Caring for You and Your New Baby
# TABLE

## Care of Mother After Childbirth

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## Newborn Care

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Hygiene / Personal Care

- It is important to keep yourself clean after having a baby.
- You may have periods of “sweating” due to changes in your hormone levels.
- Shower daily. Ask your doctor or nurse midwife when you can take a tub bath.
- Make sure you wash your hands every time you use the bathroom or change your peri pad.

Hand Hygiene is the #1 way to prevent the spread of germs.

- Hand hygiene means to clean your hands by washing with soap and water OR by using alcohol-based hand rub products.
- It only take 15 seconds to practice hand hygiene.
- Your doctors and nurses should practice hand hygiene every time they enter your room.
- You and your visitors should clean your hands before touching your baby, before eating, after using the restroom, after changing baby’s diaper, and after touching surfaces in the hospital.

Laceration and Perineal Care

- During the birth of your baby, your doctor or nurse midwife may make a small cut in the area between the vagina and rectum (perineum). This is called an episiotomy. It is also possible that this area may have torn during your delivery and this is called a laceration.
- If you had an episiotomy or a tear in your perineal area during childbirth, you will have stitches. Your perineal stitches do not need to be removed because they will dissolve in two to three weeks.
- Perineal tenderness is common after a vaginal birth. A tear or incision may cause extra soreness. You may have pain with sitting, walking or going to the bathroom. It will take two to four weeks for this area to heal completely.
- It is important to clean the perineal area each time you go to the bathroom until your vaginal bleeding has stopped.
- To clean properly, fill your perineal squirt bottle with warm water and clean this area after you urinate and after you have a bowel movement. Spray front to back.
- You should always wipe with toilet paper from front to back, away from the vagina.
- It is important to change your peri-pads each time you go to the bathroom and at least every two to four hours. This will help prevent infection and odor.
- If your perineum is painful or swollen, you can apply ice to the area for the first 24-48 hours after birth. A warm sitz bath two to three times per day will assist with pain and healing of the perineal area. If needed, your nurse will give you a sitz bath, and you will be taught how to use it.
- Do not douche, use tampons or have sexual intercourse until after your six-week checkup.
- If your doctor or nurse midwife has ordered Tucks pads, creams, or sprays to be used on the perineal area, please use them as directed.

Bladder / Bowels / Hemorrhoids

Bladder

- Your bladder may not empty completely after childbirth. It is important to urinate every two to three hours even if you don’t feel like you have to urinate.
- Occasionally, you may not have control of your bladder or urine may leak from your bladder when you sneeze or laugh. Refer to the postpartum exercise section for information regarding Kegel exercises.

Bowels

- It is important that you try to avoid becoming constipated after having a baby.
- You may not have a bowel movement until three or four days after childbirth, especially if you had a perineal tear or episiotomy.
- Your stools should be soft and the following suggestions will help with this:
  - Milk of Magnesia or Miralax
  - Stool softener (Colace)
  - Fiber supplement (Metamucil, Fibercon, or Citrucel)
  - Drink plenty of water (8 to 10 glasses/day)
  - Eat foods that are high in fiber such as bran cereal, fresh fruits, and vegetables.
- If you have gas pain:
  - Walk frequently.
  - Chew gum.
  - Take over-the-counter medications that may help (Milk of Magnesia, Mylicon).
  - Lie on your side.
  - Increase the amount of warm fluids that you drink.

Constipation

Constipation is the term used when there is stomach pain and problems with hard stools.
• Some reasons why you may be constipated are:
  o use of some types of anesthesia during a cesarean birth
  o taking iron supplements
    Iron is very important for your body and baby; talk to your doctor or nurse midwife about switching to another type of iron tablet if you feel this is a problem.
  o pain medicine
  o worry, distress, lack of physical activity, and a low-fiber diet
• It helps to deal with constipation before it occurs.
  o Follow the guidelines listed above to keep your stools soft.
  o Exercise as often as you can. Walking and other exercises will make your bowels move and help your intestines work.

Hemorrhoids
• Hemorrhoids are swollen veins at the rectal area. They may develop during pregnancy or after childbirth.
• They may cause itching, pain, pressure or bleeding at the rectal area.
• Painful hemorrhoids will respond well with the use of witch hazel compresses (Tucks) or the use of a sitz bath three times a day. Your provider may also recommend a topical cream that will help.
• Usually they will decrease in size within one to two weeks.

Vaginal Bleeding
• Vaginal bleeding after delivery, also called lochia, is normal and may continue for 4-6 weeks.
• Appearance of vaginal discharge
  o One to three days after delivery – reddish colored
  o Three to ten days after delivery – brownish colored or pinkish tinged
  o Ten to 21 days after delivery – yellowish white
• Generally, your vaginal bleeding will increase with activity.
• If you notice any of the following, it is important to notify your doctor or nurse midwife.
  o Your vaginal bleeding is getting heavier.
  o You are passing clots larger than the size of a small egg.
  o You are saturating a pad in one hour.

Return of Menstrual Periods
• If you are breastfeeding, your menstrual period may return in six to eight weeks, or it may not return for up to 18 months.
• If you are formula feeding, your menstrual period should return in six to eight weeks.

Even though you have not had a menstrual period, you can become pregnant. To prevent pregnancy, you should use some form of birth control.

Uterine Healing
• After childbirth, your uterus will feel firm and will be located just below your belly button.
• The uterus will gradually return to its original position within four to six weeks.
• As your uterus returns to its normal position, you may have menstrual cramping or contractions which are commonly called “afterpains”.
• This pain may be stronger with breastfeeding.
• If this is your first baby, you are less likely to have afterpains.

Comfort Measures
• If you have uterine cramping or pain in the perineal area, these things may be helpful:
  o Empty your bladder frequently.
  o Use pain medication as directed by your doctor or nurse midwife.
  o Use an ice pack on your perineal area for the first 24-48 hours after your baby’s birth.
  o Use a sitz bath three times per day.
• Use Tucks pads or perineal sprays as ordered by your doctor or nurse midwife.

Cesarean Section
• If you had a cesarean section, you may continue to experience mild pain at the incision site.
• WellSpan Health continues ongoing work to control pain while ensuring our patient’s safety – especially as it relates to opioids. Research has shown that alternative interventions can have a significant impact on pain management for cesarean deliveries.
  o You are encouraged to walk frequently and the following is available to help control your pain:
    • Tylenol and Motrin
    • chewing gum (to relieve gas pains)
    • abdominal binder
  o Use a hand-held mirror to look at your incision daily and wash with mild soap and warm water. Rinse thoroughly and pat dry.
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Immunizations
There has been a significant increase in persons infected with Pertussis (whooping cough) in the United States.

- Infants less than one year of age can easily pick up this disease.
- Babies become seriously ill when they are infected.
- Protect your baby by getting the Pertussis vaccine (Tdap) offered to you during your stay in the hospital.
- Be sure that anyone caring for your baby has been vaccinated.

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The Tdap vaccine immunizes against Tetanus, Diptheria and Pertussis. If you have not already received this immunization, it is very important that you receive it before you leave the hospital.

If you do not have immunity to Rubella (German Measles), you may also be given the Rubella Vaccine before you go home.

Nutrition / Eating Well
Good nutrition and plenty of fluids are important for tissue healing, breastfeeding, and general health and recovery during the first few weeks after childbirth.

Choosing the right foods will help you think more clearly and feel more energetic.

Drink plenty of healthy fluids, such as water, milk and fruit juices, every day. A good way to judge if you are getting enough is to watch the color of your urine. It should be clear or pale yellow.

Eat a well-balanced diet.
- This includes three to six servings of fresh fruits, vegetables and whole grains every day.
- Continue taking your prenatal vitamins until they are gone.
- If you are breastfeeding, continue taking vitamins until your baby is weaned.
- Do not diet in the early weeks.
- Have quick and healthy snacks on hand. A few suggestions are:
  - yogurt
  - pre-cut vegetables with low fat dip or hummus
  - cheese and whole grain crackers
  - quesadillas (quickly melt cheese into a tortilla in a microwave)
  - fresh fruit
  - nuts such as almonds or walnuts
  - peanut or almond butter with apples, bananas or whole grain crackers
  - hardboiled egg
  - low fat cottage cheese with fruit
  - skim milk with whole grain cereal
  - If you are going to make a sandwich, make two or three at a time so they are there for you to grab the next time you’re hungry.

Breast Care
- Most women’s breasts change after delivery.
- If you are not breastfeeding, wear a snug-fitting support bra.
- There may be some discomfort for two to three days as your breasts begin to fill.
- Ice packs may be used to reduce swelling and relieve engorgement.
- If your discomfort continues, ask your doctor or nurse midwife about options for pain medication.

The Breastfeeding Mother

Nipple Care
- If your nipples become sore, ask your nurse or lactation consultant for help with latch and positioning. Prevention is the best remedy!
  - Try expressing some of your milk onto the nipple and allow it to air dry.
  - Start nursing with the less sore side first.
  - Feed baby as soon as she is restless. Don’t wait for her to fuss or cry.
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Caring for You and Your New Baby

Ask your nurse or lactation consultant for advice before you use nipple creams/butters. Some can be irritating to the skin and worsen soreness.

Breastfeeding may cause discomfort at first, but nipple cracks or extreme pain is not normal. Ask for lactation evaluation and a care plan.

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Engorgement

- You should nurse early, often, and through the night to help prevent engorgement.
- If your breasts become engorged (over-filled with milk), it may be hard for your baby to latch onto the breast.
  - Use hand expression to begin milk flow before latching baby on.
  - Use reverse pressure softening - see below.
  - Stand under a warm shower and let the water run down your back.
  - Hold your baby skin-to-skin to allow hormones to release the milk.
  - Place ice packs, wrapped in a towel or burp cloth, on your breast for five to twenty minutes after feeding.
  - If you have begun using a pacifier, discontinue its use.
  - Baby needs to feed frequently to remove milk from your breasts.

- Reverse Pressure Softening (RPS) is a technique used to help your baby latch on when your nipples and areolas (brown area around your nipples) are swollen from engorgement. RPS will push the fluid away from your nipple and areola briefly so that your baby can latch on more easily.
  - Place your fingers and thumb around the base of your nipple, on the areola.
  - Push in toward your ribs.
  - Keep pushing (putting pressure) on that area for 1 to 2 minutes; this should not be painful.
  - Repeat and reposition your fingers and thumb farther away from your nipple (keeping them on the areola) if needed to relieve more swelling.
  - When you remove your fingers and thumb, your baby should be able to latch on the softened area.
  - If you are still having difficulty, try pumping for 1 to 2 minutes to relieve fullness, then try latching baby on.
  - Engorgement usually lasts about 24 hours. If engorgement persists, call your lactation consultant for help.

Clogged Milk Ducts

- A plugged duct is a sore, tender lump or knotty area on the breast.
- To loosen the plug and get your milk flowing again, use warm moist compresses and gentle massage during breastfeeding.
- Try placing your baby’s chin close to the sore area while she is breastfeeding. The motion of her jaw will help to massage the area and loosen the plug.
- Call your healthcare provider immediately if you have a fever, a hot/red spot on your breast, or if your baby is not latching and removing milk.

Rest / Activity

- Take short rests and nap when your baby naps.
- You may take a ride in a car.
- No driving while taking prescription pain medications.
- You may walk stairs slowly.
- You may try light housework after the first week.
- Pay attention to your body signals.
  - If you feel pain – stop the activity that you are doing and rest.
  - If bleeding increases and becomes bright red, this may be a sign that you are overdoing it.
- Increase your activity slowly.
- Wait until after your six-week checkup before swimming.

Postpartum Exercise

- Check with your physician before beginning an exercise program.
- Walking is the best form of exercise.
- Kegel exercises (squeezing and relaxing pelvic floor muscles) may be started soon after childbirth.
  - Kegels will help strengthen and tone the muscles in your perineal area which were stretched during childbirth.
  - These are the muscles you squeeze to prevent gas from escaping the rectum, or to stop the flow of urine when you are emptying your bladder.
  - You can do Kegels anytime, anywhere, and as often as you wish.
  - Do them in cycles of 25 ‘squeezes’, slowly relaxing your muscles after each ‘squeeze’.
- Gradually resume exercising. If you exercised throughout your pregnancy and had a normal vaginal delivery, you can safely do light/modified exercise within days after birth. If you have not been actively exercising throughout your pregnancy, check with your healthcare provider before you begin exercising.
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Care of Mother After Childbirth

Postpartum Depression

Baby Blues
- Mothers commonly experience what is called the “baby blues”.
  - These are mood swings that are caused by changing hormones during and immediately after childbirth.
- Usually, the baby blues last for only a few weeks and disappear on their own.

Postpartum Adjustment Disorders
- If your symptoms of the baby blues do not lessen after a few weeks, or are so severe that they keep you from being able to do everyday tasks, you may have a more severe form of depression that needs medical treatment.
- Postpartum adjustment disorders may take the form of sadness and depression or anxiety and excessive worry.
- One of the most common postpartum adjustment disorders is postpartum depression (PPD).

PPD
- PPD is a major form of depression and is less common than the baby blues.
- It can begin any time after your baby’s birth and can last up to one year.

