that can cause liver damage, cataracts, and mental retardation or death. A special diet will prevent medical problems.

Sickle Cell Anemia – an inherited disease found primarily in African Americans and people of Mediterranean descent. Red blood cells can change from a normal round shape to a sickle shape and may cause a blockage of blood flow to the body’s tissue. Although there is no cure, early detection is important for effective treatment and prevention of complications.

Congenital Adrenal Hyperplasia – an endocrine disorder in which the adrenal glands do not produce hormones necessary for sexual development and electrolyte balance. With early detection, hormone replacement can prevent sexual development dysfunction and death.

If and when any of these disorders are detected, the Missouri Department of Health provides assistance in arranging medical treatment. Early testing and treatment is important to provide babies with the best possible beginnings of their lives.

Amino Acid Disorders: Maple Syrup Urine Disease, Homocystinuria, Hypermethioninemia, Citrullinemia, Argininosuccinic Aciduria and Tyrosinemia Type II.

Fatty Acid Oxidation Disorders: Medium-Chain Acyl-Coa Dehydrogenase Deficiency, Very Long-Chain Acyl-Coa Dehydrogenase Deficiency, Short-Chain Acyl-Coa Dehydrogenase Deficiency, Multiple Acyl-Coa Dehydrogenase Deficiency, Carnitine Palmitoyl Transferase Deficiency, Carnitine/Acylcarnitine Translocase Deficiency, Long-Chain Hydroxyl Acyl-Coa Dehydrogenase Deficiency and Trifunctional Protein Deficiency.
Organic Acidemia Disorders: Glutaric Acidemia Type I, Propionic Acidemia, Methylmalonic Acidemia, Isovaleric Acidemia, 3-Hydroxy-3-Methylglutaryl CoA Myse Deficiency and 3-Methylcrotonyl CoA Carboxylase Deficiency.

Each disorder is an important health problem that occurs frequently enough to justify screening an entire population. Out of 75,000 annual Missouri births, it is expected that 10-15 additional newborns will be detected each year with one of these disorders.

Each disorder causes severe medical complications, including infant deaths.

Treatment is effective when initiated early, is most often dietary in nature, and is accepted among health care professionals, and available to all screened newborns.

The test is precise, validated, acceptable and cost effective.

**Safety**

1. Never leave your baby alone on a bed, sofa, table, or kitchen counter. Even a small baby can move to the edge of the bed, etc., and fall.

2. Keep side rails of crib or beds up at all times. Make sure the spaces between crib bars are no more than 2 3/8 inches apart. Also, make sure there are no loose or missing bars, sharp edges or cutout areas on the crib.

3. Use a firm and properly fitting mattress for your baby’s bed. Do not use pillows, sheepskin or stuffed animals in your baby’s crib. Never allow your baby to sleep on a waterbed. This may cause suffocation. Avoid co-sleeping as it may increase the risk of suffocation for your baby.

4. Keep plastic bags away from your baby.

5. Do not leave your baby alone near water (bathtub, buckets of water, toilet).

6. Always check bath water for temperature to make sure it is lukewarm, not hot. Face your child away from faucets when placing him/her in the tub.

7. Turn your hot water heater down to 120 degrees.

8. Do not eat, drink, or carry anything hot while holding your baby.

9. To protect your baby from infection, always wash your hands before and after handling your baby.

10. Never warm your baby’s bottle in the microwave.
11. Do not smoke around your baby. Smoking increases the risk for upper respiratory and ear infections, and can trigger wheezing. Second hand smoke has also been linked to SIDS.

12. Install smoke and heat detectors. Test your smoke detector every month and replace batteries once a year. Install carbon monoxide detectors if you use any form of heat other than electric.

13. Never tie a pacifier to your baby. Use only a commercial pacifier for your baby.

14. Do not add honey to your baby’s food, water or formula during the first year of life. Honey can cause a serious illness that affects the baby’s nervous system.

15. Never put your baby to bed with a bottle. Your baby may choke. Also, when teeth come in, this can cause tooth decay.

16. Use large rattles and toys to avoid suffocation. Keep cords, strings or drapery cords away from your baby.

17. Never allow your baby to chew on electrical cords. Put covers on all unused electrical outlets.

18. Screen visitors for colds and infections.

19. Remove or place precious objects out of reach. Keep all plants out of reach because some are poisonous. Store knives and other sharp objects out of reach.

