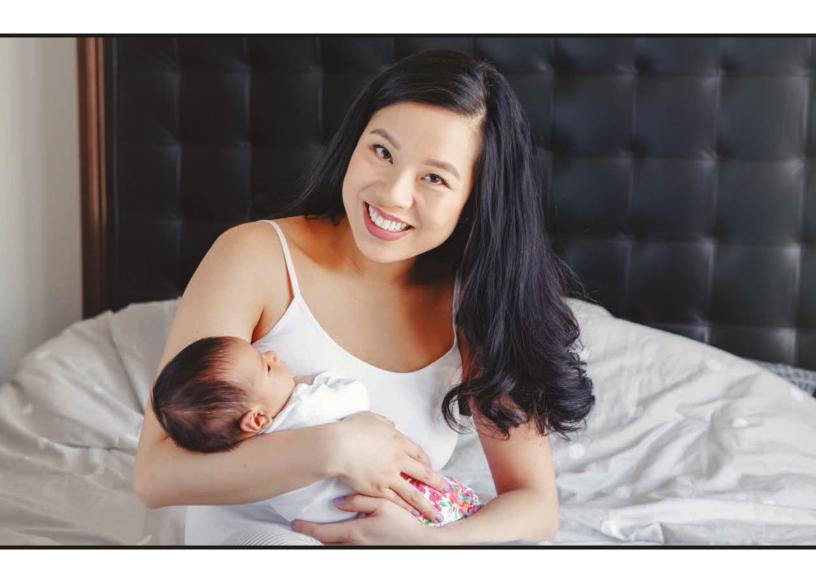
Caring for Yourself and Your New Baby





When to Call Your Doctor or Midwife

Call 911 if you have:

- Chest pain, trouble breathing, or a seizure.
- Heavy bleeding that won't stop.
- ▶ Thoughts of harming yourself or others.
- Any other medical emergency

Call your doctor or midwife right away if you have any of the following symptoms:

- Blurred vision or dizziness
- Headache not relieved by medication
- Severe pain in the stomach or upper abdomen
- A red, warm, painful area on your leg
- An increase in bright red vaginal bleeding that soaks a pad in 1 hour or less, frequents clots, or strong vaginal odor
- Fever of 100.4° F (38° C) or more
- Nausea or vomiting
- A reddened, hard, tender area of the breast
- Pain or burning with urination
- Difficulty having a bowel movement
- Sadness, crying spells, or mood swings
- Any new or worsening pain
- Redness, warmth or swelling to your incision site or any opening to your incision area
- Drainage from incision that is foul smelling and/or green or yellow in color

When to Call Your Baby's Doctor

Call 911 if your baby:

- Is having trouble breathing
- Is blue (skin, nails, lips or gums)
- Is limp or not responding
- Any other medical emergency

Call your baby's doctor or healthcare provider if your baby:

- Has a temperature over 100°F (37.8°C).
- Vomits repeatedly or refuses to eat 2 or more times in a row.
- Cries continuously or has a high-pitched cry.
- Is hard to wake up or is not as active as normal.
- Has jaundice (yellowing) of the skin or whites of the eyes.
- Has an unusual rash, especially with a fever.
- Has signs of dehydration such as dry mouth, inactivity, limpness, or sunken eyes.
- Has redness, bleeding, or drainage from the umbilical cord area or circumcision.
- Has difficulty with bowel movements or has bowel movements that have mucus or are bloody.
- Doesn't "seem right."

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Caring for Yourself

After delivery, you will need to rest and take care of yourself. This is a time for your body to recover. Your body will still be changing, and your moods will vary. It is important to know what to expect. Here is some information to help you.

Postpartum Checkup

Your doctor or midwife will want to see you after delivery. This is an important visit, so make your appointment as soon as you get home. If you have any issues before your scheduled appointment, don't wait. Call your healthcare provider to discuss your concerns.

Postpartum Guidelines

Vaginal Discharge

After delivery, you will have vaginal bleeding (called lochia) and you may notice small, quarter-sized clots. It is normal to have a slight increase in bleeding and pass small clots after breastfeeding. This discharge will lessen and become pink, brown, then tan, and finally clear.