- About 10-20 percent of new mothers experience PPD.
- The causes of PPD are not quite clear, but research has shown that these factors may contribute to its onset:
  - Intense hormonal fluctuations
  - Major life changes that occur around the time of your baby’s birth, such as
    - new job
    - new home
    - recent divorce
    - loss of a loved one
  - Life stressors, such as
    - no partner
    - unsupportive partner
    - unplanned pregnancy
    - little or no social support
  - Other risk factors
    - traumatic labor and delivery
    - personal or family history of depression or anxiety
    - previous experience with PPD
    - history of infertility or multiple miscarriages
    - having a mother who had PPD
    - having a pre-term infant or infant with high needs
    - history of mental, emotional and/or physical abuse
- Symptoms of PPD are both physical and emotional.
  - Physical
    - fatigue or exhaustion
    - heart palpitations
    - panic attacks
    - shakiness
    - headache
    - nausea or upset stomach
    - change in appetite
    - sleeping too much or not being able to sleep at all
  - Emotional
    - trouble making decisions or concentrating
    - irritability or short temper
    - feeling uncomfortable around your baby
    - crying all the time
    - anger
    - shame
    - guilt
    - agitation
    - feeling overwhelmed
    - scary fantasies
    - hopelessness
    - sadness
    - memory loss
    - extreme concern for baby

These include:
o lack of interest in baby
o fear of losing control
o lack of interest in previously enjoyed activities

- **thoughts of hurting yourself or your baby**
  - see your healthcare provider immediately or call Crisis Intervention
    - York: 717-851-5320
toll free 800-673-2496
    - Ephrata: 717-394-2631
    - Gettysburg: 717-632-4900
    - Lebanon: 717-274-3363
    - Chambersburg/Waynesboro: 717-264-2555
toll free 866-918-2555

- PPD is treatable.
  - Your healthcare provider may give you medicine to take. There are appropriate medications compatible with breastfeeding.
  - Your healthcare provider may recommend ongoing counseling with a therapist who is trained in issues related to childbirth.
  - Talk about your feelings or fears with others.
    - Family and friends can help in your recovery.
    - Joining a support group can help.
  - There are several things you can do for yourself to help move past the PPD.
    - Talk to someone you trust.
    - Get as much rest as you can.
    - Exercise.
    - Get out of the house.
    - Stay involved and don’t isolate yourself from others.
    - Eat a healthy diet even if you aren’t hungry. Keep nutritious snacks handy.
    - Avoid alcohol and caffeine.
    - Do not delay getting treatment.
    - Take medications as prescribed.
    - Take one day at a time.
    - Stop blaming yourself or feeling guilty.
    - Believe that you will feel better again.

**Birth Control After Your Baby**

There are many considerations and preferences when choosing a birth control method that is right for you. Many women have special concerns about safety, breastfeeding, convenience, efficacy, cost, health, risks, benefits, religious, and/or cultural considerations that make this decision one that should be done by consultation with your provider.

**Why can’t I go back to taking the birth control that I took previously?**

Good question! There are some forms of birth control (some pills, the patch, and the ring) that have combinations of hormones which are not safe to take in the first few weeks or months after your delivery. The estrogen inside of these can even pass to your little one through breast milk or affect your milk supply. Even if you are not breastfeeding, these are not safe options for now as they can increase the risk for blood clots and other complications. Your provider will let you know when they are safe to start again and discuss alternatives that may be safe and effective in the meantime.

**FACT OR FICTION: Is Breastfeeding a form of Birth Control?**

**FICTION:** Breastfeeding has many wonderful benefits for you and your baby. While many think that they are unable to get pregnant while breastfeeding since their menses has not returned or has lighter flow, it is still possible.

**What are some methods of birth control that are safe to use after I give birth?**

Your provider will review with you what options are safest for you. Like all medications, they each have their own side effects or considerations with regard to your medical history that need to be reviewed. It is important to discuss your preferences and plan with your provider so that together, you can make the best decision. They may recommend one or more of the following methods following birth:

- Progestin-only birth control pills: These daily birth control pills must be taken by mouth at the same exact time each day. If you miss a pill by more than 3 hours, you will need to use a backup method for the next 48 hours, or as directed by your provider. They are also safe to use while breastfeeding.

- **Intra-uterine Device (IUD):** This T-shaped device comes in two forms, hormonal or nonhormonal, and is very effective if used correctly. It can be inserted into the uterus after delivery by your provider or at a follow-up office visit and can stay in place for up to a few years, depending on which IUD you choose.

- **Implant:** A flexible rod the size of a matchstick can be inserted by your provider underneath the skin of your upper arm. It is progestin-only so this can also be a safe option immediately following birth for some.

- **Shot:** Sometimes called Depo, this is an injection into your arm or butt muscle that is given every 3 months in the office. It can also be given in the hospital even before you go home with your baby for the first time.

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Which birth control method is right for me?
There are many birth control options available today, and the choices can seem confusing. This list can help you decide which method would best fit your lifestyle. Check with your healthcare provider and your insurance company regarding costs and coverage.

Only condoms (both male and female) offer protection against HIV and STDs

Hormonal Contraceptives
Hormonal contraceptives work by preventing release of an egg from your ovaries into the uterus, and may also make the uterus an “unfriendly” environment for sperm. While most women know about the birth control pill, there are other hormonal birth control methods that are available.

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<th>Hormonal Contraceptives</th>
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<th>How many options are available?</th>
<th>How often do I need to use it?</th>
<th>Are there interruptions with this method?</th>
<th>How quickly can I get pregnant if I stop using it?</th>
<th>Do I need to see my healthcare professional to start?</th>
<th>Do I need a prescription?</th>
<th>Who may not be able to use this method?</th>
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<td>The Patch</td>
<td>99% effective</td>
<td>There is only 1.</td>
<td>The Patch is applied once a week for 3 weeks. During week 4, no patch is used. Repeat.</td>
<td>No</td>
<td>Once stopped, it may take a few months before you can become pregnant.</td>
<td>Yes. You need to learn how to apply the Patch correctly.</td>
<td>Yes</td>
<td>History of heart disease, stroke, or blood clots in legs or lungs; smokers, diabetics or high blood pressure, over age 35</td>
</tr>
<tr>
<td>The Pill (Oral Contraceptive)</td>
<td>99% effective</td>
<td>There are a number of pills in different doses.</td>
<td>You should take your pill every day, at about the same time each day.</td>
<td>No</td>
<td>Once stopped, it may take a few months before you can become pregnant.</td>
<td>Yes. You may need to know the correct way to take your pills.</td>
<td>Yes</td>
<td>History of heart disease, stroke, or blood clots in legs or lungs; smokers, diabetics or high blood pressure, over age 35</td>
</tr>
<tr>
<td>Vaginal Ring</td>
<td>99% effective</td>
<td>There is only 1.</td>
<td>You put this in the vagina and leave in place for 3 weeks. Remove for week 4 when you have your period. Repeat.</td>
<td>No</td>
<td>Once stopped, it may take a few months before you can become pregnant.</td>
<td>Yes. You need to learn how to insert and remove the vaginal ring.</td>
<td>Yes</td>
<td>History of heart disease, stroke, or blood clots in legs or lungs; smokers, diabetics or high blood pressure, over age 35</td>
</tr>
<tr>
<td>Contraceptive Injections</td>
<td>99% effective</td>
<td>There is only 1.</td>
<td>You receive an injection every 3 months.</td>
<td>No</td>
<td>It may take up to 1 year.</td>
<td>Yes. A healthcare professional gives the injection.</td>
<td>Yes</td>
<td>History of depression or osteoporosis</td>
</tr>
<tr>
<td>Nexplanon</td>
<td>99% + effective</td>
<td>There is only 1.</td>
<td>A plastic rod the size of a matchstick is put under the skin inside your upper arm once every three years.</td>
<td>No</td>
<td>After the implanon is removed, you can get pregnant right away, however it may take up to a few months.</td>
<td>Yes. Your healthcare professional inserts and removes the implant.</td>
<td>Yes</td>
<td>History of depression or osteoporosis</td>
</tr>
<tr>
<td>Emergency contraceptive pill</td>
<td>89% effective</td>
<td>Use only as Plan B</td>
<td>Only after unprotected sex or contraceptive failure. Effective up to 5 days, but most effective if used within 3 days.</td>
<td>No</td>
<td>Next cycle</td>
<td>No, but if you wish to use your insurance, your provider can call in a prescription.</td>
<td>Yes</td>
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Non-Hormonal Contraceptives

Non-hormonal contraceptives prevent pregnancy by providing a barrier against sperm, killing the sperm, or interfering with the activity of sperm. Your reproductive cycle functions naturally since there are no hormones. You can decrease the risk of pregnancy by using 2 methods (condoms plus ...).

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<thead>
<tr>
<th>Sterilization: Surgical</th>
<th>Essure Implant</th>
<th>Sterilization: Intrauterine Device</th>
<th>Male Condom</th>
<th>Female Condom</th>
<th>Spermicides</th>
<th>Vaginal Barriers: Diaphragm</th>
<th>Cervical Cap</th>
<th>Vaginal Sponge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 99% effective</td>
<td>There is 1 available</td>
<td>99% effective</td>
<td>There are many styles, sizes, colors, materials and textures.</td>
<td>97% effective</td>
<td>95% effective</td>
<td>94% effective – use with a vaginal barrier to increase effectiveness</td>
<td>94% effective – use</td>
<td>91% effective (must be moistened before insertion)</td>
</tr>
<tr>
<td>These procedures are permanent.</td>
<td>A new one must be used every time you have sex.</td>
<td>A new one must be used every time you have sex.</td>
<td>Must be put on when the penis is erect. May cause a slight interruption before sex.</td>
<td>Can be inserted up to 8 hours before sex.</td>
<td>Must be used every time you have sex.</td>
<td>Must be inserted into the vagina no more than 1 hour before sex.</td>
<td>The diaphragm can be inserted 6 to 8 hours before sex.</td>
<td>Once inserted into the vagina, lasts up to 30 hours for multiple episodes of sexual intercourse.</td>
</tr>
<tr>
<td>You will no longer be able to get pregnant.</td>
<td>Without this device, there is no protection against pregnancy.</td>
<td>Without this device, there is no protection against pregnancy.</td>
<td>Without this device, there is no protection against pregnancy.</td>
<td>Without this device, there is no protection against pregnancy.</td>
<td>Without this device, there is no protection against pregnancy.</td>
<td>Yes. You need to be fitted and must learn how to use the device.</td>
<td>Yes. Your healthcare professional performs this procedure.</td>
<td>Tell your healthcare professional that you plan to use condoms.</td>
</tr>
<tr>
<td>Yes. These procedures are performed by an OB/GYN for women; by a urologist for men.</td>
<td>Tell your healthcare professional that you plan to use female condoms.</td>
<td>Without this device, there is no protection against pregnancy.</td>
<td>Tell your healthcare professional that you plan to use the IUD.</td>
<td>Yes. Your healthcare professional inserts and removes the IUD.</td>
<td>Tell your healthcare professional that you plan to use an additional contraceptive.</td>
<td>Yes. You need to be fitted and must learn how to use the device.</td>
<td>Yes. Your healthcare professional inserts and removes the IUD.</td>
<td>Tell your healthcare professional that you plan to use the vaginal sponge.</td>
</tr>
<tr>
<td>Women who desire future pregnancies.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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</tbody>
</table>
Care of Mother After Childbirth

- Barrier method: These include male and female condoms, diaphragms, spermicide. While condoms are the only method that also protects against Sexually Transmitted Infections (STIs), they are not as effective in preventing unwanted pregnancy as other methods when used alone.
- Abstinence: The only method that is 100% effective in preventing pregnancy is not having sex. Abstinence means you refrain from having sexual intercourse all the time.
- Natural Family Planning: This means that you would monitor your menses to know when you are ovulating and when you should avoid having sex during your cycle. Talk with your provider about this option as it is not as effective as the other options that may be available to you.
- Sterilization: Sometimes called getting your tubes tied, this is a permanent and surgical option for those who are absolutely positive that they do not want any more kids, ever again.

As always, if you have any questions about effectiveness, side effects, or safety, please speak with your provider to find the best fit for you.

Sexual Health

- Your life may feel overwhelming as you adjust to taking care of your baby, deal with your body’s changes and struggle with your emotions and exhaustion.
- Your body will need time to heal whether you gave birth vaginally or by cesarean.
- Your doctor or nurse midwife will want you to wait to have sex until after your six week check-up.
- Women who have had a high-risk pregnancy, long labor, vacuum or forceps delivery, cesarean delivery, stitches or tearing of the perineum, or large blood loss, may not feel ready to resume sex for months.
- You will know when it’s the right time for you to resume sexual activity and what you want to do. Talk to your doctor or nurse midwife. Trust your feelings.

Use Birth Control

- If you are not breastfeeding, you can begin taking birth control pills two weeks after your baby is born. If you are breastfeeding, your healthcare provider can prescribe a progestin-only pill.
- Talk to your doctor or nurse midwife before you leave the hospital about the birth control method that is best for you and your partner.

Communicate with Your Partner

- While he may be anxious to have sex, he needs to understand how you feel and know that you appreciate how he feels too.
- If you’re not feeling sexy or are afraid sex will hurt, share your concerns with your partner.
- Until you are ready to have sex, maintain intimacy in other ways.
- Make time for each other without the baby. Even 30 minutes can be a date!

When to Call the Doctor

You should be able to identify changes that are not normal. Before you are discharged from the hospital, you will receive the handout “Save Your Life” that we recommend you display on your refrigerator or in another conspicuous (easily seen) place in your home.

Contact your doctor or nurse midwife if any of these symptoms occur:

- Fever higher than 100.4°F
- You feel cold or have the chills (you are shivering)
- Sharp pains in your abdomen, breast or chest
- Painful, very red swelling or any drainage from your incision (episiotomy or belly)
- Openings along the incision
- Swelling, tenderness or redness at a specific area in your breasts
- Visual disturbances (blurred vision, double vision or spots before eyes)
- Dizziness
- Difficulty breathing
- Headache that does not go away with Tylenol
- Severe pain, burning sensation, tenderness, warmth or redness in your lower leg
- Foul smell or unexpected change in your vaginal bleeding
- You should not see bright-red bleeding or clots after the first week postpartum
- Difficulty having a bowel movement
- Crying spells or mood swings in which you feel out of control
- Overwhelming sadness
- Thoughts of harming yourself or your baby
The Golden Hour / Skin-to-Skin / Rooming In

The first hour after your baby is born is a very special time. Experts call it “The Golden Hour”. Immediately after delivery, baby is dried and placed on mom’s chest skin-to-skin. Studies show that newborns placed skin-to-skin with mother right away:

- Stay warmer
- Have stable vital signs such as heart rate, respiration, blood glucose and blood pressure
- Cry less
- Learn to breastfeed more quickly and are better at it
- Bond with parents
- Lower stress hormones

For moms who do skin-to-skin with their newborns, benefits include:

- Lower stress hormones
- Release of oxytocin
  - This hormone triggers the release of breast milk
  - It causes uterine contractions which expel the placenta more quickly, allowing for less postpartum bleeding.
- Enhanced bonding and increased confidence in caring for baby
- Increased milk supply for breastfeeding mothers
- Lower risk of postpartum depression

Fathers and other support persons are encouraged to do skin-to-skin care as well.