20. Keep pot handles turned in on the stove. Do not cook while holding your baby.


22. If you suspect that your child has been exposed to a poisonous substance, call The Poison Center at 1-800-222-1222.
Emergency Choking Aid for Infants

The following emergency procedures, as recommended by the American Red Cross and the American Heart Association, should be implemented if an infant suddenly cannot breathe, cough or make any sounds. Rapid transport to a medical facility is urgent if these emergency procedures fail.

1. Lay baby face down, straddling your arm, with the head lower than the chest. Support the baby’s head with your hand around the jaw and under the chest. Rest your arm on your thigh. Give 5 back blows rapidly between the shoulder blades with the heel of your hand.

2. If the foreign object is not relieved, carefully turn baby over. Place your free hand on the baby’s back and sandwich the baby between your hands and arms. One hand supports the chest, neck and jaw, and the other hand supports the back, neck and head. Holding the baby between your hands and arms, turn it face up. Rest your arm on your thigh, so the head is lower than the chest.

3. Push on the chest 5 times with your fingertips – one finger width – below an imaginary line between the nipples. Your hand should come in from the side so that your fingertips run up and down the sternum, not across it.

4. If the baby is conscious, keep repeating 5 back blows and 5 chest thrusts until the object is expelled or the baby becomes unconscious.

5. If the infant loses consciousness, immediately call for emergency medical assistance (ambulance, paramedics, etc.).
# 2015 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>HepB</td>
</tr>
<tr>
<td>1 month</td>
<td>RV</td>
</tr>
<tr>
<td>2 months</td>
<td>DTaP</td>
</tr>
<tr>
<td>4 months</td>
<td>Hib</td>
</tr>
<tr>
<td>6 months</td>
<td>PCV</td>
</tr>
<tr>
<td>12 months</td>
<td>IPV</td>
</tr>
<tr>
<td>15 months</td>
<td>HepB</td>
</tr>
<tr>
<td>18 months</td>
<td>DTaP</td>
</tr>
<tr>
<td>19-23 months</td>
<td>IPV (Yearly)*</td>
</tr>
<tr>
<td>2-3 years</td>
<td>MMR</td>
</tr>
<tr>
<td>4-6 years</td>
<td>Varicella</td>
</tr>
</tbody>
</table>

**FOOTNOTES:**

- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (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 of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

[Image of baby and child with text: "Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details."

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease Prevented</th>
<th>Complications</th>
<th>Symptoms</th>
<th>Spread</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella zoster virus (VZV)</td>
<td>Measles, mumps, rubella</td>
<td>Chickenpox rash; fever, cough, pneumonia; encephalitis</td>
<td>Fever, rash, headache, fatigue, skin lesions</td>
<td>Respiratory droplets, contact with infected person</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Tetanus toxoid (Td)</td>
<td>Tetanus</td>
<td>Respiratory distress, impaired consciousness, cardiovascular collapse</td>
<td>Fever, sore throat, cough, hoarseness</td>
<td>Droplet or airborne transmission</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Hepatitis A vaccine</td>
<td>Hepatitis A</td>
<td>Liver failure, jaundice, fever, rash, anorexia, nausea, vomiting</td>
<td>Fever, fatigue, anorexia, jaundice</td>
<td>Oral or parenteral transmission</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Hepatitis B vaccine</td>
<td>Hepatitis B</td>
<td>Liver failure, jaundice, jaundice, bleeding, coma</td>
<td>Fever, fatigue, jaundice, abdominal pain, dark urine</td>
<td>Sexual contact, blood exposure, perinatal transmission</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Hepatitis C vaccine</td>
<td>Hepatitis C</td>
<td>Liver failure, cirrhosis, hepatocellular carcinoma</td>
<td>Fatigue, malaise, jaundice, dark urine</td>
<td>Blood exposure, percutaneous exposure, vertical transmission</td>
</tr>
<tr>
<td>Polio</td>
<td>Poliovirus vaccine</td>
<td>Poliomyelitis</td>
<td>Paralysis, respiratory failure</td>
<td>Fatigue, weakness, paralysis</td>
<td>Oral transmission</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>Pneumococcal conjugate vaccine</td>
<td>Pneumococcal pneumonia</td>
<td>Congestive heart failure, respiratory distress, sepsis</td>
<td>Fever, cough, chest pain, difficulty breathing</td>
<td>Respiratory droplets</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Whooping cough vaccine</td>
<td>Pertussis</td>
<td>Respiratory distress, apnea, conjunctivitis</td>
<td>Cough, vomiting, irritability, difficulty breathing</td>
<td>Respiratory droplets</td>
</tr>
<tr>
<td>Mumps</td>
<td>Mumps vaccine</td>
<td>Mumps</td>
<td>Parotitis, orchitis, pancreatitis</td>
<td>Parotitis, fever, headache, fatigue</td>
<td>Droplet or airborne transmission</td>
</tr>
<tr>
<td>Measles</td>
<td>Measles vaccine</td>
<td>Measles</td>
<td>Pulmonary edema, encephalitis</td>
<td>Fever, cough, rash, encephalitis</td>
<td>Respiratory droplets</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Diphtheria vaccine</td>
<td>Diphtheria</td>
<td>Respiratory distress, cardiovascular collapse</td>
<td>Fever, sore throat, cough, hoarseness</td>
<td>Respiratory droplets</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Tetanus vaccine</td>
<td>Tetanus</td>
<td>Respiratory distress, cardiovascular collapse</td>
<td>Fever, rigidity, muscle spasms, cyanosis</td>
<td>Dermal injury</td>
</tr>
<tr>
<td>Rubella</td>
<td>Rubella vaccine</td>
<td>Rubella</td>
<td>Congenital anomalies, spontaneous abortion, stillbirth</td>
<td>Fever, rash, lymphadenopathy</td>
<td>Respiratory droplets</td>
</tr>
</tbody>
</table>

