



Mother-Baby Care Guide

Congratulations on the birth of your new baby! We are happy to be a part of such an exciting time for you.

If you are like most new parents, you have lots of questions about the care of your newborn baby. You may also have questions regarding your own care. The instructions in this booklet will help to answer these. The information should be used as guidelines since each family is unique.

If your concerns about caring for your newborn or yourself are not fully explained in this booklet, please do not hesitate to contact your doctor or nurse.

Remember to register your new baby with your insurance company. Most companies require notification before the baby is one month old. However, since plans are different, contact your insurance company right away to find out the requirements of your policy to assure coverage.

Sincerely,
Your Ochsner Care Team



Baby's Name _____

Baby's Date of Birth _____

Birth Weight _____

Birth Length _____

Postpartum Discharge Instructions

The information and instructions in this section will help you understand changes to your body and what is safe to do after giving birth.

CHANGES AFTER GIVING BIRTH

After Birth Pains

During the first few days after birth, you may experience some cramping in your uterus. This cramping causes the uterus to get smaller and is a bit stronger in women who have previously given birth. You may also notice after birth pains while breastfeeding due to a hormone release.

Uterus

Your uterus will gradually get smaller over the next six weeks until it reaches about the size of a pear.

Vaginal Bleeding

After delivery, you will have vaginal bleeding called lochia. This is a result of the uterus shedding the lining that was created to support the pregnancy and then preparing a new lining for regular menstrual cycles.

- For the first couple of days, this bleeding will be dark red with a few small clots.
- Over the next 2-3 weeks, the discharge may turn to a pinkish or brownish color. If you are breastfeeding, the discharge may stay red longer.
- In the last 3-6 weeks, you may have little or no discharge or a yellowish-white discharge that may carry the odor of a menstrual period.
- Your period may return as soon as 1 month after giving birth. However, breastfeeding may delay your period for some time.
- Call your healthcare provider if you are saturating a pad with blood in 1 hour, passing clots larger than a quarter or if your discharge has a bad smell.



INFECTION PREVENTION AND PAIN MANAGEMENT

Tear Repair near Vagina or Episiotomy

The stitches will dissolve on their own in a few weeks. They do not need to be removed but they should be kept clean and dry.

- Wash your hands before and after toileting.
- Remove the soiled pad from front to back; meaning from vagina to the rectum.
- Wipe from front to back after urinating or having a bowel movement.
- Irrigate the stitches each time you go to the bathroom with warm water from the squirt bottle, and then pat your stitches dry.
- Change your pad at least every 2-4 hours.
- Do not use tampons or douche.

Sitz Bath

For discomfort, sit in 3 or 4 inches of warm water in an immaculately clean tub 3 to 4 times a day for 10-15 minutes. Or you may purchase a sitz bath at the drug store which sits on the toilet instead of using a bath tub. After soaking, pat your stitches dry.

Pain

Using Tucks Medicated Pads and Americaine or Dermaplast Spray for tear repair or episiotomy discomfort may help ease pain. Follow the directions on the container. These items are available without a prescription. For the first week to 10 days, pain pills may be prescribed for you to take if needed.

SHOWERS AND BATHS

You may shower at any time, as long as you are feeling well enough. Showers are recommended because they clean more effectively. Micro-organisms roll off of your body and down the drain.

- If the tub is immaculately clean, you may bathe in the tub after a vaginal delivery.
- If you had a C-section, you must shower only for 4 weeks (you cannot take a bath).
- No swimming or soaking in pools, hot tubs, lakes, etc. for 6 weeks.

PHYSICAL ACTIVITY

Rest

Frequent rest periods during the day are essential. A good rule is to sleep when baby sleeps. Some days you will feel well enough to do anything. These may be followed by days when you feel like doing nothing. This is normal. Pay close attention to your body's needs; when you have energy, try to undertake non-strenuous activities. However, when your body says it needs rest, you should rest.

Lifting

Do not lift anything over 10 lbs. This includes pushing heavy items such as furniture.

Walking

Walking soon after delivery makes you feel better. It lowers your risk for blood clots and improves the function of your bladder and bowels. Remember to use good posture to stretch your muscles. Let your body be the judge of how much you can do.