How to provide safe skin-to-skin

- The stable newborn is placed upright between mom’s breasts, facing mom and skin-to-skin on mom’s chest.
  - Baby is dried.
  - A warm blanket is laid across baby’s back and a cap may be placed on his head.
  - Baby will be positioned so that his head is turned to one side, with his face exposed.
    - This chest-to-chest position, with infant facing mother, encourages natural rooting toward the breast.
    - This is called “breast crawl”.
  - A nurse will always be right by your side to help with breastfeeding and to make sure both you and your baby are well.
- Doing skin-to-skin in your room and after you are home
  - Wear a gown or top that opens in the front for easy access. Do not wear a bra or cami.
  - Get comfortable in bed or in a chair, in a semi-reclined position.
  - Dress your baby in just a diaper (and socks, if desired).
  - Do not place mittens on baby’s hands. This can interfere with her rooting towards and locating your breast.
- Hold baby upright chest-to-chest (not cradled in front, laying on his side), with baby’s head turned to one side (called a “sniffing” position).
- Make sure that your baby’s body is not “crunched up” with her forehead buried in your chest.
  - You should be able to see her face at all times.
  - Place baby’s ear or cheek over your heart.
  - Cover your baby’s back with a blanket.
- Do not do skin-to-skin when you are sleepy.
  - If you become sleepy during skin-to-skin, ask your support person, or call for a nurse, to place your baby safely in her bassinet.

We encourage baby’s parents to continue practicing skin-to-skin, often, after you are home.

Rooming In

- During your time with us, you and your baby will not be separated unless there is a medical reason to do so.
- Studies show that rooming in with baby provides:
  - Safety and security
  - Never leave your baby alone in your room.
  - Ability to respond to baby’s feeding cues.
  - Opportunity to learn and practice how to care for your baby.
  - Bonding and opportunity to get to know your baby before going home.
- More sleep
  - Research has shown that the stress of separation causes mothers and babies to get less sleep.
  - Babies who room in with mom cry less.

Medications / Immunization

- Babies are born with a low level of Vitamin K which can lead to life-threatening bleeding in the first weeks of life. To prevent this serious problem, all babies are given a one-time shot of Vitamin K within the first few hours of life.
- Erythromycin eye ointment is applied to the newborn’s eyes soon after birth to prevent an infection of the eyes than can lead to blindness.
- The Centers for Disease Control (CDC) and the American Academy of Pediatrics strongly recommend that all newborns receive their first dose of the Hepatitis B vaccine prior to leaving the hospital. Talk with your baby’s doctor if you have any questions or concerns.
Newborn Care

Using the Bulb Syringe
- If your baby has trouble breathing due to a lot of mucus, follow these steps to clear the baby’s nostrils:
  o Squeeze the air out of the bulb syringe – away from baby’s face.
  o Gently insert the tip into baby’s nostril.
  o Release the pressure and remove the mucus.
  o Remove the syringe and empty the mucus by squeezing the bulb away from baby’s face.
  o Repeat with the other nostril.
- Cleaning the bulb syringe:
  o Clean the bulb by flushing it out with hot soapy water after each use. Hang with tip down to dry.
  o Do not wash in the dishwasher.
  o Do not use baby’s bulb for other children.

Bathing / Skin Care
- Give sponge baths until cord has fallen off.
- No tub baths until the cord falls off and is healed.
- Make sure the room is warm and there are no drafts.
- Gather supplies ahead of time.
- DO NOT LEAVE YOUR BABY ALONE DURING BATHTIME.
- Keep one hand on your baby at all times.
- Avoid bathing baby immediately after feeding. Give your baby’s tummy time to settle.
- Bathing every other day is OK. You do not need to bathe your baby every day.
- Always check the temperature of the water before washing baby.
- Use plain water on baby’s face.
- Use cotton ball or clean washcloth for eyelids and surrounding skin – use one per eye. Wipe from inner corner of the eyelid outward.
- Use mild, unscented soap made specifically for babies.
- Wash baby from top to bottom, leaving the diaper area for last.
- Boys – wipe gently under the scrotum and around the circumcision area.
- Girls – wipe front to back.
- No lotions or creams are recommended for the first month of life. If dry skin is a concern, talk with your baby’s healthcare provider.
- Avoid exposing your baby to direct sunlight. Ask your baby’s healthcare provider when sunscreen can be used.

Nail Care
- Newborn nails are soft.
- To prevent infection, DO NOT bite baby’s nails.
- A soft grit nail file is recommended.
- Special baby nail clippers and scissors are not recommended for use until after the baby is three months old and the nails are harder; it is easy to nip a fingertip when the nails are soft.

Diapering
- Wash your baby with soap and water or baby wipes with each diaper change.
- Dry thoroughly
- If you use store-bought baby wipes, choose wipes that are alcohol and fragrance free.
- Do not use any powders when changing your baby’s diaper. Babies can inhale powders which can cause breathing problems.
- Fasten the diaper so that the cord area is exposed to air until it is completely healed.
- Wash your hands after each diaper change.

Diaper Rash
Diaper rashes are common. Mild diaper rashes are best handled by keeping the baby’s bottom clean and dry. If your baby develops reddened and/or irritated skin in the diaper area, try the following:
- Change soiled diapers as soon as possible.
- Avoid using baby wipes and clean baby’s bottom with plain water. Pat dry.
- Expose bottom to air several times a day.
- Ask your baby’s healthcare provider about creams and lotions.

Wetting / Stooling (Bowel Movements)

Breastmilk Fed Babies
- Birth to three days
  o One to three wet diapers per day is common. Urine is pale yellow.
  o One to three bowel movements per day.
  o Stool is black sticky, then green seedy.
- Three to four days
  o About three to four wet diapers. Urine is clear.
  o By day four, most breastfed babies have three or four bowel movements a day.
**Caring for You and Your New Baby**

**Newborn Care**

- More frequent once milk is “in”. Stool is green seedy, then yellow seedy.
- Four to five days
  - Four to five wet diapers.
  - About four yellow seedy stools once milk is “in”.
- You will receive a Diaper Guide/Breastfeeding Log in the hospital to help you keep track of these targets.

**Formula Fed Babies**

- Birth to three days
  - One to three wet, pale yellow diapers per day is normal.
  - One or more bowel movements per day is common.
  - Stool is black sticky, then green seedy.
- Four days
  - Bowel movements may vary from none to several per day.
  - Stool is green seedy, then yellow seedy.

**Genital Area**

- All babies may produce orange colored urine on their diaper for the first few days after birth. This is normal.

**Girls**

- It is normal to see a vaginal discharge (mini-period) within the first month. It may be thick and mucousy, or milky white, streaked with blood.
- Labial folds should be cleaned from front to back to help prevent urinary tract infections. Gently separate the outer lips and wipe them with a soft cloth or the tip of a wash cloth. Do not use a cotton swab.

**Boys**

- Boys could have a swollen scrotum for a few days. Call your baby’s physician if it is discolored or increasing in size.

**Care of the Uncircumcised Penis**

- The newborn’s foreskin is almost always attached to the head of the penis. This is normal.
- Do not pull back on the foreskin. This could cause bleeding or scar tissue.
- Your son’s penis should be cleaned with soap and water during his bath.
- It could take several years for the foreskin to naturally separate from the head of the penis. Most are separated by three years of age.

**Care of the Circumcised Penis**

- Your son’s circumcision will require special care for a few days.
- The area will look red. This is normal.
- Place an over-the-counter petroleum based lubricant (such as Vaseline) around the top of the penis with each diaper change until no further redness is noted (about five to seven days).
- A whitish or yellowish “scab” may appear on the head of the penis and should not be removed.
- The penis should heal in five to seven days. It is important to keep the area clean (wash with soap and water) and dry.
- Inspect the penis daily for signs of infection (pus, foul odor, swelling, tenderness and increased redness). Call your baby’s healthcare provider if this is noted.
- If a PlastiBell is used, it is left on the penis and drops off five to eight days after circumcision.
- No special dressing is required and the baby can be cleaned and diapered as if he had not been circumcised.
- A dark brown or black area around the plastic ring is normal. This will disappear when the ring drops off.
- Be sure to notify your baby’s healthcare provider immediately if any of the following occur:
  - unusual swelling
  - the plastic ring has not fallen off within eight days
  - the ring has slipped onto the shaft of the penis
  - healing does not proceed as described by your healthcare provider

**Cord Care**

- Immediately after birth, your baby will have a cord clamp applied which will be removed before you leave the hospital.
- The cord will usually fall off one to four weeks after birth. It will become dry and turn black.
- There may be some yellowish discharge underneath the dried cord.
- The cord will dry faster when exposed to air. Fold the diaper down to expose the cord.
- There may be some oozing of blood for a few days as the cord separates. This is normal.
- Observe cord for greenish discharge, foul smell, or increased redness around the belly button. Notify your baby’s healthcare provider for any of these symptoms.
Newborn Care

Calming a Fussy Baby

- All babies cry.
  - Crying is a baby’s way of communicating her needs such as hunger, thirst, gas, pain, illness, need to suck, dirty diaper, boredom, and loneliness.
  - You can learn to tell what each cry means so that you can take care of what she needs.
- Picking up a crying baby will not spoil her.
- Responding to your baby’s cry when she is very young will help lessen her crying later.

- All babies are fussy sometimes.
  - Sometimes babies cry no matter what you do. It is not your fault that the baby cries.
  - Some babies cry on and off an average of one to four hours a day.

- Here are some ways to help calm a fussy baby:
  - Feed your baby.
  - Rock gently.
  - Use a baby swing.
  - Walk or dance with your baby.
  - Walk your baby in a stroller.
  - Take your baby for a car ride in her car seat.
  - Swaddle baby in a lightweight blanket or sleep sack.
  - Do skin-to-skin.
  - Turn on a calming noise – try white noise.
  - Play soft music.
  - Try a soft “shush” in baby’s ears over and over again.
  - Talk, sing and make funny faces for your baby.
  - Give your baby a warm bath.
  - Give her a gentle massage.
  - Dim the lights and make her surroundings quiet.
  - Check the temperature of the house – is it too hot or cold?
  - Check your baby’s clothes – is she overdressed or underdressed?
  - Give her a clean finger to suck on or, for an older baby, try a pacifier / binky
    - Breastfed babies should not be offered a pacifier until they are one month of age.
  - If none of these tips seem to work, it’s ok to put your baby in her crib for 5 to 15 minutes.
  - Sometimes both your baby and you need a break.
    - Walk away for a few minutes.
  - Check on your baby after no more than 15 minutes.
  - Try to remain calm. A baby can tell when her parent is upset and this may cause her to cry even more.

- Ask for help if the crying is causing you to become stressed.
- NEVER SHAKE A BABY!

Shaken Baby Syndrome

Shaking a baby or young child – even for a short time – can cause serious injuries and even death.

- Babies / young children have large heads compared to the size of their bodies.
- When a baby / young child is shaken, his head snaps back and forth.
  - This can cause the blood vessels in the brain and eyes to rip and bleed and destroy brain cells.
- Violently shaking a baby results in Shaken Baby Syndrome, a serious form of child abuse.
- If you think your baby has been shaken take him immediately to the closest hospital emergency department. Some signs of injury could be:
  - irregular, difficult, or stopped breathing
  - extreme crankiness
  - seizures or vomiting
  - tremors or shakiness
  - limp arms and legs
  - no reaction to sounds or acts lifeless
  - difficulty staying awake

Safe Sleep

It is a sad fact that more than 4,500 healthy infants die each year during their first year of life. Many of these sudden and unexpected tragedies are called SIDS (Sudden Infant Death Syndrome).

- Research is showing us that many of these deaths only look like SIDS.
- When carefully reviewed, it was discovered that some of these deaths happen when a baby’s nose and mouth get covered, blocking baby’s access to oxygen. This is called suffocation.
  - A suffocation can happen when a soft object is against the baby’s face.
  - It can also happen when an adult rolls over a baby by accident.
Though SIDS cannot be prevented yet, **deaths due to accidents can be prevented.**

The same safeguards used to prevent suffocation also reduce the risk of SIDS.

Choosing to feed your baby with breast milk reduces the risk of SIDS by 50 percent.

Proper immunizations also reduce the risk of SIDS.

Here are ten additional ways that you and others who care for your baby can help prevent accidental suffocation and reduce the risk of SIDS:

1. Always place your baby on her back to sleep – for naps and at night.
   - Do not use wedges or other items to prop baby up or on her side.
2. Place your baby on a firm sleep surface, such as a safety-approved crib mattress that fits snugly in the frame and is covered by a fitted sheet that is tight around the mattress.
   - Crib railing should not be more than 2 3/8 inches apart (you cannot fit a soda can through them).
   - Never place your baby to sleep on pillows, quilts or other soft surfaces.
3. Keep soft objects, toys and loose bedding out of your baby’s sleep area.
   - Don’t use pillows, blankets or bumper pads (pads around the inside of the crib).
4. Do not allow smoking around your baby.
5. Keep your baby’s sleep area close to, but separate from, where you and others sleep.
   - Your baby should not sleep in a bed, couch or armchair with adults or other children.
   - If you bring your baby into bed to breastfeed, return baby to a separate sleep area, on his back.
6. Try using a clean, dry pacifier when placing your baby down to sleep (breastfed babies should not be offered a pacifier until they are one month of age).
7. Do not let your baby overheat.
   - Dress baby in light sleep clothing and keep the room at a temperature that you find comfortable.
   - Do not use caps or hats when indoors.
8. Avoid products that claim to reduce the risk of SIDS. Most have not been tested.
9. Do not use home monitors as a way to prevent SIDS.
10. Reduce the chance that flat spots will develop on your baby’s head by providing “Tummy Time”.
    - When your baby is awake, it is important that he spends time on his tummy with someone watching. This also helps your baby’s head, neck and shoulder muscles get stronger.
    - Change the direction he faces in his crib from one week to the next.