Taking care of mom & baby
Your Baby in the Spotlight

Your Baby’s Photo on the Website
Welcome to the Southeast Hospital Obstetrics Department! We’re pleased that you chose Southeast as your birthplace. To show our thanks, we would like to offer the opportunity to have your baby’s picture taken for the birth announcement on our website.

Would you like your Birth Announcement posted on our website (SEhealth.org/Babies)?

- NO
- YES

Your Baby’s Photo and Name in Lights on a Digital Billboard
Your baby’s picture will appear in full color on the digital billboard at the corner of Kingshighway and William Street (just above Quizno’s). A new baby photo will appear once each minute 24/7, (among other businesses). Baby photographs and information will run from Wednesday through the following Tuesday. No last names or addresses will be used - only the baby’s first and middle name, parents’ first names, date of birth and photo of your baby.

Would you like a digital billboard displayed of your baby?

- NO
- YES

Your Baby Featured on Facebook
Each week SoutheastHEALTH will feature newborns on our Facebook page. If you would like for your baby’s photo to appear, please grant permission below.

Would you like your baby displayed on our Facebook page?

- NO
- YES

Baby’s Birth Date: ____________________________ NICU Graduate

- NO
- YES

Baby’s First Name: ____________________________ Baby’s Middle Name: ____________________________

Mom’s First Name: ____________________________ Mom’s Last Name: ____________________________

Dad’s First Name: ____________________________

Are you married?

- NO
- YES (Father’s signature is required to post name if parents are not married.)

Delivering Physician: ____________________________________________________________

By signing below, I/we give permission to Southeast Hospital to post my(our) child’s first and middle name and image on the items checked above and I release the Hospital from any resulting liabilities. Leaving the box blank signifies that you do not want this service.

Mom’s Signature __________________________________ Date __________

Dad’s Signature __________________________________ Date __________
Lactation Support & Consultation Program

In an effort to encourage and strengthen the bond between mother and infant, Southeast Hospital believes that lactation support is extremely important. The goal of the program is to give mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies.

Southeast offers full-time lactation consultants who will meet with you during your hospital stay. In addition, each highly experienced obstetrical nurse has received basic lactation instruction.

Important Lactation Services Contact Information

Cell: 573-270-5445

Lactation Consultations

Our program offers lactation return visits for baby weight checks, mom’s return-to-work plans, and other breastfeeding needs. Schedule your appointment today at 573-270-5445.