Exercise

Increase your activity very gradually. Talk to your health care provider before starting any exercises routines. If you had a C-section, you will require more recovery time before beginning exercising. However, everyone can start with walking and Kegel exercises which strengthen pelvic and bladder muscles to improve healing.

- To perform Kegel exercises, slowly squeeze the muscles that control your urine stream for 10 seconds. You should feel the muscles pull inward and upward. Do not contract the abdomen, thighs or buttocks. Then slowly release. Rest for 10 seconds, and then repeat 10 times. Do this about 3 times a day and build to more.
- For all exercises, do not exhaust yourself.
- Stop exercising if you have pain, dizziness or increased vaginal bleeding.

Driving

Let your body be the judge for this. You can start driving when you are no longer taking pain medicines and only if you do not feel weak, dizzy, or sleepy. If you had a C-section, you will not be ready to drive for at least 2 weeks or so.

Housework

Ideally, for the first couple of weeks, you should only be responsible for the care of yourself and the baby. Sometimes this is not possible, so remember that you will become easily fatigued and you must rest when this happens. Only do light housework and increase gradually over the next several weeks.

Returning To Work

Your health care provider will discuss this at your postpartum checkup.

Traveling

If it is necessary to travel long distances, you should stop every two hours or so and walk around for 15 minutes. This will help your circulation and minimize your risk of developing a rare complication of blood clots in the legs.

Sexual Relations

Resuming sex is different for each woman. Some are ready in 3-4 weeks, while others need 6 weeks due to discomfort, hormonal changes or fatigue. Vaginal stitches must be completely dissolved before resuming vaginal insertion. Partners need to talk to one another to avoid frustration and misunderstanding. Schedule times to be together with your partner to nurture your relationship.

- Consider the use of contraceptive foam or condoms as a temporary form of birth control until your postpartum checkup. Breastfeeding is not birth control.
- If you experience vaginal dryness, a water-based lubricant may be helpful.
- Due to hormones, you may leak breast milk.



DIET AND NUTRITION

Well-Balanced Diet

Regular, full meals are important. Include a balance of whole grains, fruits and vegetables, protein and dairy. Limit fats, sugar, and salt. Remember to drink lots of water. Go to www.ChooseMyPlate.gov to create a nutrition plan made just for you.

Bowels

Walking, drinking at least 8 glasses of water a day, and eating fruits, vegetables and whole grains will reduce constipation. You may take 100 mg Colace or Metamucil twice daily if needed. If you have no bowel movement in the 3 days post-delivery, you may take Milk of Magnesia laxative.

Vitamins

Because there is always bleeding associated with delivery and afterward, it is recommended that you continue taking prenatal vitamins with iron at least until your 6-week checkup. Continue the vitamins as long as you are breastfeeding.



EMOTIONAL STATE

Remember, as well as healing physically, you will go through emotional changes during the postpartum period. It is normal to feel overwhelmed by the disorder of your new life, including its demands and your lack of sleep. Soon the baby will settle into a routine and order in your life will return.

Baby Blues

Dramatic decreases in certain hormones cause some new moms to become easily upset, and perhaps have brief periods of crying. Talk to friends and family about your feelings and get rest. Half of all new moms experience the Baby Blues and it resolves in a few weeks. If these feelings do not go away in a few weeks, call your doctor.

Postpartum Depression

This includes excessive or prolonged anxiety, persistent sadness and crying, and a lack of joy in things that used to bring you happiness. It is caused by an imbalance in your brain chemistry and can be treated. Call your healthcare provider for these warning signs. **Go to the emergency room if you have thoughts about harming yourself or your baby.**

Edinburgh Postnatal Depression Scale

This is a self-assessment quiz. Circle the answer that best describes how you have felt over the last week (past 7 days), not just today. Answer all 10 questions then add up your score.