If your bleeding becomes heavier or if you have increased cramping with clots, you may be doing too much, too soon. Lay down or rest in a chair with your feet up. If the bleeding does not decrease with rest, call your doctor or midwife.

After 6 to 10 weeks, moms that are not breastfeeding may start having periods (menstrual cycles). Breastfeeding moms may not have a period until they stop

breastfeeding. When your period returns, it may be different than before your pregnancy. Be aware that pregnancy can happen without having periods. Breastfeeding should not be used as a form of family planning.

Feminine Hygiene

Until your postpartum checkup:

- Do not use tampons. Use only pads.
- Do not douche.
- Do not have sexual intercourse.
- Do not use a hot tub or swim.

Perineal Care

If your perineum (the area of skin between the vagina and the anus) tears or is cut (called an episiotomy) during childbirth, it may be painful while the area heals. Hemorrhoids (swollen veins in the anus and rectum) are also common after delivery. There are things you can do to help relieve pain after a vaginal delivery:

- Soak in clean, warm water (in a clean bathtub or a sitz bath) 2 or 3 times a day.
- Each time you go to the bathroom, fill your "peri" bottle with warm water to rinse off.
- Clean from front to back each time you urinate or have a bowel movement.
- Over-the-counter sprays, foams, and witch hazel pads may also be helpful.

Bowel Movements

You should have a bowel movement by the 3rd or 4th day after delivery. To help return to a normal bowel pattern:

- Take an over-the-counter stool softener as directed by your doctor.
- Drink plenty of water.
- Eat foods that are high in fiber, such as fresh fruits, vegetables, and whole grains.
- If you become constipated or have difficulty with bowel movements, call your doctor or midwife.

Afterbirth Pains

You may have afterbirth pains as your uterus contracts. This cramping is normal and may last for several days. For breastfeeding moms, afterbirth pains may be felt more while breastfeeding, especially the first week after delivery. A mild pain reliever such as ibuprofen may help decrease the discomfort.

Activity

Start with light physical activity when you first go home. If your bleeding increases or you have more pain, cut back on your activity.

- Do not lift anything heavier than your baby (or anything over 10 pounds).
- You can begin taking walks when you feel able.
- Do not start an exercise program until you have checked with your doctor or midwife.
- You may drive 1 to 2 weeks after a vaginal delivery or 2 to 4 weeks after a C-section. Do not drive when you are taking narcotic pain medication.

Food and Fluids

Drink plenty of fluids — at least 8 to 10 glasses of water each day. Eat fresh fruits, vegetables, whole grains, and a source of protein every day. Take iron pills if they are ordered. Continue to take your prenatal vitamins for at least 6 weeks or as long as you breastfeed.

Swelling

Many women have swelling in their hands, feet and face during pregnancy, caused by extra fluids in the body. It may take time for the swelling to go away after you have your baby. Drink plenty of water and rest with your feet up to help reduce the swelling.

Weight

Right after birth, you will typically lose about 10 to 12 pounds. Your uterus is still up in your abdomen and will give you that "still pregnant" look. In 5 to 6 weeks, your uterus will be back to a non-pregnant size, but you may not have lost all of the pregnancy weight. To work towards a healthy weight, talk to your healthcare provider about when to start an exercise program and how to increase your activity. Drink lots of water and eat healthful foods. Be patient; It takes time for your body to recover from childbirth.

Breast and Nipple Care

As your breasts fill with milk, it is normal to have breast fullness and tenderness. This usually starts a couple days after delivery. This fullness usually gets better as breastfeeding is established (or, if you're not breastfeeding, when your body stops making milk). Wear a supportive (not tight-fitting) bra and apply ice packs to help with the discomfort.

Many breastfeeding moms have some nipple soreness in the beginning, often when the baby first latches on. Latch-on pain lasts no more than 30 seconds into the feeding, and can be normal. If you are having trouble getting your baby latched, call the Breastfeeding Helpline. Improper latching can cause damage to the nipples, such as cracks, blisters, or bleeding. If you develop a fever or chills or your breast becomes tender or red, you may have an infection (mastitis) and need antibiotics. Call your doctor if this happens.