**The ABCs of Safe Sleep**

Always place your baby:
- Alone, on his back, in his crib, and away from anyone smoking.

**Common Newborn Characteristics**

All babies are different. The following are some common physical characteristics and newborn behavior that your baby may have. Each of them is normal.

- **Soft Spot**
  - The anterior fontanel (a diamond-shaped soft area at the top of the skull) should close over when baby is between six to 18 months old. It’s okay to gently touch it. You may feel the baby’s pulse, this is normal.

- **Caput**
  - This is a fluid-filled swelling on the top of the baby’s scalp. It usually goes away within a few days to months after birth.

- **Eyes**
  - Your baby’s eyelids may be swollen for the first three days.
  - The white of her eye may have a red-colored hemorrhage on it. This will go away within six weeks.
  - Your baby may occasionally look cross-eyed during the first two months. If this continues after she turns two months old, talk with her healthcare provider.
  - Watery eyes may indicate a blocked tear duct. Most of these open up by the time baby turns one year.
  - Contact your baby’s healthcare provider if there is a lot of mucus or yellow discharge.

- **Breasts**
  - Swollen breast tissue may occur in both male and female babies. This may last for six months to a year and is normal.

- **Skin**
  - Many babies get red blotches (about the size of a pencil eraser), with a small white lump in the center, all over their body.
• This will come and go for the first one to two weeks. It is often called newborn rash (erythema toxicum) and is not serious.
  o Babies lose their outer layer of skin after they are born.
  o You will see flaking, especially around the ankles, feet and hands.
  o Avoid using baby lotion. Just let it flake off.

Newborn Screening Services in the Hospital
Pennsylvania law requires that all newborns be tested for certain medical conditions.

Metabolic Disease Testing
By law, all babies are required to be screened for at least six medical conditions soon after birth. The law requires that parents be informed of these conditions and results reported to the Pennsylvania Department of Health. These conditions are only found in a few babies. By performing these tests soon after birth, babies with these conditions may be diagnosed quickly and begin early treatment. By beginning treatment early, very serious medical problems or death can be prevented. When necessary, your baby’s primary care provider will work with a specialist to provide appropriate treatment.

The conditions for which screenings are required by law include:

• **Congenital Adrenal Hyperplasia (CAH)** (say “kon-JEN-i-tal ah-DRE-nal hi-per-PLA-ziah”)
  o Babies born with this condition have a defect in an important enzyme the body needs.
  o CAH can cause dehydration, shock and even death within a few days of birth.
  o Medical problems can be prevented when treatment is started soon after birth.

• **Congenital Hypothyroidism (CH)** (say “kon-JEN-i-tal hi-po-THI-roid-ism”)
  o Babies born with this problem do not have a thyroid hormone.
  o They look healthy.
  o If not detected, the condition can cause poor growth and mental retardation.
  o Giving the baby special medicine every day can prevent this.

• **Galactosemia** (say “gah-LAK-toe-SEE-mee-ah”)
  o Babies with this disorder cannot digest galactose.
  o Galactose is a simple sugar found in breast milk, formula and milk products.
  o This condition can harm the baby’s eyes, and cause liver and brain damage.
  o Giving the baby a special milk-free diet as soon as the condition is found can prevent these problems.

• **Maple Syrup Urine Disease (MSUD)**
  o Babies born with MSUD cannot digest part of a food protein.
  o Without treatment, MSUD can cause severe mental retardation or even death shortly after birth.
  o To prevent this, babies are given a special formula and diet.

• **Phenylketonuria (PKU)** (say “FEN-nil-KEE-tone-u-ree-ah”)
  o Babies who are born with PKU cannot digest a different part of food protein.
  o Untreated PKU can cause nerve and brain cell damage, resulting in mental retardation.
  o This damage can be prevented when a baby gets a special formula and diet.

• **Sickle Cell Disease and Other Hemoglobin Diseases**
  o Sickle cell disease and other hemoglobin diseases are a group of genetic conditions that cause abnormalities with the blood.
  o This leads to problems with circulation and anemia.
  o Infants and children with sickle cell disease can die from lung and brain infections.
  o Early treatment to prevent infections greatly reduces the chance of sickness or death.
  o Sickle cell trait may also be identified through the screening.

Most healthcare providers test for the following additional conditions. Ask your healthcare provider to test for these additional conditions:

• **Organic Acid Disorders (OAs)**
  o Babies with these inherited conditions are unable to break down the proteins they ingest.
  o If untreated, OAs may cause breathing problems, seizures, brain swelling, stroke and coma, sometimes leading to death.
  o To prevent these problems, babies are given a special formula, diet and, sometimes, medication.

• **Fatty Acid Oxidation Disorders (FAODs)**
  o Babies with these inherited conditions are unable to break down fat.
  o If untreated, FAODs may lead to serious complications affecting the liver, heart, eyes and general muscle development, and possible death.
  o To prevent these problems, treatment may vary and could include medications, diet modifications, and avoiding long periods without food.

• **Amino Acid Disorders (AAs)**
  o Babies with these inherited conditions are unable to process certain amino acids.
If untreated, AAs can result in muscle weakness, breathing problems, seizures, swelling of the brain, coma and, sometimes, death.

To prevent this, babies are given a special formula, diet and, sometimes, medication.

**Cystic Fibrosis (CF)**
- Babies with this inherited condition have thick, sticky mucus and fluid which build up in certain organs, especially the lungs and pancreas.
- Some symptoms include repeated lung infections, and poor weight gain and growth.
- If untreated, CF may cause serious health problems that could lead to early death.
- Many symptoms of CF can be controlled with medication and treatments.

**Biotinidase Deficiency** (say “bio-TIN-a-daze de-FISH-en-see”)
- Babies with this inherited condition have a lack of an enzyme called biotinidase.
- Without treatment, this disorder may lead to seizures, developmental delays, eczema and hearing loss.
- With early diagnosis and treatment, all symptoms can be prevented.

**Severe Combined Immunodeficiency (SCID)**
- SCID describes a rare group of inherited disorders characterized by defects in two critical immune system cells that normally help the body to fight infections.
- In the media, SCID is frequently referred to as “the bubble boy” disease.
- Infants diagnosed with SCID before they exhibit symptoms can receive treatments such as stem cell transplants or enzyme replacement therapy that will significantly improve their health outcomes and potentially save their lives.

**Answers to commonly asked questions:**

- **How is my baby tested?**
  - The hospital or birth facility gets a few drops of blood by pricking the baby’s heel. The blood is placed on a special filter paper and mailed to a laboratory.

- **When is the testing done?**
  - The blood is taken when the baby is 24 to 48 hours of age. This often happens just before the baby is discharged.
  - The newborn screening test must be repeated if the baby is tested before 24 hours of age.

- **My baby seems very healthy. Is the test still needed?**
  - Yes. Most infants with these conditions show no signs of illness immediately after birth.

- **If my baby has one of these conditions, can it be cured?**
  - No. Your baby cannot be cured.
  - When treatment is started very early in life, the medical problems related to the condition are often prevented.

- **Will I receive a report of the test results?**
  - Yes. Test results are known within seven to ten days after the blood was taken.
  - Test results are sent to the hospital and placed in baby’s medical record, and to baby’s healthcare provider.
  - Ask about the test results during your baby’s regular checkup.

- **If the test results show that there may be a problem, your baby’s primary care provider will contact you.**
  - **For this reason, it is very important that you give your hospital the best address and phone number to find you as well as the address and phone number of the primary care provider who will be caring for your baby after discharge from the hospital.**
    - If possible, also provide an emergency contact number. This will prevent delays in contacting you if further testing is needed.

- **If my baby needs another test, does this mean that my baby has one of these conditions?**
  - No, not necessarily. Another test may be needed because:
    - The first blood sample was not large enough to complete the tests.
    - The sample was taken before 24 hours of age.
    - The first test showed a possible problem. A new blood sample or further testing is needed.
  - Generally, if the result of any additional testing is not normal, your baby’s primary care provider will discuss with you what should be done next.

- **How does the Department of Health’s newborn screening and follow-up program help you?**
  - The newborn screening and follow-up program’s role is to help notify your baby’s primary care provider if your baby has a “positive” result for any of the conditions listed above so appropriate follow-up services can take place.

- **May I say NO to the blood tests?**
  - Yes, you may ask not to have the test done for religious reasons.
  - If you say “no,” this will be recorded in your baby’s medical record with your signature.
  - If your child is born with one of these conditions, your child will not have the benefits of early treatment.
Caring for You and Your New Baby

Newborn Care

Congenital Heart Disease Screening
- Congenital Heart Disease (CHD) is a problem in the structure of the heart or the blood flow through the heart.
- Approximately eight of every 1,000 infants born have a form of CHD. Some forms of CHD cause no or very few problems in the health, growth, and development of your infant. However, critical CHD can bring a significant risk if not diagnosed soon after birth.
- Your baby will be screened for CHD by using pulse oximetry or “pulse ox” before leaving the hospital. Pulse oximetry is a simple, non-invasive and painless test that is used to measure the percent of oxygen in the blood. The screening takes only a few minutes.
- If the screening results show that there may be a problem, your baby’s primary care provider will be notified and further testing may be needed while your baby is hospitalized.

Hearing Screening
- Hearing loss is the most common birth defect. Six out of 1,000 babies are born with hearing loss.
- Hearing loss is often overlooked because infants and toddlers can’t tell us that they cannot hear.
- Babies learn to speak by listening, so a child with hearing loss may not learn to speak normally.
- Because the most important years for speech development are from birth to three years of age, finding out about hearing loss early helps us give a child the special attention she may need.
- Since 60 percent of deaf children are first identified by their parents, it is very important to observe your baby for certain developmental milestones that would indicate that your baby can hear.
- Your baby’s hearing will be tested using a hearing screener.
  - This is a very sensitive test that picks up hearing loss very well.
  - Soft sounds are sent to your baby’s ear through earphones.
  - Your baby’s response to these sounds is analyzed automatically by the screener.
  - The device will test each ear separately.
  - The device then gives a PASS/REFER result for each ear.
    - PASS means the hearing is normal.
    - REFER means that more testing is needed.
- If your baby REFERS on either ear, we run the test again at no charge.
- If your baby REFERS the second time, then your baby will be scheduled as an outpatient for more testing.
- It is important for you to know that normal speech is possible with hearing present only in one ear.
- If a PASS is present in at least one ear, then it is likely that your baby will speak normally.
- Some babies will REFER on both sides and still have normal hearing. This happens in about one in 20 babies.
  - A REFER in both ears on the two tests done in the hospital does not mean that your child is deaf; only that more testing is needed.

Developmental Milestones to watch for regarding your baby’s hearing are:
- **Birth - Three Months**
  - Reacts to loud sounds
  - Makes eye contact
  - Soothed by your voice
  - Enjoys noise-making toys
- **Three to Six Months**
  - Responds to name
  - Babble repeat sounds
  - Soothed by our voice noise
- **Six to Nine Months**
  - Uses voice to get attention
  - Enjoys making sounds
  - Responds differently to an angry vs. friendly voice
  - Looks directly at new sound or voice
  - Looks to right person when words “mommy” and “daddy” are said
- **12 Months**
  - Turns head towards interesting sounds
  - Follows simple commands
  - Enjoys singing and music
- **24 Months**
  - Combines words for simple sentences
  - Able to point to simple body parts
  - Listens to stories

Jaundice
To make sure that your baby’s first week is safe and healthy, it is important that:
- Your baby is checked for jaundice at the hospital.
- Your baby is seen by a doctor or nurse at three to five days of age.
**What is jaundice?**
Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby’s blood. Jaundice can occur in babies of any race or color.

**Why is jaundice common in newborns?**
Everyone’s blood contains bilirubin, which is removed by the liver. Before birth, the mother’s liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby’s liver to get better at removing bilirubin.

Jaundice or yellow coloring of the skin and eyes typically peaks between five and seven days of age. If your baby is a late-preterm infant, jaundice is something you should watch for carefully after discharge.

**How can I tell if my baby is jaundiced?**
The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms and legs as the bilirubin level increases. Jaundice may be harder to see in babies with darker skin color.

**Can jaundice hurt my baby?**
Most infants have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

**How should my baby be checked for jaundice?**
If your baby looks jaundiced in the first few days after birth, your baby’s doctor or nurse may use a skin test or blood test to check your baby’s bilirubin level. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby’s age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

**Does breastfeeding affect jaundice?**
Jaundice is more common in babies who are breastfed and this may especially be true in infants who are not nursing well. If you are breastfeeding, you should nurse your baby at least eight to 12 times every 24 hours. Watch for signs that your baby is coming out of a deep sleep and offer feeding before baby becomes too upset (don’t wait for your baby to cry). This will help you produce more milk and will help to keep the baby’s bilirubin level down.

If breastfeeding is painful or you are having trouble waking your baby for feeding or latching him to your breast, ask your baby’s doctor, nurse or lactation specialist for help. Breast milk is the ideal food for your baby.

**When should my newborn get checked after leaving the hospital?**
It is important for your baby to be seen by a nurse or doctor when the baby is between three and five days old, because this is usually when a baby’s bilirubin level is highest. The timing of this visit may vary depending on your baby’s age when released from the hospital and other factors.

**Which babies require more attention for jaundice?**
Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your baby’s healthcare provider about an early follow-up visit if your baby has any of the following:
- A high bilirubin level before leaving the hospital.
- Early birth (more than two weeks before the due date).
- Jaundice in the first 24 hours after birth.
- Breastfeeding that is not going well.
- A lot of bruising or bleeding under the scalp related to labor and delivery.
- A parent or sibling who had high bilirubin and received light therapy.