- 1. I have been able to laugh and see the funny side of things.
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all

- 2. I have looked forward with enjoyment to things.
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all

- 3. I have blamed myself unnecessarily when things went wrong.
 - 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never

4. I have been anxious or worried for no good reason.

- 0 No not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

5. I have felt scared or panicky for no very good reason.

- 3 Yes, quite a lot
- 2 Yes, sometimes
- 1 No, Not much
- 0 No, not at all

6. Things have been getting on top of me.

- 3 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometimes I haven't been coping as well as usual
- 1 No, most of the time I have coped quite well
- 0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

8. I have felt sad or miserable.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Not very often
- 0 No, not at all

9. I have been so unhappy that I have been crying.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

10. The thought of harming myself has occurred to me.

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never

Total score =

If you score 10 or more, you may have a postpartum mood disorder. Call your health care provider as soon as possible. If you scored anything other than 0 on question 10, seek help immediately.

CESAREAN SECTION

Recovery

Recovering from a C-section is not as easy as recovering from a vaginal delivery. You have had major abdominal surgery, and it takes a full 6 weeks to regain your strength and endurance. Please do not rush this process.

- Hug a pillow snugly against your incision when coughing, sneezing or changing positions to help reduce pain and pressure over your incision.
- Walk as soon as 12 hours after your C-section. However, because you may experience dizziness or lightheadedness, your nurse or nurse's assistant must be with you the first few times you get out of bed. Simple walks down the halls or around your room a few times a day will help you pass gas and increase general strength, endurance, and circulation.
- It is recommended that you maintain the same schedule and limited activities you experienced in the hospital during your first week. Take care of your baby and let someone else take care of you. Do not lift anything heavier than your baby. Balance activity with rest.
- During the second week at home, you can begin to increase non-strenuous activities such as walking, riding in car, etc. You may begin to feel well and be eager to "get back in shape," but you do not want to weaken your incision. You cannot start exercises until your health care provider tells you it is OK.
- After the second week, you can begin to add new activities to your daily routine, such as light housekeeping and cooking. Remember that your main job is to take care of yourself and your baby. If any particular activity causes increased soreness or bleeding, stop that activity for at least a week before trying it again.

C-Section Incision Care

Always wash your hands before and after incision care. Lift postpartum skin fold during cleaning.

- Gently clean (do not scrub) your incision daily with soapy water using a freshly laundered, clean washcloth. Do not use shower puffs, sponges, etc. because they collect and grow bacteria that can cause infection.
- Rinse with clean water and pat dry with a second clean washcloth. If the steri-strips have not fallen off in 10-14 days after your delivery, wet and gently remove them.
- You are to shower but you cannot take a bath or swim.
- Keep your incision clean and dry. If your incision stays moist, place gauze (preferred) or a maternity pad on it to wick away moisture.

Signs of Infection

Call your healthcare provider for:

- significant bleeding from your incision; small amounts of bleeding over the incision is normal
- redness or swelling around the incision
- fever over 100.4°F
- pus draining from the incision
- persistent pain not relieved by pain medication

Postpartum Checkup

Your healthcare provider will tell you when to see you in the office again. Generally this is between 2 and 6 weeks after delivery. You must make this appointment. Should any problems arise after going home, call the office immediately.



Warning Signs for Mom

Call your doctor or midwife right away if you have any of these signs:

- fever over 100.4°F
- saturating a maternity pad with blood in 1 hour or passing large clots
- foul odor from your vagina or incision
- abdominal or incision pain not relieved with pain medicine
- swelling, redness, pus or significant bleeding from your stitches
- incision starts to separate
- burning sensation when urinating
- severe headache, blurry vision or seeing spots
- excessive swelling
- pain or redness in the breast
- pain/swelling/redness in your perineum, breasts, leg
- dizziness/faintness
- signs of depression
- shortness of breath

Call 9-1-1 if you experience any of these signs:

- chest pain or difficulty breathing
- thoughts of hurting yourself or your baby
- hallucinations



Newborn Discharge Instructions

The information and instructions in this section will help you as you are getting to know your baby.

GETTING TO KNOW YOUR BABY

Behavior

No babies are exactly alike, so resist the temptation to compare your new baby to a friend's baby or to a previous baby. Some babies are quiet, fussing very little, and spend much of their time sleeping. Others are very active, demanding much attention, and are slow settling into a routine.