Breastfeeding

1. The size of your breasts does not matter. Large or small breasts can make as much milk as the baby needs.

2. Feed baby on demand – when baby is hungry, which may be as often as every 1-3 hours. Feed at least every 4-5 hours, even at night, for the first few weeks of life.

3. Infants should have at least 8 feedings in a 24-hour period. Watch for feeding cues: subtle sounds and body movements, rapid eye movement under eye lids, tight fist, open mouth, little sucking movements, putting hand to mother, and crying.

4. Your comfort and relaxation are an important part of nursing. Use pillows for support whenever necessary. Baby and you should be tummy to tummy with baby looking at the breast. The boppie pillow provided in the hospital may assist with positioning and comfort.

5. Alternate the side on which you begin each feeding.

6. Listen for swallowing. Once the full milk is in (Day 3–5). You may also feed on one breast per feeding as long as you switch to the other breast at the next feeding.
7. To take the baby off the breast at the end of a feeding, slip a finger into the baby’s mouth. This will release the suction and baby should easily slip off the breast. Trying to take the baby off the breast without releasing the suction can cause soreness.

8. At first the milk in your breasts will look yellow. In 2-3 days it will turn white and watery. This is normal.

9. Your infant should have 6-8 (wet or soiled) diapers per day after the first week. By 4-5 days of age, they should be passing at least 4 stools per day, but breastfed babies may have a stool with each feeding. You may have your infant weighed by your pediatrician, Health Department, or lactation consultant to assure proper weight gain.

10. Call your healthcare provider if your baby will not breastfeed after 1-2 feedings.

11. If your nipples become sore, check the position of the baby while nursing. Change positions if necessary, making sure the baby has all the nipple and areola in his/her mouth. 10 to 15 minutes after each feeding, you may air-dry nipples for 10–15 minutes. A pure lanolin product or soothe hydrogel pads may be used. Consult your lactation consultant with any questions or concerns. You may reach the lactation consultant by cell phone at (573) 270-5445.

12. Expressed breast milk may be stored in the refrigerator for 1 week and frozen for six months or more. Do not use a microwave for thawing breast milk. Uneven heating may occur and could burn your baby’s mouth, and microwaving also destroys enzymes and protein in the breast milk. Thaw the breast milk in a pan of hot tap water.

13. Drink a glass of water, juice or milk every time you breastfeed. This will help adequate milk production.

14. Continue to take a daily vitamin that has extra calcium.

15. Do not smoke, drink alcohol or use other drugs. These will pass to the baby through your milk.

16. Tell your healthcare provider you are breastfeeding if you need to take any medicine.

17. Please call (573) 270-5445 (lactation cell phone) or (573) 651-5560 (Southeast Hospital OB Department) with any questions.

18. Get plenty of rest. Sleep when baby sleeps.

19. Weaning from breast: Discuss with lactation consultant and/or your pediatrician when you feel the time is right to begin weaning. The American Academy of Pediatrics emphasizes the benefits of breastfeeding during the first year of life.
Most babies will have small spits with feedings, especially with burping. If your baby has forceful, projectile (across the room) vomiting, call your baby’s doctor immediately.

**Bottle Feeding**

There are several brands of infant formula. Discuss with your baby’s doctor which formula would be best for your baby. Refer to the Bottle-feeding instructions in your discharge packet.

Do not feed cow’s milk to infants under age 1 year of age.

Formulas come in three different forms: ready to feed, concentrate, and powder. Be sure to follow the label instructions for preparing the formula. When using concentrate or powder forms, you will need to add water. Ask your doctor whether sterilizing water is necessary.

Wash your hands before handling bottles or preparing formula. Before each use, wash bottles and nipples in warm, soapy water and rinse, or place in top rack of dishwasher.

1. Formula need only be room temperature for feeding. Do not use a microwave to warm bottles. The may cause uneven heating which could burn the baby’s mouth. Place the prepared bottle in a pan of hot tap water to bring to room temperature. Always check the temperature of the formula before feeding your baby. This may be done by shaking a few drops on the underside of your wrist.

2. Make sure the formula fills the nipple and the neck of the bottle to help prevent baby from swallowing too much air.

3. Burp baby after every ¼ to ½ ounce of formula. If the baby is sucking too fast, remove the nipple from the baby’s mouth. When babies suck too fast on bottles, they swallow more air, which can lead to stomachaches and spitting. Frequent burping may also be required.