**When should I call my baby’s doctor?**
Call your baby’s doctor if:
- Your baby’s skin turns more yellow.
- Your baby’s abdomen, arms or legs are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

**How is harmful jaundice prevented?**
Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he is undressed will lower the bilirubin level. Depending on your baby’s bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. Treatment can prevent the harmful effects of jaundice.

Putting your baby in sunlight is not recommended as a safe way of treating jaundice. Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home because your baby will get cold, and newborns should never be put in direct sunlight outside because they might get sunburned.
Newborn Care

When does jaundice go away?
In breastfed infants, jaundice often lasts for more than two to three weeks. In formula-fed infants, most jaundice goes away by two weeks. If your baby is jaundiced for more than three weeks, see your baby’s healthcare provider.

Car Seat Safety

Infants are at increased risk of injury in crashes because their heads are fragile. Their neck bones are soft, and the ligaments that help support the neck are stretchy.

CAR SEATS SAVE LIVES WHEN USED PROPERLY

You will be responsible for installing and using your baby’s car seat. Since four out of five car seats are used incorrectly, the American Academy of Pediatrics suggests that all parents have their child’s car seat checked by a currently certified child passenger safety technician.

BEFORE you take baby home from the hospital, follow these helpful tips:

- If your car seat is not new, check to see if it has been recalled by calling the car seat manufacturer or sign up for recall notices at www.nhtsa.gov/recalls.
- Read and follow the instructions that come with your car seat and the section on car seats (child restraints) in your vehicle owner’s manual.
- In vehicles that have a back seat, never place a rear-facing car seat in the front seat. If you do not have a back seat, follow vehicle manufacturer guidelines to deactivate the air bag.
- Most car seat instructions will only allow the use of the vehicle seat belt OR the LATCH system to lock the car seat or base of an infant car seat tightly into the vehicle.
- Do not use both the safety belts and LATCH unless specifically allowed by the car seat manufacturer.
- Most vehicles do not allow car seats to be installed in the middle position of the back seat. Read the vehicle owner’s manual for approved car seat positions.

- Check for a tight fit by holding the car seat at the belt path and by pulling the seat side to side and forward.
  - The car seat should not move more than one inch sideways or toward the front of the vehicle.
  - Check for proper angle of the car seat.
  - Follow the car seat directions to adjust the car seat to no more than a 45-degree angle.
  - Your baby’s head should stay in contact with the car seat.
- Keep harness straps snug over your baby’s shoulders and fasten the harness clip at armpit level.
- If you are using an infant-only car seat with a handle, bring it into the hospital so you can practice placing your baby in the car seat and adjusting the harness straps for a snug fit.
- Bring two lightweight receiving blankets which can be rolled and placed on either side of baby for a more secure fit.
- Use only a pre-shaped head support and the harness strap covers that come with your car seat or are designed and approved by the car seat manufacturer.
- Never replace your car seat cover with a handmade one or add a car seat bunting that fits under your baby. Using such items may change the way the car seat works in a crash and will void the car seat manufacturer’s warranty.
- Residents of York County are encouraged to call 1-888-232-7233 to schedule a FREE appointment at a Child Safety Seat Inspection Station coordinated by Safe Kids York County. A child passenger safety technician will help you install your baby’s car seat and show you the correct way to use it.

Pennsylvania Child Passenger Protection Law

- Summary: Pennsylvania’s primary law requires all drivers to securely fasten infants and children under 8 years of age in a car seat / booster seat that is approved for the child’s age and size.
  - FINE: Violators will be fined $75, plus court costs (adjusted annually), $30 MCARE, $10 EMS Fund, and $10 administrative costs.

Pennsylvania Unattended Children in Cars Law

- Summary: The person driving or in charge of a motor vehicle may not leave a child under the age of 6 years unattended in that motor vehicle.
  - All offenses are punishable by imprisonment for up to ninety days and/or a fine not to exceed $300.
  - Please note that even if a state does not have a specific law prohibiting adults from leaving children unattended, state and local prosecutors have the discretion to criminally charge adults under existing child endangerment laws.
Caring for You and Your New Baby

This Is the Way Baby Rides
Prepare to Ride Safely With Your New Baby

Car seat basics

• Your baby is safest riding in a rear-facing car safety seat (car seat) as long as possible. Being rear facing protects babies from head and neck injury. Stay rear facing as long as the child still fits the car seat’s height and weight limits. Also, check state laws.

• Baby always rides in the back seat. It is much safer than the front seat. Use the center rear if the car seat fits there.

• Be sure the air bag is off if baby must ride in the front seat. (See page 2.)

• Be sure the seat belt or LATCH holds the car seat tightly.

• Buckle and tighten the harness snugly over your baby’s body.

• ALWAYS follow the car seat instructions and the car manual to install and use the car seat correctly.

Choosing a car seat for a new baby

What is the best car seat?

The “best car seat” is one that fits your child and your car. For a baby, it must face the rear of the car. Read all instructions and try the car seat out. Make sure it is easy for you to use. Be sure you can install it properly in all the cars you will use.

What kinds of car seats fit a new baby?

Use a car seat that fits the baby’s length, weight, and health. Types include:

• Rear-facing-only car seats (1): These are small, have a handle, and fit most babies well. If a baby becomes too tall for this type before reaching the weight limit, she can keep riding rear facing by moving to a convertible car seat.

• Convertible car seats (2): These are larger, but many fit new babies well. (See page two for how the harness must fit.)Convertible seats face the rear for babies and toddlers. Later, they can be changed to face forward.

• Car beds (3): Use a car bed (not shown) only if a doctor says your baby must ride lying flat for a medical reason.

What features should I look for?

Consider your car’s features and the needs of other riders. It is helpful to have many shoulder strap positions, so you can make it fit when baby is small and also as he grows. For snugging a harness, a pull-strap at the front of the car seat is usually easier than straps in the back.

How else can I plan for baby?

• Go to a car seat safety class. Call your hospital or clinic to find one.

• Practice installing the car seat and adjusting the straps. Learn more from someone trained to help with car seats. (See Resources.)

• If your car seat has a base, it can be left installed in the car, ready to use, while at the hospital or birth center.

Can I use a second-hand car seat?

If possible, use a new car seat. They are often easier to use, safer, and can be used longer. If you do use a second-hand seat, make sure it has all its parts and instructions. Ask the car seat maker if there are recalls. Never use a car seat that has been in a crash. Also, follow a car seat’s “do not use after” date. If you can’t find this on the label, do not use the car seat if it was made over six years ago.

Resources


Find someone to help: 866-732-8243, www.seatcheck.org (select Inspection under Installation Help) or http://cert.safekids.org (select Find a Tech)


21 Caring For You and Your New Baby

Traffic Injury Prevention Project
Pennsylvania

Traffic Injury Prevention Project
Rose Tree Corporate Center II
1480 N. Providence Road
Suite 3007
Media, PA 19063
1-800-CAR-BELT
www.pakidstravelsafe.org

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A3 Revised 1/18
Newborn Care

Steps to install a rear-facing car seat
1. Place the car seat in the back seat, facing the rear window. The back seat is safer than the front in all cars, especially cars with front air bags.

2. Use the seat belt or LATCH strap to attach the car seat. Make it tight. If the seat belt or LATCH strap does not hold the car seat tightly, your child could be seriously hurt in a crash.

   Always read the instructions that come with the car seat. Also read the sections on seat belts, LATCH, air bags, and car seats in your car manual. Do not use the lower anchors and seat belts at the same time unless both instructions say it is okay.

   To check for a tight fit, hold the car seat near where the LATCH strap or seat belt goes through the car seat. Pull forward and side to side. The car seat should not move more than one inch. (Do not grab near the top of the car seat to check for tightness. The movement there is okay.)

3. Make sure your baby is reclined enough so his head does not fall forward. Always follow any recline guide on the car seat. Also, look for instructions that say how to adjust the car seat to make it recline. For some car seats, a firmly rolled towel or foam roll placed under the car seat may be needed to help it recline (A).

Bringing your new baby home

   Dress baby in clothes with legs so the buckle strap can go between the legs.

   Put the shoulder straps in a low position that is at or below the shoulders. Put the chest clip at armpit level.

   If baby tends to slide downward, re-check the instructions to make sure the harness is set up for a small baby. You may need to add a small, rolled cloth between her crotch and the buckle strap (C).

   Any support pad or insert that came with your car seat should be used, following instructions. Do not put other padding, like a blanket or add-on cushion, under or behind baby.

   Tuck blankets along baby’s sides to support her (C), if needed. Roll them firmly so they are not near the face.

   Adjust the harness straps to fit snugly. You should not be able to pinch any slack (D). Do not use thick blankets or dress baby in heavy clothes. This makes it impossible to get the harness snug enough to hold the baby in a crash. Buckle the harness first, and then put a blanket over baby.

   Sometimes babies cry. However, NEVER take baby out of the car seat while the car is moving. If you need to hold baby, park in a safe place first.

As your baby grows bigger

   Follow instructions to make the car seat fit as baby grows. Move the harness straps up when baby’s shoulders are as high as the next position. A rear-facing car seat is outgrown when:

   • Baby’s head is less than 1 inch from the top of the seat, or
   • Baby reaches the weight limit of the car seat.

   Keep baby rear facing as long as possible. This is the best way to protect a child’s head and spine from injury. A baby should NEVER be faced forward when under 20 pounds or 1 year old.
Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child’s needs.

For information about a discounted car seat program for York County residents, contact Safe Kids York County at (888) 232-SAFE (7233). For additional sites, go to the PA Traffic Injury Prevention Project website at www.pakidstravelsafe.org

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- Select a car seat based on your child’s age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer’s instructions (check height and weight limits) and read the vehicle owner’s manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer’s height and weight requirements.
- Keep your child in the back seat at least through age 12.

Rear-Facing Car Seat

Birth – 2 Years

Your child under age 2 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-One car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

2 – 3 Years

Keep your child rear-facing as long as possible. It’s the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat’s manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.
Forward-Facing Car Seat

2 - 3 Years
Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

4 - 7 Years
Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

Booster Seat

4 - 7 Years
Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat’s manufacturer. Once your child outgrows the forward-facing car seat with a harness, it’s time to travel in a booster seat, but still in the back seat.

8 - 12 Years
Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it’s safer there.

Seat Belt

8 - 12 Years
Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it’s safer there.
NEVER leave a child alone in a car — even for a minute!

A car heats up faster than you think!

- Dial 911 immediately if you see an unattended child in a car. EMS professionals are trained to determine if a child is in trouble.
- Never leave a child unattended in a vehicle, even with the window slightly open.

Believe it or not, routines and distractions have caused people to mistakenly leave children behind in cars.

- Place a cell phone, PDA, purse, briefcase, gym bag or whatever is to be carried from the car on the floor in front of a child in a backseat. This triggers adults to see children when they open the rear door and reach for their belongings.
- Set your cell phone or Blackberry reminder to be sure you dropped your child off at day care.
- Set your computer calendar program, such as Outlook, to ask, “Did you drop off at daycare today?”
- Have a plan that if your child is late for daycare that you will be called within a few minutes. Be especially careful if you change your routine for dropping off little kids at day care.

Prevent trunk entrapment.

- Teach children not to play in any vehicle.
- Lock all vehicle doors and trunk after everyone has exited the vehicle – especially at home. Keep keys out of children’s reach. Cars are not playgrounds or babysitters.
- Check vehicles and trunks FIRST if a child goes missing.

Outside Temperature 101°F
Inside Vehicle Temperature 140°F

www.safekids.org/nlyca
Newborn Care

To Decrease the Risk of Illness
- It is recommended that you DO NOT take your baby into public places or with large groups of people (malls, grocery stores, restaurants, etc.) until he is two months old to prevent contact with germs and viruses.
- Wash your hands or use antibacterial gel before holding or feeding your baby.

How to Take a Temperature
- A rectal temperature is most accurate for babies less than six months of age.
- A normal rectal temperature range is 98.2°F to 100.1°F.
  - Apply a thermometer cover and lubricate the tip with petroleum jelly.
  - Position infant on his back and hold his legs with one hand OR place baby on his abdomen with buttocks apart so rectum can be seen.
  - Gently insert tip to approximately one-half inch into rectum.
  - Hold thermometer firmly in place until reading is taken. Use one hand to keep baby from moving.
  - Leave in place until digital thermometer beeps.
  - Remove and read display.
  - Cleanse thermometer with alcohol or cool soap and water. Wash your hands.
  - Rectal thermometers should be labeled as such and kept for this purpose only.

A baby's temperature does not need to be taken daily; only if your baby appears ill. A rectal temperature should be done before you call your baby’s healthcare provider.

When to Call the Doctor
Follow the specific guidelines offered by your baby’s healthcare provider, including:
- Rectal temperature of 100.4°F or higher
- Refusal of feeding or vomiting more than two feedings in a row
- Projectile vomiting
- Excessive crying, especially high pitched, shrill cry, or crying associated with other signs of illness such as poor feeding, stuffy nose or diarrhea
- Breathing difficulties
- Loose watery stools with mucus, foul odor, or blood.
- Your baby is sleepier than normal and difficult to wake
- Unusual behavior or acting ill

Feeding Baby

Feeding Cues (signs that show your baby may be hungry)
By keeping your baby in your room, you will have the opportunity to learn what his behavior is telling you about his needs so that they can be addressed before he becomes distressed.

Baby Feeding Cues (Signs)
- Early Cues ("I’m hungry")
  - Stirring
  - Mouth opening
  - Turning head, seeking/rooting
- Mid Cues ("I’m really hungry")
  - Stretching
  - Increasing physical movement
  - Hand to mouth
- Late Cues ("Calm me, then feed me")
  - Crying
  - Agitated body movements
  - Color turning red

Waking Your Sleeping Baby at Feeding Time
- Sometimes babies need to be wakened for feeding.
- To help your baby wake, you may:
  - Remove baby’s blankets.
  - Place baby skin-to-skin
  - Hand express some colostrum or milk onto a spoon and place the milk on baby’s lips.
  - Give a gentle body massage.
  - Change the diaper.
  - Wash baby’s face.
- When your baby opens his eyes, tap on his upper lip with your clean finger. This will cause baby to open his mouth widely.
- Your baby does not have to be fully awake with eye contact to be latched on and begin feeding.