- All babies sneeze, cough, and pass gas. Sneezing is your baby's way of clearing the nose of lint or mucus, and occasional coughing clears the throat. These are normal and do not indicate a cold.
- Spitting up occurs normally in young babies. The milk can overflow from the baby's mouth, even several minutes after a feeding. It may look curdled due to the normal action of the stomach. Careful, frequent burping during and after a feeding will help decrease the frequency of spitting up. If your baby continuously spits up or has forceful red or green vomiting, call your doctor.
- Your baby may look cross-eyed at times. Eye muscle balance is poor during the first few months and this is usually normal. If it persists for a second month, just let your pediatrician know.
- All babies get hiccups sometimes. It is not necessary for you to do anything to stop them. Do not give your baby water to drink.

Emotional Development

From the moment they are born, babies learn by using their senses. You can help mental and emotional development with the following:

- Be sure to talk, read and sing to your baby to encourage language development.
- Babies can see best at 6 to 10 inches from their eyes. They like to look at faces and also enjoy high contrasting objects to provide visual stimulation.
- Babies love to be held and touched. Skin to skin care (holding your naked baby against your bare chest) soothes crying, reduces pain, maintains warmth, and encourages successful breastfeeding and good blood sugar levels. Infant massage can relieve discomfort and promotes relaxation.
- Babies can smell and taste. Your breast milk flavor can change depending on what you have eaten and your baby becomes familiar with the flavors of the foods your family eats.

Physical Traits

There will be some common physical features and behaviors you may notice soon after your baby's birth.

- Your baby's head may be temporarily misshaped because positioning in the uterus or from pressure going through the birth canal. The head will probably be normally shaped by the age of 1 week old.
- There are two soft spots, called fontanelles, on the top and back of your baby's head where the bones have not yet grown together. As the baby gets older, these fontanelles will close.
- Baby girls often have a white, creamy vaginal discharge. It may even be blood tinged at times. This is normal and caused by your hormones, which remain in the baby's bloodstream for a time. You do not need to wipe the discharge away.
- The breasts of both male and female babies may be swollen. This is due to your hormones and will resolve on its own. If the breasts appear red or warmer than the surrounding skin or seem tender, you should contact your baby's doctor.

GENERAL NEWBORN CARE

Urinating

Breast-fed babies will have at least one wet diaper on day 1, two on day 2, and so forth, until your mature breast milk comes in. After that, your baby's diaper should be wet 6-8 times in 24 hours. If this not happening, you should call your baby's doctor. A wet diaper feels squishy when it's pinched. Some diapers even have a yellow line that will turn green when the diaper is wet.

Stools/Bowel Movements

The first stool your baby has is called meconium and it is greenish black and very sticky. It lasts about a day or two.

- Breast-fed babies' poop is usually loose, seedy and yellow. Formula-fed babies have more formed, yellowish-tan poop. All babies may sometimes have stools that are yellow to green to brown.
- Some babies poop with every feeding, and some poop every day or two.
- Call your pediatrician if your baby's poop is watery (diarrhea), contains blood or mucous, is very hard, pebble-like (constipation) or white-clay colored.

Diapering

The diaper area should be cleaned as soon as possible after each stool and wetting to prevent the delicate skin from diaper rash. Because a baby will dirty the diaper frequently, check need for changing about every 2 hours. Most of the time, changing is need around feeding time, after waking up in the morning, and when you put your baby to sleep for the night.

Here's how to change a diaper:

1. Wash or sanitize your hands.
2. Place baby on a secure surface. Always keep one hand on your baby.
3. Open the diaper. Hold baby's feet to prevent him/her from kicking in the poop.
4. If there is stool, you may use the clean, inner, front part of the soiled diaper to wipe the poop away. Wipe the anus from front to back, close the diaper, and tuck it under baby's bottom. It is not necessary to clean with soap and water after each wet diaper; using clear, warm water is fine. Soap and water or pre-moistened, alcohol-free baby wipes should be used when cleaning after a bowel movement.
5. Always clean from front to back and never back and forth. This helps to prevent urinary tract infections which can be a serious condition in babies.
6. Many baby girls have a white discharge from the vagina. You do not have to wash this away. Some baby girls may even have few drops of blood during the first few days. This is from hormones and will go away. If it does not, call her doctor.
7. If baby's skin is red and irritated, protect the diaper area with diaper cream.
8. If you tucked the dirty diaper under baby's bottom, remove it, roll it up, fasten to close, and then discard it.
9. Tuck a clean diaper under baby's bottom and fasten the diaper.
10. Make sure that the umbilical cord stump is exposed to air and not covered by the diaper.