4. Appetites vary in babies. The average feeding is 1-3 ounces every 3-4 hours. For the first few weeks of life, make sure the baby goes no longer than 5 hours between feedings, even at night. The baby’s appetite will increase over the next 6-8 weeks. Discuss the amount per feeding with your baby’s doctor.

5. Never prop the baby’s bottle for feedings. This is a dangerous practice. The formula may be aspirated into the lungs and cause an infection or even death. There is also a higher incidence of ear infections in infants whose bottles are propped.

6. Discard any formula the baby did not finish at feeding time. Bacteria from the baby’s mouth can enter through the nipple, which will contaminate the formula.

7. Your infant will feed 6-8 times in 24 hours. There should be 4-6 diapers during the first 24 hours at home.
Bottle Feeding Instructions

Always wash your hands before making a bottle for your baby.

READY TO FEED: (as the name says) Pour 2 oz. of formula from the original container into a clean bottle. Store the opened container in the refrigerator. (Read the directions to see how long it is good in the refrigerator.) Screw a clean nipple on the bottle. Burp your baby ½ oz. to 1 oz. THROW AWAY ANY LEFT OVER FORMULA AFTER THE FEEDING IS OVER.

CONCENTRATE: Must be mixed with water (as directed on the container) ** It is recommended that bottled drinking water or city tap water be used. IF YOU HAVE WELL WATER, BOIL YOUR WATER FOR 1 MINUTE BEFORE USING! ALLOW WATER TO COOL COMPLETELY BEFORE MIXING WITH FORMULA.

POWERED: Must be mixed with water (as above). Follow directions on package COMPLETELY.

BREASTMILK: May be pumped and fed from a bottle to your baby. Please contact your lactation consultant for assistance.

- DO NOT MICROWAVE ANY BOTTLES OF FORMULA OR BREASTMILK. THIS CAN DESTROY SOME OF THE IMPORTANT PARTS OF THE MILK AND CAUSE HOT SPOTS THAT CAN BURN YOUR BABY’S MOUTH.

- WASH ALL BOTTLES, NIPPLES, AND CAPS IN HOT SOAPY WATER BEFORE USING. RINSE THOROUGHLY.

- WHEN NIPPLES ARE BOILED, THEY BECOME WEAK AND CAN FALL APART. WHEN PUTTING THE CAP ON THE BOTTLE, TIGHTEN IT ONLY UNTIL YOU FEEL THE RUBBER GRAB. DO NOT OVER TIGHTEN THE CAP.

QUESTIONS AND ANSWERS

What if my baby spits up?
Babies sometimes burp after a feeding. This is normal. If your baby spits up a lot or forcefully with feedings, please call your baby’s doctor. Use your bulb syringe to clear secretions (spit up) from the nose and mouth.

Does my baby need water?
No, it gets all he/she needs from the formula or breast milk during the first few weeks. Consult your pediatrician on when to start giving water.

DO NOT FEED COW’S MILK OR WATER TO YOUR BABY UNTIL YOUR BABY IS ONE YEAR OLD OR UNTIL INSTRUCTED BY YOUR PEDIATRICIAN.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR BABY’S DOCTOR OR CALL THE HOSPITAL AT 573-651-5560 OR 573-270-5445.
### FEEDING/OUTPUT SHEET

#### DATE
- **7 AM - 7 PM**

<table>
<thead>
<tr>
<th>TIME</th>
<th>AMOUNT</th>
<th>DIAPER CHANGE: Circle either or both</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TIME
- urine
- stool

<table>
<thead>
<tr>
<th>TIME</th>
<th>AMOUNT</th>
<th>TIME</th>
<th>urine</th>
<th>stool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FEEDING/OUTPUT SHEET

#### DATE
- **7 PM - 7 AM**

<table>
<thead>
<tr>
<th>TIME</th>
<th>AMOUNT</th>
<th>DIAPER CHANGE: Circle either or both</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TIME
- urine
- stool

<table>
<thead>
<tr>
<th>TIME</th>
<th>AMOUNT</th>
<th>TIME</th>
<th>urine</th>
<th>stool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>AMOUNT</th>
<th>TIME</th>
<th>urine</th>
<th>stool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All educational information contained in this booklet was
Last reviewed April of 2015.