Breastfeeding

Breastfeeding is the best source of nutrition for your baby.
It is WellSpan’s goal to promote breastfeeding as the best possible form of newborn nutrition. It is recommended for all infants by the World Health Organization (WHO) and the American Academy of Pediatrics (AAP).

Our staff will encourage and support the mother who chooses to breastfeed or pump breast milk for her newborn. We are committed to providing consistent care and education to the breastfeeding family.
You should expect:
- To be offered to put your newborn skin-to-skin frequently during your postpartum stay
- To have your newborn in your room 24 hours a day
- Education on hunger signs, proper holds, and latching
  If unsure about feeding options for your newborn, you will receive education and encouragement regarding how to breastfeed or provide human milk by pumping.
- To see a breastfeeding specialist during your hospital stay
- No pacifiers or formula supplementation to be offered to your newborn unless medically necessary
- To be granted privacy during your breastfeeding or pumping experience

Benefits

There are many benefits to feeding human milk to your baby, for both of you!

Here are just a few:
- Breastfeeding reduces the risk of SIDS by 50%.
- Infants who are nourished with human milk have fewer illnesses.
- Breastfed babies are less likely to become obese.
- Breastfed babies have less risk of allergies.
- Studies show that babies fed human milk have higher IQs.
- Moms who breastfeed are less likely to develop breast and ovarian cancer.
- Breastfeeding moms return to their pre-pregnancy weight faster.
- The hormones of lactation reduce the risk of postpartum depression.
- Breastfeeding provides a unique way to bond with your baby, and that closeness lasts a lifetime!

Five Tips for Successful Breastfeeding

1. If you have any problems nursing, ask for help. We can offer solutions.
2. Keep your baby skin-to-skin after birth so your baby can breastfeed as soon he is ready.
3. Watch your baby for feeding cues, such as beginning to awaken, placing his hands to his mouth, moving his tongue, or turning to a touch of the cheek. Crying is a late sign of hunger and your baby may be too upset to nurse well.
4. Use your baby’s hunger cues to decide when to nurse – not the clock. A good supply of milk is related to frequent feedings. A normal newborn will want to feed at least eight times every 24 hours, or more. Some babies “cluster feed” or bunch up a lot of feeding close together before being ready to settle in. This behavior increases your milk supply.
5. Wait until feeding is going well (for a mom who is feeding frequently, the AAP recommends at least 4 weeks) before introducing a bottle or pacifier. Using a pacifier in the early weeks can cause baby to miss feedings by hiding feeding cues or lulling baby back to sleep before he’s taken in enough milk.

Positioning

Get comfortable, either reclining in bed or sitting in a chair. Having a footstool for support is helpful.

- Place baby belly-to-belly facing you with the tip of his nose touching the nipple.
- Line baby up so that neither of you have to twist or turn to stay facing each other. It helps to position baby’s body close to yours before placing his nose to the nipple.
- When baby begins to “open wide”, bring him to you quickly. Support his shoulders and upper back. Do not press the back of his head.
- If you find yourself leaning over your baby, lean back and try again. Nursing a baby is not always easy at first. Be patient with yourself and your baby. You are doing a great job, mom!
- You will feel strong pulling or tugging. If you feel pain after the first few sucks, he may have latched to the breast incorrectly. Break the seal and re-latch.
Feeding Baby

Positions most often used for nursing:

• **Laid Back Position**
  - Find a bed or couch where you can lean back and be well supported – not flat, but comfortably leaning back so that when you put your baby on your chest, gravity will keep her in position with her body molded to yours.
  - Have your head and shoulders well supported. Let your baby’s whole front touch your whole front.
  - Since you’re leaning back, you don’t have a lap, so your baby can rest on you in any position you like. Just make sure her whole front is against you.
  - Let your baby’s cheek rest somewhere near your bare breast.
  - Help her as much as you like; help her do what she’s trying to do. You’re a team.
  - Hold your breast or not, as you like.
  - Relax and enjoy each other.

• **Cross Cradle Hold**
  - Baby is facing you, tummy to tummy, touching your body.
  - Support your back and the baby with pillows so you are not leaning over the baby.
  - When using your left breast, support your left breast with your left hand, positioning your hand far back from the brown part of your nipple.
  - Place your right hand on baby’s upper back with thumb and fingers near his ears.
  - Your right hand supports baby’s back and neck. Your forearm holds baby’s body close to your body.
  - Your baby’s nose should be right across from your left nipple.
  - Your baby’s arms are on the sides of your breast like a hug.
  - When baby opens wide, bring him in chin first with the nipple pointing to the roof of his mouth.

• **Football Hold**
  - Baby is positioned at your side with her body facing and touching you, tucked under your arm with pillows supporting your arm and allowing baby to reach the level of the nipple.
  - With baby on your left side, your right hand supports the left breast.
  - Your left hand is used to support the baby’s back and neck. Be careful not to press the back of baby’s head.
  - Allow extra room behind you for the baby to stretch her legs and be comfortable.

• **Side-Lying Hold**
  - This can be a comfortable position after a cesarean delivery and at home during rest periods.
  - Lie on your side on a firm mattress and have baby lie on his side facing you.
  - Baby’s lips should be at the level of your nipple.
  - Support your breast with your free hand if needed.
  - Rest your other hand behind your head.
  - It may be helpful to support baby’s back with a rolled towel or blanket.

**Latch**

If you are using the laid back position, let your baby self-attach to your breast when she is ready. If you are using a different position, you will control the attachment more than your baby. Follow these tips:

• Hold your breast with one hand, keeping all fingers well under your breast (where the underwire of a bra would fall).
• Pull your baby close and tickle her nose and upper lip with your nipple.
• Wait until baby’s mouth opens wide like a yawn.
• Quickly bring baby onto your nipple and breast so that her chin touches your breast first and she gets a large mouthful of nipple and breast. “Bring baby to breast, not breast to baby.”
Feeding Baby

Hand Expression
Learning how to hand express your breasts is a valuable skill. When you hand express your milk and collect it in a spoon or a cup, it is useful in many different situations.

- Some babies are very sleepy and do not latch very well when they are newly born.
- When mother hand expresses her milk, it ensures that she will have more milk supply in the future.
- A baby who needs some extra milk can be fed milk that mother has expressed.
- When mother’s milk “comes in”, breasts may become too full or congested to release milk easily. This swelling also makes it hard for baby to latch on.
- Expressing some milk can relieve the pressure, making it easier for baby to latch.
- Feeding expressed milk before latching baby onto mom’s breast can help the hungry baby calm down and latch more easily.

Hand expression, just like breastfeeding, may take some time and patience. Once you find your “sweet spot” you will find hand expression gets easier. Your nurse or lactation consultant can help you to get comfortable with hand expression.

Milk Production Cycle
- Your first milk is called liquid gold for its deep yellow color. Colostrum is the thick first milk that you make during pregnancy and just after birth. It is very rich in nutrients and includes antibodies to protect your baby from infections.
- It is important to nurse your baby as often as he wants to ensure a plentiful milk supply, especially in the first few days after delivery.
- The number of times you nurse your baby now will determine the amount of milk you have later.
- Your baby may be fussier the second night.
- Your baby may want to “cluster feed” (have a lot of feedings close together) to stimulate your milk production. This is normal behavior.
- Watch for feeding cues from your baby.
- At first, some newborns feed eight to twelve or more times in 24 hours.

- The length of a feeding session can vary.
- Feed on the first side until your baby stops sucking, hands are no longer fisted, and he appears sleepy and relaxed.
- When you see this, break the suction and burp your baby.
- Move him to your other breast and continue to feed your baby until he stops the feeding.
- Alternate the side you start with for the next feeding.

Growth Spurts
- Babies have growth spurts at 5 days, two weeks, three weeks, six weeks, three months, six months, and nine months.
- It is normal for her to feed more often during this time.
- Allow her to feed as often as she desires until your body responds by making more milk to meet her needs.

Breastfeeding Your Baby Through the First 48 Hours
Birth to 24 Hours
- Expect your baby to be awake and alert for the first 2-4 hours after delivery.
- Most babies then go through a sleep cycle that lasts approximately 24 hours.
- Pay attention to baby’s feeding cues and attempt to latch as often as he seems to want. Do not go longer than three hours between feeding attempts. You may need to wake your baby.
- You may hand express if your baby does not latch. In some cases, pumping will be started during this time.
- Your baby may be gaggy / mucousy and have nasal congestion. This is normal.
- A newborn’s stomach is the size of a small marble. A little bit goes a long way.
- Expect one really good feeding in the first 24 hours, and lots of practice at the other feedings.
- Expect one wet and one dirty diaper during this time.
- Please do skin-to-skin as often as possible. This helps your body recognize the need to produce milk. This also helps regulate your baby’s heart rate, respiration, blood sugar and temperature.
- Around 24 hours of age, your baby may begin to cluster feed. This is your baby’s way of helping your milk to come in.

After 24 Hours
- Attempt to latch as often as your baby desires. Do not go longer than three hours between feedings. A minimum of eight feedings in 24 hours is the goal. You may need to wake your baby.
Feeding Baby

- Always offer both breasts at every feeding.
- Your nurse may instruct you to initiate pumping for poor or missed feedings. A poor feeding is less than 15 minutes of active nursing (using both breasts) or when baby takes one breast for less than five minutes.
- The length of feedings will vary. Just as we do, a baby will eat more at different times.
- Allow your baby to nurse as long as she desires.
- You CANNOT overfeed a baby at the breast.
- Expect two wet and one dirty diaper in the second 24 hour period.
- Watch for feeding cues. Crying is a late sign of hunger and will require you to calm baby before she will feed.

Cluster Feeding
- Cluster feeding usually occurs when baby is between 18-36 hours of age.
- Your baby might be cluster feeding if he
  - is latching and falling asleep at the breast, then cries to be put back to breast if you try to take him off and lay him down;
  - seems frustrated at the breast, pulls away to cry, and then tries to latch again;
  - wants to do skin-to-skin with mom and fusses if not in the comfort zone of mom's chest;
  - is not content in the bassinet;
  - nurses frequently, sometimes as often as every 30 minutes.
- Your newborn’s instincts guide the behavior above. This drives your body’s hormones to produce milk.
- It is ok to feel frustrated and tired, but remind yourself that cluster feeding only lasts a few hours.
- Once your baby senses he has stimulated your hormones enough, he should settle into a routine of nursing eight times in 24 hours.

Baby’s Second Night

You’ve made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again ... and now it’s your baby’s second night.

All of a sudden, your little one discovers that he’s no longer back in the warmth and comfort, albeit a bit crowded, womb where he has spent the last nine months and it is SCARY out here! He isn’t hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sounds of your lungs or the comforting gurgling of your intestines. Instead, he’s swaddled in a bassinet. All sorts of people have been handling him, and he’s not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing though, and that’s his voice ... and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet, he protests, loudly!

In fact, each time you put him back on the breast, he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed, he cries again ... and starts rooting around, looking for you. This goes on, seemingly for hours. A lot of moms are convinced it is because their milk isn’t “in” yet, and the baby is starving. However, it isn’t that, but the baby’s sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast.

It’s the closest to “home” he can get. It seems that this is pretty universal among babies, lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don’t move him except to pillow his head more comfortably on your breast. Don’t try and burp him, just snuggle with him until he falls into a deep sleep where he won’t be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every ½ hour or so. If he starts to root and act as though he wants to go back to breast, that’s fine ... this is his way of settling and comforting.

Another helpful hint ... his hands were his best friends in utero ... he could suck on his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. Babies need to touch, to feel and even his touch on your breast will increase your oxytocin levels which will help boost your milk supply! Let him get to his hands. He might scratch himself, but it will heal very rapidly, after all, he had fingernails when he was inside you!

By the way, the behavior discussed above might happen every once in a while at home too, particularly if you’ve changed his environment such as by going out for a visit or having your normal household routine disrupted. Don’t let it throw you, sometimes babies just need some extra snuggling at the breast because, for the baby, the breast is “home.”
Helpful Facts
- It is best to have mom and dad do skin to skin often, as long as they are awake and not sleepy.
  - Your nurse can help you position baby comfortably.
- Within one hour after you breastfeed, 40% of your milk supply is back.
- Babies may cluster feed again at two weeks, six weeks and twelve weeks, during their major growth spurts.

Common Concerns

Burping
- Your breastfed baby will not swallow as much air as a formula fed baby.
- Try burping when your baby is finished at the first breast, then again after the second breast.

Diet
- Continue your prenatal vitamins.
- You do not have to restrict foods while you are breastfeeding.
  - Your baby learns the flavor of family favorites through your breastmilk.
- A diet rich in fruits and vegetables, with lean protein and whole grains, will help you to feel better and more energetic.

Pacifiers
- Your baby needs to suck at the breast to encourage milk supply and feedings.
- Your baby should be fed when she shows sucking behaviors. Many feeding problems can be avoided in this way.
- The American Academy of Pediatrics recommends waiting to introduce a pacifier until breastfeeding is well established, usually at about one month.
  - Pacifier use may hide feeding cues.
    - Fewer feedings result in less breastmilk intake for baby.
    - Delays between feedings/missed feedings can cause mom’s breasts to become overly full or painful.