Circumcision Care

After your baby's circumcision he may be fussy for the first couple of days. The tip of the penis may look red and a little puffy for up to a week, but should be completely healed by 1-2 weeks. The head of the penis may appear whitish or yellowish in places as it is healing. This is normal and you should not try to wipe it off this film or crust.

- Clean the area gently by squeezing warm water over the tip of the penis and then blotting with a soft washcloth or cotton ball.
- To prevent infection, check his diaper often and change it right away if it becomes wet or dirty.
- Use petroleum jelly or A&D ointment on the tip of the penis for the first few days to keep it from sticking to the diaper.
- If a PlastiBell was used, do NOT use A&D ointment or petroleum jelly which may loosen the plastic. A scab may form around the plastic which will fall off on its own..
- The PlastiBell will fall off on its own. Do not try to remove the scab or the PlastiBell yourself. If the PlastiBell slips down the penis shaft or doesn't fall off in 10 days, call your baby's doctor.
- Call your baby's doctor for: increasingly red or swollen penis, no wet diaper for longer than 8 hours after he was circumcised, active bleeding, yellow-green pus or fever 100.4° F or higher.

Uncircumcised Penis Care

No special care needed, just keep it clean. Do not try to pull back or push the foreskin.

Cord Care

The umbilical cord should fall off by itself within 1-3 weeks. Never try to remove it yourself. When it does fall off, you might notice a few drops of blood, which is normal. Call your baby's doctor if you notice a bad smell, see redness, swelling, drainage or bleeding or if the cord appears to be painful. Also call if your baby has a temperature of 100.4 °F or greater or if the cord has not fallen off by 4 weeks.

- You do not need to put anything on or around your baby's umbilical cord. No alcohol is necessary. All you need to do is keep the area clean and dry. Fold the diaper down so that it does not cover or rub against the cord and avoid tight clothing.
- If the cord gets soiled you should clean it with plain warm water and then let it dry. When the belly button has completely healed you can place your baby in tub bath.
- The cord clamp may still be on when your baby is discharged. Do not try to remove it. It will come off when the cord falls off or the doctor will remove it at the first baby visit.

Bathing

As a newborn, your baby only needs a bath about 2-3 times a week. However, the face, neck, and diaper area should be cleaned as often as needed. Before the umbilical cord falls off and before the circumcision is healed, you should only give your baby a sponge bath, not a tub bath.

- All you need is warm water to clean your baby's face. Everything else can be washed with mild baby soap that is preferably perfume free and hypoallergenic.
- You can clean your baby's scalp and hair with a mild, non- stinging baby shampoo 1-2 times a week.
- If your baby has dry, flaky skin it usually goes away on its own. However, you may use a hypoallergenic lotion after bathing.
- Baby powder should be avoided because your baby can breathe it into the lungs which can be harmful.
- Do not use cotton top swabs to clean inside ears.

How to give a sponge bath:

1. Choose an area without a draft from air conditioning to keep baby from getting cold.
2. Gather all supplies before getting started. You will need towels, baby soap, baby shampoo, cotton balls, and a diaper. Keep a hand on the baby at all times.
3. Lay the baby on a towel and undress. Cover with a second towel and only expose the area that you are bathing.
4. With a cotton ball, wipe one eye from the bridge of the nose to the outer face. Repeat with the other eye, using another cotton ball. Wash the face with water.
5. Wash the body with soap and water. Wash, rinse, and dry one part of the body at a time. Cover the rest of the body with a towel to avoid your baby getting cold. Make sure to clean in all of the folds of the skin. Wash the diapering area last. Put on fresh diaper.
6. To wash the hair, hold your baby in your arms with the head in your hand. Pour some warm water on her head (check to make sure not too hot or cold), rub some shampoo over the entire scalp, and rinse with clean warm water. Dry with a towel immediately.
7. Dress and swaddle baby.



After the umbilical cord falls off, you may start bathing your baby in the tub or sink.

- Never leave your baby alone when bathing.
- Keep all supplies close so that you NEVER take your hand off your baby while in the water. A baby can drown in less than 1 inch of water!
- To prevent burns, stop running the water before you put your baby in the bath.
- Stop running the water before you put your baby in the bath. Always test the temperature of water with your elbow or inside of your arm.
- To prevent burns, set your home hot water heater to 120° F.

Temperature and Dressing Your Baby

The temperature in your house should be at a comfortable setting. Dress your baby the way that you dress yourself for that temperature. You may add one extra layer, such as an undershirt, if you wish.

- Your baby can't tell you when he or she is too hot or cold. Whenever you think your baby has a fever or is too cold, take his or her temperature with a thermometer. Feeling the skin is not accurate.
- If the hands and feet feel cool or the skin looks pale, bluish or blotchy then the baby might be too cold.
- If baby is flushed, chest feels very warm, has reddish skin, is sweating or seems restless then your baby might be too hot.
- You can check your baby's temperature with a digital thermometer under the arm. Turn it on, place the silver tip in the center of the baby's armpit and hold down baby's arm to make good skin contact away from clothing until the thermometer beeps. Call baby's doctor for a temperature less than 97.0°F or 100.4°F or higher.

The most accurate way to take a temperature in a newborn is rectally.

1. Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse it with cool water, not hot water.
2. Put a small amount of lubricant, such as petroleum jelly, on the end.
3. Place your child belly down across your lap or on a firm surface. Hold your baby by placing your palm against the lower back, just above the bottom. You can also place your baby face up and bend the knees to the chest. Rest your free hand against the back of the thighs.
4. With your other hand, turn the thermometer on and insert it ½ inch to 1 inch into the anal opening. Do not insert it too far.
5. Hold the thermometer in place loosely with 2 fingers, keeping your hand cupped around your baby's bottom. Keep it there for about 1 minute, until you hear a beeping sound.

6. Remove it and check the digital reading. Be sure to label the rectal thermometer so it is not accidentally used in the mouth.
7. Call the baby's doctor when temperature is less than 97.0°F or 100.4°F or higher.

Sleeping

Newborns sleep about 17 hours a day. It is normal for babies to wake 2-3 times a night for the first few months. Keep the room calm, dark, and quiet at night to encourage baby to fall back asleep after feeding or changing. Make day time play time.

Crying

It is normal for babies to cry. Crying is how your baby is telling you something is needed. Checking on your baby quickly lets him or her feel safe and loved. If your baby cries for more than 3 hours, call your baby's doctor. These are ways to sooth a crying baby:

- Check to see if a diaper change is needed, your baby is hurting, has a fever, is cold, hungry, etc. Address the problem.
- Hold your baby skin to skin. Holding him or her with only a diaper upon your bare chest is quite effective. Dads can do skin to skin, too.
- Sing or softly say 'Shhhh' in your baby's ear.
- Rock, gently bounce or swing your baby. Buckle baby in for safety.
- White noise, such as radio static or hum of a vacuum, may hum a baby to sleep.



Swaddling

A way to calm your baby is with swaddling. Here's how:

1. Open a baby blanket in a diamond shape. Fold down the top corner.
2. Lay the baby's back on the blanket with the top fold at the shoulders.
3. Wrap one side of the blanket over the arm and around the baby's back, leaving the other arm out.
4. Wrap the other side of the blanket over the exposed arm and around the back.
5. Fold the bottom of the blanket and tuck it under one side.
6. Make sure that it is not too tight and the baby can move his or her hips. Also check that at least 2 fingers can fit between the blanket and chest.

Stop swaddling by 2 months before your baby begins to roll over or kick out of the swaddle. Please be aware that the American Academy of Pediatrics states that swaddling may make it hard for your baby to wake up, which could be a problem in SIDS.

Weight Gain

Most babies lose weight in the first few days. They usually gain their weight back by 10 days old and double it by 6 months.

Jaundice

Jaundice is when the skin or whites of the eyes look yellow or golden. This happens when bilirubin, what is left when old blood cells break down and new ones are made, builds up in the baby's blood. We will check your baby's level while in the hospital.