Smoking /Vaping
- Even though nicotine passes directly into your breast milk, it is still better to breastfeed than not breastfeed.
- Electronic cigarettes (sometimes known as vapes, mods, vape pens) are used by some people as a substitute for traditional cigarettes.
  - Like cigarettes, e-cigarettes contain harmful nicotine, plus flavoring and propellant that may not be safe for a baby.
  - E-cigarettes are not safe substitutes for cigarettes and should not be used around baby.
  - Vapes that do not contain nicotine have other chemicals that have not been researched regarding their effects on baby.
  - Strongly consider quitting or cutting down.
  - Smoke/vape right after breastfeeding rather than just before nursing or during nursing. This will allow nicotine/other chemicals to decrease before the next feeding.
  - Don’t smoke/vape in the same room as your baby. Babies exposed to second-hand smoke will have more ear infections and colds.
  - Smoking near your baby increases his risk of SIDS.
- For information about quitting:
  - WellSpan Tobacco Cessation Program
  - Smokefree.gov (1-800-784-8669)
  - American Lung Association (1-800-586-4872)
  - PA Department of Health over the phone coaching quitline
    - https://www.health.pa.gov/topics/programs/tobacco/Pages/Quitline.aspx
  - Contact your provider for more information and support

Alcohol
- If you choose to drink occasionally, limit your drinks to one or two.
- Human milk alcohol level is generally the same as mom’s blood alcohol level.
- The American Academy of Pediatrics, the World Health Organization and others advise waiting an hour and a half to two hours after drinking alcohol before breastfeeding.
  - If your breasts become uncomfortably full during this time, pump for comfort and discard the milk.
  - Pumping and dumping does not speed the elimination of alcohol from your milk.
- If you need help with alcohol addiction, talk with your healthcare provider for information and support.
Medications
- Medications may pass into the breast milk, but many will not harm your baby.
- The type of medication, dosage and timing should be discussed with your lactation consultant or your baby's healthcare provider.
- Birth control pills, especially those containing estrogen, may reduce your milk supply.
- Street drugs should never be used while breastfeeding.
- Women taking methadone may breastfeed.

Mother's exhaustion – can we use a bottle? formula?
- Your baby will master breastfeeding more quickly and your milk supply will be better by avoiding formula and bottles for the first few weeks of breastfeeding.
- Studies have shown that early use of bottle nipples can complicate breastfeeding.
- Infants often become less willing to breastfeed. They may prefer the bottle nipple.
- If giving bottles, use your expressed breast milk unless your baby’s healthcare provider directs otherwise.
- Routine bottle use and/or use of formula increases the likelihood of early weaning.
- To meet your breastfeeding goals, discuss your concerns with our lactation consultants.
- Finding ways to get rest when baby is sleeping will help you cope with the demands of caring for your newborn.
- Newborns need to be held to feel calm and secure. After baby is finished feeding, having a helper hold and comfort baby can help mom rest between feedings.

Pumping and Storing Breastmilk

Common Reasons for Using a Breast Pump
- Relief of overfull breasts
- Increase milk supply
- Premature infant
- Sore nipples
- Engorgement
- Latch problems
- Breast infections (mastitis)
- Flat or inverted nipples
- Breast refusal
- Going back to school or work
- Illness of mother

All the milk that comes from your breast is good
- The first milk expressed from the breast is often thick and yellow, or cloudy, in color.
- As your milk comes in, the amount that you pump will increase and the color will change to watery white.
- Stored milk separates into layers. The cream rises to the top.
- Swirl your milk gently to mix the layers.

A Healthy Milk Supply
- Sometimes one breast will produce more than the other breast. This is normal.
- To maintain a healthy milk supply, you should rarely go longer than four hours between pumping/breastfeeding during the first few months.
- Your breasts will start to make less milk if they are full too long.
- Ten to fifteen minutes of double pumping should drain the breasts adequately.
- Breast milk is produced as needed, so if you pump and then your baby wakes for feeding, your milk will let down in response to baby's sucking.

Collecting Your Milk
- Wash your hands.
- Wash collection bottles and breast pump parts that touch your milk with hot soapy water.
- Rinse carefully and air dry.
- A dishwasher may be used.
- Sterilize pump parts once a day, especially if your baby is premature.
- When to pump depends on you and your baby's schedule.
  - If your baby skips a feed, nurses for a shorter time than usual, or nurses only on one side, you should pump to maintain your supply.

Storing Your Breastmilk
- Store your milk in a clean glass or plastic container, or disposable bottle bag.
- Store in two to five ounce volumes for easy thawing.
- Avoid adding warm milk to cool milk.
- Pumped milk may be added to frozen milk if it is chilled first.
- Label containers with date of collection. Use oldest milk first.
- Thaw your frozen breast milk in warm water. Never use a microwave.
- Once thawed, it is good for 24 hours in the refrigerator. Do not refreeze.
- Discard previously frozen breast milk that is left in the bottle after feeding.
- Discard breast milk that has been at room temperature for more than four hours.
When to Call Our Lactation Consultants

- Your baby is not having several wet diapers and at least one bowel movement per day of age in the first week of life (one soiled diaper at one day old, two soiled diapers at two days old, etc.).
- Your baby “falls asleep” at the breast before finishing feedings or is too sleepy to awaken to nurse.
- Your nipples or breasts are sore enough to keep you from wanting to breastfeed.
- Your baby is refusing to breastfeed and has missed more than two feedings.
- Your nipples are no longer erect and are swollen when your milk comes in.
- Your baby has not regained birth weight by two weeks of age.
- Your baby has been gaining less than half to one ounce per day in the early months of breastfeeding.
- You need information on choosing the correct breast pump for your needs.
- You are using a breast pump and are not getting enough milk for your baby.
- Your baby is having symptoms of increased gas, spitting up, or colicky behavior.
- You would like to talk more about parenting and breastfeeding concerns.

How to Bottle Feed

- Most babies enjoy their breastmilk or formula slightly warmed.
  - NEVER MICROWAVE A BOTTLE.
  - Run warm tap water over the bottle for several minutes.
  - Shake a few drops on your inner wrist to check the temperature.
- Hold your baby close to you in your arms, with her head a little higher than the rest of her body. This will prevent milk from backing up in her inner ear and causing an ear infection.
- Keep your baby’s head straight in relation to the rest of her body. Drinking while her head is turned sideways or tilted back makes it more difficult for her to swallow.
- To minimize swallowing air, tilt the bottle, allowing the milk to fill the nipple and the air to rise to the bottom of the bottle.
- Touch the nipple next to your baby’s mouth. She will turn and grasp the nipple.
- Hold the bottle so that it sticks straight out at a right angle to your baby’s mouth.
- To help prevent your arm from tiring and give your baby a chance to look at different parts of the room, switch the arm you use at each feeding.
- Burp your baby by patting gently on her back until you hear a burp. There are two ways to hold her when you do this.
Feeding Baby

- Hold her against your shoulder.
- Hold her face down on her stomach in your lap, over your hand or knee.
- Newborns should be burped after about every ½ ounce they drink.
- Don’t be surprised if your baby brings up some milk along with swallowed air. She also might not burp every time.

**NEVER PROP A BOTTLE**
- Propping a bottle can be physically dangerous.
- Holding your baby during feeding is one of the best ways to establish close parent/child bonds.

**Sterilizing Water and Bottles**

Babies three months old and younger are more likely to become ill from germs in bottles and nipples that have not been properly cleaned, cleaned in contaminated water, or filled with contaminated water.

- Choose glass or hard BPA-free plastic bottles and bottle parts (nipples, caps, rings).
- Before each time they are used:
  - Use dish soap, hot water, and bottle and nipple brushes to clean all pieces thoroughly.
  - Until baby is at least three months old, sterilize all pieces by placing them in boiling water for five minutes.
    - Another way to sterilize the pieces is by washing them in a properly working dishwasher.
- If disposable plastic bottle liners are used, the bags should be discarded after one use.
- Ask your baby’s healthcare provider if the water you use for preparing formula or feeding should be boiled. If your water comes from a well, it should be boiled.
- Follow these steps if you need to boil water:
  - Bring it to a rolling boil and continue boiling it for one to two minutes. Then let it cool.

**Formula Feeding**

- Prepare your baby’s formula by following the manufacturer’s instructions. Do not add more or less water than instructed on the package when mixing formula. This could make your baby sick.
- Check the expiration date on the label before using. Do not use if expired.

**Storing Infant Formula**

- Use refrigerated bottles of concentrated or ready-to-feed formula within 48 hours of preparation.
- Use refrigerated bottles of powdered infant formula within 24 hours of preparation.
- Opened cans of concentrated or ready-to-feed infant formula should be covered, refrigerated, and used within 48 hours.
- You should not freeze formula. Freezing may destroy the quality of the formula.
- Throw away any infant formula that is left after a feeding. The mixture of the formula with baby’s saliva can lead to the growth of germs.
- Formula that is removed from the refrigerator should be used within one hour or thrown away.

**How much formula do I feed my baby, and how often?**

- Between birth and six months of age, each day your baby will need about two to two and a half ounces of formula for each pound of his weight. For example, if your baby weighs 10 pounds, he will need 20-25 ounces per day.
- Newborns may take only an ounce or two at each feeding.
- At two to six months of age, babies drink four to six ounces per feeding.
- When baby is six months to one year old, he may drink as much as eight ounces at a feeding.
- Small, more frequent feedings will work better than larger ones spaced farther apart.
- Your baby’s tummy is about the size of his fist. Take a full bottle and place it next to your baby’s fist and you will see why tiny tummies often spit the milk back up when they are given too much.
The Late Preterm Infant

If your baby was born between your 35th and 37th weeks of pregnancy, he is considered Late Preterm. So that you can help him stay healthy, there are special needs you should know about.

- Your baby does not have much body fat and may have to work harder to stay warm and keep his temperature at a normal level.
  - Dress your baby with the goal of keeping his temperature within a normal range (axillary 97.7°F – 99.3°F). You may need to wrap him with one or two blankets, or use a sleep sack.
  - Keep his room warm – 70°F to 72°F or a little warmer.
  - Keep him out of drafts.
- Your baby may have trouble keeping his blood sugar (glucose) level up.
  - His nurse will be doing blood tests to make sure he is doing ok.
- Jaundice (yellowing of the skin and the whites of the eyes) is more likely to occur in preterm babies.
  - Your nurse will check her for jaundice before she leaves the hospital.
  - You will need to take your baby to the doctor a few days after she goes home to make sure she is eating enough and to check for jaundice.
  - If she looks yellow to you or is not eating well, call her healthcare provider. Your baby may take a little longer to eat at each feeding and may tire easily.
  - Breast milk is the best food source to help her grow and be healthy.
  - She will need to eat frequently. Wake your baby for feedings if she does not cue for feedings about every three hours (eight to twelve times a day).
  - If she has trouble eating enough, she may have to stay in the hospital a few extra days.
  - Once your baby is home, if she has trouble taking her feedings or refuses to eat two times in one day, please call her healthcare provider.
- If you have chosen to breastfeed your baby:
  - The lactation consultant and your nurse will teach you the best way to feed your baby.
  - Use the football or cross-cradle hold so that your baby has the most skin-to-skin contact.
  - You may need to supplement with expressed or donor breast milk. If breast milk is not available, formula may be suggested.
  - You may need to pump your breasts for extra stimulation and after ineffective feedings to ensure your breasts are drained well.
  - A hospital-grade breast pump is the best choice for use at home. They are available for rent at Gettysburg Hospital, the Breastfeeding Center at York Hospital and WellSpan Medical Equipment in Lebanon, Ephrata and New Holland.
  - Make a follow up appointment (for one to two days after leaving the hospital) to see a lactation consultant.
    - This appointment may include temperature and bilirubin level (to monitor jaundice) checks, along with a weight check and feeding evaluation.
    - Please remember to schedule your visit ahead of time and preregister.
  - It is important that your baby gets enough rest. She will be sleepier than babies born closer to their due date.
  - Don't pass her around, even if she is sleeping. A lot of handling by different people can wear her out.
  - Ask people to wait until she is a little older before asking to hold her.
- Preterm babies have a higher risk for getting an infection.
  - Don't allow people who are sick to be around her.
  - Make sure everyone washes their hands before touching your baby or anything that she uses.
  - A preterm baby’s lungs are premature and he has a higher chance of respiratory distress (trouble breathing).
    - If he looks like he is having problems breathing, let your nurse know right away.
    - Your nurse will do a one-hour test before he goes home to be sure that he does not have trouble breathing when he is in his car seat.
    - Once your baby is home, if you see that he is having trouble breathing, call his healthcare provider or 911 immediately.
  - Always follow Safe Sleep guidelines.
  - Position your baby properly in his car seat or any other seated device so that his head and neck are supported and not bending forward.

Not all late preterm babies have difficulties. Most obstacles are temporary and can be resolved in the first two weeks.
Caring for You and Your New Baby

Bringing Baby Home

A NEW BABY BRINGS JOY AND CHALLENGES TO A FAMILY. PARENTS ARE EXCITED BUT CAN ALSO BE NERVOUS ABOUT HOW THEIR OLDER CHILDREN WILL REACT TO THE NEWBORN.

If you have any questions or concerns while in the hospital, please talk with your nurse or healthcare provider. Once you are home, contact your baby’s healthcare provider if you have questions or concerns.

Sibling Rivalry

A new baby brings joy and challenges to a family. Parents are excited but can also be nervous about how their older children will react to the newborn.

- Remember that every child has a different personality and will react differently to the new brother or sister.
- Sibling rivalry is the competition among brothers and/or sisters for the love, approval and attention of their parents.
- Common reactions of baby’s older sibling are anger, regression and attention-seeking behavior.
- You may have tried to prepare your older children for what life will be like when their baby brother or sister comes home. By encouraging them to talk about their feelings and concerns, you allow each child to feel secure and loved.
- Plan to spend some time alone with each of your other children after your baby comes home. Do this every day.
- Continue to talk with them about their feelings.
- Don’t punish older children for sibling rivalry. Instead, teach them how to deal with these feelings.
- Some guidelines that may help you manage sibling rivalry as your children grow are:
  - Be fair.
  - Avoid making comparisons between your children.
  - Encourage the children to work out their own differences.
  - Avoid taking sides. Be impartial and do not show a preference for one child or another.
  - Set guidelines on how children can disagree and resolve conflicts.
  - Discourage tattling.
  - When it is necessary to punish or reprimand, do it with the child alone and in a quiet place.

Have regular family meetings for all family members to express their thoughts and feelings.