- Some jaundice is normal and will go away on its own. However, elevated levels of bilirubin can be dangerous and require mild treatment, such as frequent feeding. Higher levels of bilirubin can require treatment that requires babies to be monitored in the hospital with special light therapy (phototherapy).
- If you notice that your baby's skin or eyes is looking yellow or golden after discharge from the hospital, call your baby's doctor.

Bulb Syringe

A bulb syringe can be used to clean excess spit up or mucus from your baby's nose and mouth when needed. Most of the time babies can clear secretions by themselves without the need for suctioning. However, keep bulb syringe near before and after feeding.

- If your baby spit ups or there is mucus coming from the mouth and nose, suction the mouth first and then the nose. This keeps your baby from sucking anything farther back into the throat.
- When your baby's nose is stuffed up with mucous it is harder for your baby to breathe. When this happens, you can use the bulb syringe to clear your baby's nose.
- Remember that baby's nose is very sensitive so only put the tip into the nose and suction gently.

How to use the bulb syringe:

1. If your baby spit ups or there is fluid coming from the mouth and nose, suction the mouth first and then the nose. This keeps your baby from sucking anything farther back into the throat.
2. Place the tip in a tissue and forcefully squeeze the bulb to expel the bulb contents. Repeat if needed.
3. Clean the inside of the bulb syringe by squeezing the bulb while the tip is in hot soapy water. Then rinse inside and out with clean water.



SIDS

About 3,500 babies a year in the U.S. die of SIDS and accidental suffocation or strangulation. It is the highest cause of death for babies in the first year of life, with most in 2-4 months of age. Unfortunately, Louisiana has twice the average national average. Here is a list of the things you can do to lower your baby's risks:



- Always place baby on his or her back to sleep. Since the Back to Sleep campaign began in 1994, there has been a 50% decrease in SIDS in the United States.
- Do not put anything else in your baby's crib except a fitted sheet over a flat, firm mattress. Do not add blankets, pillows, toys, bumper pads, wedges, etc.
- Babies should not routinely sleep in car seats, swings or other sitting devices.
- Have your baby sleep in your room in a bassinet, crib, or play yard for 6 months, preferably 1 year. **Do NOT sleep with your baby in your bed, sofa or recliner.**
- Do not overheat your baby. Dress your baby as you are dressed for your home's temperature, and you may add one extra light layer. No hat is needed. You are allowed to use wearable blankets or sleep sacks.
- You can swaddle your baby in a blanket for 2 months or until your baby starts to roll over or kick out of it. The American Academy of Pediatrics states that swaddling may make it hard for your baby to wake up, which could be a problem in SIDS.
- Breastfeeding your baby lowers the risk for SIDS.
- Do not smoke in your home, car or around your baby.
- Offer a pacifier. Do not force it in baby's mouth or put anything sweet on it. If breastfeeding, wait until your baby is one month old before using a pacifier.

- Keep your regular well baby care doctor's appointments and get the recommended vaccinations. Any sickness increases the risk of SIDS.
- Tummy Time is important, but only during supervised play time.

Shaken Baby Syndrome (Abusive Head Trauma)

There may be times when you get frustrated when the baby cries. Never shake your baby. Shaking a baby can cause the brain to bleed. Many babies die while others have irreversible brain damage, blindness or paralysis. If you notice any of these signs of Shaken Baby Syndrome with your baby, call 9-1-1 immediately!

- very sleepy or unresponsive
- vomiting
- difficulty breathing
- seizures
- very irritable

Outings

As long as your baby is healthy, getting out for some fresh air can be great for mom and baby. Be sure to pack the supplies you will need to care for baby while you are out.

- Protect your baby from sun exposure. Dress baby properly for the weather conditions and use hats, coverings or umbrellas as needed. Sunscreen should not be used for babies less than 6 months.
- Insect repellent is not recommended for babies less than 2 months old.
- Avoid places with large crowds for the first 2 month or so to protect your baby's delicate immune system. It is difficult to control well-meaning people who want to look at and touch your baby.
- Keep those early outings to visits with family, friends and the doctor's office.
- Carry hand sanitizer with you and wash hands frequently.

Visitors

Have friends and relatives wash hands or use hand sanitizer before touching the baby. As excited as they are to hold your baby for the first time, anyone with a cold or any illness in their family should not visit until they are well. You need to keep your baby healthy.

- Always have adult supervision when there are young children coming to visit.
- No one should smoke in your home, car or anywhere near your baby.
- Second hand smoke makes your baby more likely to become sick and puts him or her at a greater risk for SIDS (sudden infant death syndrome).

Brothers and Sisters

When your baby is born, try to have your older child come to the hospital as soon as possible. Make him or her feel that they play a role in caring for the new baby. Children's reactions may vary and depend on their age. It is perfectly normal for there to be some feelings of jealousy or for your child to become angry at times.

- Toddlers may try to hit or hurt a newborn, so keep an eye on the new brother or sister and never leave the baby alone with a young child. Teach your child never to pick up the baby without you present.
- Plan to spend time alone with your older child. Consider giving a gift or going someplace special to reassure them that they are still important to you.
- Dad, grandparents, or other favorite adults can also help by spending quality time with your older child.
- When family and friends come to visit the new baby, ask them to pay attention to your older child. This helps prevent him or her from feeling left out and unimportant.

Car Seats

The American Academy of Pediatrics recommends that your baby be in a rear facing car seat placed in the middle of the back seat until 2 years old.

- Never place a rear facing car seat in the front passenger seat with an airbag.
- If using a second-hand car seat, check for an expiration date. Do not use it if it has been in an accident.
- Do not use a car seat unless you know the make and model number and confirmed it has not been recalled.
- Make sure the straps are fastened and seat is securely attached in the car. About 4 out of 5 car seats are installed incorrectly and cannot protect your baby in a crash.
- Bring your car with the seat to a free inspection center to make sure that you have it right. Find one near you by going online to www.SeatCheck.org.



Important Safety Instructions

Follow these safety precautions to prevent injury or death to your baby.

- Never leave you baby in a car. Death by heat stroke in a hot car can happen quickly.
- Do not prop bottles for feeding, as this can cause babies to choke.
- Use gates on stairs.
- Keep medicines and poisonous items like cleaners, locked up or out of reach.
- Detergent pods have become a common cause of child poisonings. Call poison control for help at 1-800-222-1222.
- Always keep toxic products in their original containers.
- Never allow your baby to play with items that can fit through a toilet paper roll. Your baby can choke on such small items.
- Do not feed water to a baby under 6 months old.
- Keep plastic bags away from babies.
- Be sure crib rails are close enough so that the baby's head cannot get caught—no more 2 3/8" inches apart.
- Pull the crib rails up when the baby is in the crib.
- Never leave your baby alone on a raised flat surface. He or she can roll off quickly.
- Never leave your baby unattended in the tub.
- Never tie a pacifier on a string around your baby's neck.
- Stay up to date on recalled baby products by checking www.Recalls.gov.
- Do not give your baby any medicines unless they have been approved by the doctor.
- Turn your water heater temperature down to 120°F to avoid burns.
- Never carry hot liquids such as coffee or tea while carrying the baby. Do not hold your baby when cooking. Turn pot handles on the stove inward.
- Keep baby's fingernails short or smooth them with an emery board to prevent scratching face and eyes.



Warning Signs for Baby

Call your pediatrician right away if your baby has any of these signs:

- fever over 100.4°F
- cold (less than 97°F) and does not warm after being wrapped in blankets
- seizures
- color appears pale, blue, or blotchy
- skin or whites of baby's eyes look yellow or golden
- does not eat as well as normal for two feedings in a row; unable to wake baby to eat
- chokes frequently while eating
- vomits all or most of the feeding two times in a row
- watery stools or stools with blood or mucus
- dehydration: fewer than 6 wet diapers a day by day 5, dark urine, reddish stain in the diaper or dry mouth and lips
- umbilical cord or circumcision is red, bleeding, swollen, painful, has pus or smells bad
- no urine after 8 hours from a circumcision
- listless and hard to awaken
- excessive crying without cause

Call 9-1-1 if your baby has

- **trouble breathing**
- **blue color around the mouth, lips or tongue**





Item: 51736
Revised: 04/2017



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