- Children have eight core love needs:
  1. Security – “Hold me close”
  2. Affirmation – “Be crazy about me”
  3. Belonging – “Fit me into the family”
  4. Discipline – “Give me limits”
  5. Guidance – “Show me and tell me”
  6. Respect – “Let me be me”
  7. Play – “Play with me”
  8. Hope – “Let me hope”

Introducing Your Pet and Your New Baby

- Your dog or cat may have been your ‘first baby’ and is used to being the center of your attention.
- It is normal for your pet to experience something similar to sibling rivalry when you bring your new baby home.

Before you bring your baby home

- Have your partner take home something that has your baby’s scent (a blanket, sleeper or the hat baby wore after birth).
  - Let your pet smell it and investigate it so that your baby’s scent becomes familiar to him.
- Your pet may be eager to greet you and receive your attention. Have someone else hold your baby while you greet your pet.
  - If your pet likes toys, bring him a new one as a gift.
  - Offer him a treat.
- Once your pet has calmed, you should start introducing your baby to him.
  - If you are uncertain of your pet’s behavior, have someone available who can step in if needed.
  - Let him get a good look at your baby and allow him to sniff your baby’s hands and feet.
  - Allow him to investigate this new addition at his own pace.
  - Never force a pet towards a baby.
  - Reward your pet’s good behavior with a treat.

- Never leave your baby unsupervised with a pet.
- Do not allow your pet to sleep on the baby’s furniture or play with the baby’s toys.
  - If your pet has difficulty staying away from off-limits items, install a removable gate that allows him to see, but not enter.
- Don’t use pet toys that resemble your baby’s toys.
- Try to maintain regular routines and spend one-on-one quality time with your pet each day.
Helpful Resources

WellSpan Breastfeeding Services
WellSpan’s international board certified lactation consultants (IBCLCs) are available throughout your inpatient stay, providing assistance and instruction to help you meet your breastfeeding goals.

WellSpan Breastfeeding Services Outpatient Consultations
Schedule an appointment for you and your new baby to address your breastfeeding concerns.

2050 South Queen Street
Suite 200
York PA 17403
(717) 851-7560

Maternity Department
Ephrata Hospital, 3rd Floor
Ephrata, PA 17522
(717) 738-6424

Maternity Department
Gettysburg Hospital, 1st Floor
Gettysburg, PA 17325
(717) 337-4184

Maternity Department
Good Samaritan Hospital, 3rd Floor
Lebanon, PA 17042
(717) 270-2290

Our specialized training and years of experience enable us to assist you with:
- Painful breastfeeding
- Sore nipples
- Low milk supply
- Slow weight gain
- Clogged ducts
- Engorgement
- Breast infections
- Premature babies
- Multiples
- Adoptions
- Tongue Tie evaluation
- Special needs babies

Telephone
You are welcome to call with your questions and concerns. In York, on evenings, weekends and holidays, call the lactation team at York Hospital (717) 851-2953.

When to Call WellSpan Breastfeeding Services
- Your baby is not having several wet diapers and at least one bowel movement per day in the first week of life, or is too sleepy to nurse well.
- Your nipples or breasts are sore enough to keep you from wanting to breastfeed.
- Your baby is refusing to breastfeed and has missed more than two feedings.
- Your nipples are no longer erect and are swollen when your milk comes in.
- Your baby has not regained birth weight by two weeks of age.
- Your baby has been gaining less than half to one ounce per day in the early months of breastfeeding.
- You need information on choosing the correct breast pump for your needs.
- You are using a breast pump and are not getting enough milk for your baby.
- Your baby is having symptoms of increased gas, spitting up, or colicky behavior.
- You would like to talk more about parenting and breastfeeding concerns.

Supplies and Equipment
Located directly inside the main entrance to the York Hospital Maternity department, the WellSpan Breastfeeding Center offers select supplies and equipment at a reduced price for mom and baby, including:
- Halo sleep sacks in preemie and newborn sizes, microfleece and cotton
- Simple Wishes hands-free pumping wrap
- Bravado nursing bras and camisoles
- Washable breast pads, nipple cream and hydrogel pads
- Washable Boston Billows nursing pillows in colorful patterns and My Brest Friend twin nursing pillow
- Adjustable stool for breastfeeding positioning and comfort; converts to a step stool
- Pump accessories and replacement pieces
- BPA-free bottles, nipples and breast milk storage bags
- Herbal supplements to support your milk supply
- Hospital-grade breast pumps and baby scales for rental

Some items are also available for purchase at our Queen Street outpatient location.
WellSpan York Hospital - Local Events for Our Moms

Thank you for being part of our WellSpan mommy community. We’re here to guide you throughout this special time in your life and offer local events to support you throughout your journey, both in pregnancy and beyond.

Breastfeeding for the Working Mom Class
Preparing to go back to work? Leaving your infant with a caregiver for the first time? Breastfeeding for the working mom will provide you with details. The class will discuss pumping, schedules, milk storage, cleaning and troubleshooting. We will provide many tips and tricks to help maintain breastmilk supply while away from your baby, as well as tips for caregivers to support your breastfeeding journey. You can register online at www.wellspan.org (under Classes & Events) or call (717) 851-2241.

For more information regarding the following series and support groups, contact Wendy McDowell at wmcdowell@wellspan.org or (717) 851-4305.

MOMMY TALK SERIES
New motherhood and the pressures of daily life often bring about many challenges. Not only are you learning your new role as a parent but you are also adjusting to your changing body, relationship with your partner, daily schedule, and more. Mommy Talk is a free monthly group held the third Monday of the month, 6:30 to 7:30 pm, at York Hospital Childbirth and Family Education Queensgate Towne Center with the goal of providing new moms with useful information in an environment that allows for social interaction and sharing.

TODDLER TIME SERIES
Once your baby has reached the age of one, come join us at Toddler Time. This series is a free monthly group held the first Monday of the month, 6:30 to 7:30 pm, at York Hospital Childbirth and Family Education Queensgate Towne Center and continues to explore the challenges and changes moms face as their babies approach the age of three. Each month, we will focus on a topic of interest to you!

BREASTFEEDING SUPPORT GROUP
We are here to support our breastfeeding moms.

• In Lebanon, our Breastfeeding Support groups meet the second and fourth Tuesday of most months, from 10:00 to 11:00 a.m., and a Wednesday evening in most months, from 6:30 to 8:30 p.m.

At these meetings, we provide you with opportunity for our moms to come together as a group to ask questions and talk with an international board certified lactation consultant as well as with other breastfeeding moms. Whether you are just beginning your breastfeeding journey, are an accomplished breastfeeding mom, or provide your baby with breastmilk by pumping, we’d love for you to be part of our community, no matter where you delivered your baby.

MOMMY SUPPORT GROUP
Did you know baby blues can affect up to 20% of new moms? Our free Mommy Support group is designed to provide new moms with encouragement and helpful information in an environment that allows for social interaction and sharing. You are not alone in this! Every second Monday of the month, 6:30 - 7:30 p.m., join us at York Hospital Childbirth and Family Education Queensgate Towne Center, to participate in open and honest discussion led by experts in the field.

Local and National Resources

• Immunizations (for adults requesting Tdap, be sure to inform the doctor or agency that you are a caregiver for a new baby).
  o York City Health Department – York City residents only
    • Call for an appointment     (717) 849-2252
    • There is a minimal fee.
  o York County Department of Health – York County residents only
    • Call for an appointment     (717) 771-4505
    • There is a minimal fee.
  o Your family doctor or baby’s doctor

• WIC (Women, Infants, Children) helps provide healthy supplemental foods and nutritional services for pregnant women, postpartum and breastfeeding women, infants and children under the age of five.
  o York County Community Progress Council
    • 226 E. College Ave., York, PA 17403
    • (717) 843-7942 or toll-free 1-800-WIC-WINS (1-800-942-9467)
    • www.yorkcpc.org/programs/nutrition-emergency-services/women-infants-children-wic/
Helpful Resources

- South Central Community Action Program (Adams County)
  - 153 N. Stratton St., Gettysburg, PA 17325
  - (717) 334-7634
  - www.sccap.org/health-and-nutrition

- Chambersburg WIC Clinic
  - 533 S. Main St., Chambersburg, PA 17201
  - (717) 263-0802

- Waynesboro Clinic
  - 230 S. Potomac St., Waynesboro 17268
  - (717) 762-2143

- Lebanon Clinic
  - 615 Cumberland St., Lebanon, PA 17042
  - (717) 273-6940
  - www.lebanonfamilyhealth.org/services/wic/

- WIC Program of Ephrata
  - 40 E. Main St., Ephrata, PA 17522
  - (717) 738-0355
  - www.wicprograms.org/ci/pa-ephrata

- La Leche League
  - www.LLL.org

- WellSpan York Hospital Postpartum Depression Resources
  - Call or email Wendy McDowell, BSN, RN, IBCLC, Postpartum Support Nurse
    - (717) 851-4305 or toll-free 1-800-540-7684
    - wmcdowell@wellspan.org

- WellSpan Classes and Events
  - There's always something going on at WellSpan Health. From teaching baby sign language and learning how to navigate those early months after baby's birth, to health screenings and classes, workshops on complementary medicine topics, cooking demonstrations and grocery shopping tours, we offer classes and workshops to help you and your family live a healthy life.
  - Check out what's happening at https://www.wellspan.org/about-wellspan/classes-events/

- WellSpan Center for Mind/Body Health
  - Take control of your health using natural products and services
    - York (717) 851-2942
    - Gettysburg (717) 337-4107
  - Check out these opportunities (York only)
    - Prenatal Yoga
    - Yoga Nidra
    - 2019 Classes
    - Community Acupuncture

- For additional information, go to https://www.wellspan.org/offices-locations/other-wellspan-locations/wellspan-center-for-mindbody-health/

- WellSpan Nutrition Services
  - Registered dietitians help assess your nutrition and physical activity, and provide modification strategies
    - York (717) 851-2942
    - Gettysburg (717) 337-4107

- YMCA
  - Water Babies swim class for parent and infant
    - Dover (717) 292-5622
    - York (717) 843-7884
    - Littlestown (717) 359-9733
    - Hanover (717) 632-8211
    - Lebanon (717) 273-2691
    - Ephrata (717) 738-1167

- YWCA of York
  - Parent and Tot swim class for parent and infant
    - (717) 845-2631

- Family-Child Resources
  - Providing Early Intervention (EI) services to families in York and Adams Counties with young children (ages birth to three years) who have or are at risk for developmental delay.
  - Check out their website for an excellent overview of local programs and resources covering topics such as low cost healthcare, behavior and addiction counseling, pregnancy and infant resources, after school programs, and much more.
  - www.cap4kids.org

- The Hanover Mother's Center
  - Play groups, discussion groups, craft nights, book clubs and more
  - Available to all moms in the York/Adams area
    - South Hanover YMCA (717) 646-9634

- Lehman Center
  - Parent support group with childcare provided
  - Groups meet during the day and also in the evening.
  - Crisis nursery
  - Located on West Market Street in York
    - (717) 845-5771

Caring for You and Your New Baby
Helpful Resources

- **Support Groups for Mothers of Multiples**
  - Monthly meetings, play groups and social activities
    - York White Rose Mothers of Twins and Triplets  
      www.twinmomsclub.com
    - Multiples of America  
      www.multiplesofamerica.org
    - Pennsylvania Organization of Mothers and Multiples Club (POMOMC)  
      www.pomomc.org

- **M.O.P.S. (Mothers of Preschoolers)**
  - www.mops.org

- **Moms Supporting Moms of Adams County**
  - Activities and socialization for moms and children
    - Play groups, crafts and moms’ night out
      www.moms-supporting-moms.org

- **Kindermusik**
  - www.kindermusik.com  
    (443) 257-1039

- **York County Libraries**
  - Story times for moms and toddlers
    - www.yorklibraries.org
    - Dover (717) 292-6814
    - Hanover (717) 632-5183
    - Spring Grove (717) 225-3220
    - Red Lion (717) 244-2032
    - Hellam (717) 252-4080
    - Martin (717) 846-5300
    - Shrewsbury (717) 235-4313

- **Adams County Libraries**
  - Story times for moms and toddlers
    - www.adamslibrary.org
    - East Berlin (717) 259-9000
    - Gettysburg (717) 334-5716
    - New Oxford (717) 624-2182

- **Lebanon County Libraries**
  - Story times for moms and toddlers
    - www.lclibs.org
    - Annville (717) 867-1802
    - Lebanon (717) 273-7624
    - Fredericksburg (717) 865-5523
    - Myerstown (717) 866-2800
    - Myerstown (717) 838-1347
    - Richland (717) 866-4939

- **Ephrata Public Library**
  - Story times for moms and toddlers
    - www.ephratapubliclibrary.org
    - (717) 738-9291

- **Local Caregivers**
  - Babysitters, nannies, pet care and more
    - www.care.com

- **Childcare Consultants**
  - Affordable child care
    - 1-800-864-4925
    - www.childcareconsultants.org

- **Consumer Product Safety Commission**
  - Information on crib, car seat and product safety and recalls
    - www.cpsc.gov
    - 1-800-638-2772

- **Pennsylvania Safe Havens**
  - All Pennsylvania hospitals will protect babies whose mothers cannot take care of them.
    - Newborns up to 28 days old may be taken to any hospital and dropped off.
    - No questions are asked and no judgments are made.
    - Babies are checked by a doctor and given medical care. Children, Youth and Families then find a family to take in and care for the baby.
    - 1-866-921-SAFE (7233)
    - www.secretsafe.org

**Websites**

- **Postpartum Depression**
  - www.postpartumstress.com
  - www.postpartum.net

- **Dads**
  - www.postpartummen.com
  - www.postpartum.net/get-help/resources-for-fathers/

- **Blogs**
  - www.postpartumprogress.com
  - www.ppdsupportpage.com

- **Evidence-based information on breastfeeding and parenting**
  - www.kellymom.com

- **American Academy of Pediatrics**
  - www.aap.org
  - Click on the tab HealthyChildren.org