For more information about breastfeeding and breast care, refer to the Breastfeeding Guide. If you have further questions or concerns, call our Breastfeeding Helpline at 614-234-MILK (6455) or your healthcare provider.

Cesarean Birth Recovery

It will take longer to regain your strength after a cesarean birth. You have had major surgery and it will take time to recover. You will need to restrict your activity:

- Get as much rest as possible.
- Do not lift anything heavier than your baby.
- As you heal and feel up to doing more, slowly and gradually increase your activity.
- Talk to your doctor before starting any exercise program.

Incision Care

The best time to care for your incision is in the shower each day. Do not take a tub bath until your doctor says it is okay. You may be instructed to shower using a chlorhexidine gluconate (CHG) soap to prevent infections. Follow your doctor's instructions for caring for your incision once you are home.

- Shower every day.
- When you are in the shower, first wash your hands and fingernails.
- Gently clean your incision using soap and water.
- Pat dry with a clean towel. You may use a hair dryer on a cool setting to dry well. If you have Steri-Strips™ over your incision, you may remove them if they have not fallen off in 7 to 10 days.
- If you left the hospital with staples, be sure to follow up with your doctor for staple removal. Call the doctor's office for an appointment to have staples removed within 5 to 7 days.
- Keep your incision clean and dry. Do not use any lotion or powder on the incision.

Check your incision every day for signs of infection. Call your doctor if you have:

- A fever of 100.4°F (38°C) or higher
- Any swelling, redness, or warmth around the incision
- Any opening or separation of your incision
- If there is persistent bleeding or drainage (a small amount of yellow, clear, or bloodtinged drainage may occur and can be normal)
- Drainage that smells bad or changes in color (such as green, brown, or yellow)
- New or worsening pain

Emotional Health after Having a Baby

You may have different emotions after the birth of your baby. You may be happy and excited, but it is also common to feel tearful and sad. Hormones and fatigue have a major impact on your feelings and emotions.

Ways to Cope

- Do not be afraid to ask for help if you are feeling exhausted or overwhelmed.
- Give yourself time to adjust to the demands of parenthood.
- Take a walk around the block, or take part in exercise such as yoga.
- Tell your family members and friends how you are feeling and how they can support you.
- Find a support group in your community, online, or at your local hospital.

Postpartum Blues

You may get the "baby blues" after delivery. You may feel overwhelmed, anxious, irritable, and may cry easily. These feelings are normal and may begin 2 or 3 days after you have your baby, and should go away on their own in a week or two. If these feelings last longer than 2 weeks, call your doctor or nurse.

Postpartum Depression

Postpartum depression is the most common complication of childbirth. Sadness, anxiety, or hopelessness that lasts more than 2 weeks may be postpartum depression. Other symptoms include:

- Loss of appetite
- Sleep disturbances (sleep loss or sleeping too much)
- Fear and/or anxiety

- Feelings of hopelessness or loss of control
- Problems concentrating or making decisions
- Crying spells
- Overconcern or lack of concern about your baby
- Fear of touching or caring for your baby

Contact your healthcare provider if you think you have postpartum depression. This is very important. Postpartum depression is real and treatable. These symptoms are not a sign of weakness or inadequacy as a mother. You are not to blame for these feelings.

There is no way to predict who will have postpartum depression. You are at a higher risk if you have had depression or anxiety in the past, but it can happen to anyone with any pregnancy. Treatment varies, and your healthcare provider will discuss this with you.

You can also contact:

POEM - Mental Health for Moms poemonline.org 614-315-8989

Mount Carmel Moms' Line 614-898-MOMS (6667)

Net Care Access (Crisis Line) 614-276-2273

Family Safety

Call 911 if:

- You or your baby is in danger.
- You feel threatened by anyone.
- You feel you may harm your baby.

Other Complications

Preeclampsia

Preeclampsia is a serious condition in which a woman has high blood pressure, protein in her urine, and/or signs of liver, kidney, or other problems. It usually develops during pregnancy, but it is possible to have preeclampsia after delivery. If you had high blood pressure during pregnancy, you are at a higher risk for problems. Women with preeclampsia can sometimes have seizures. This is called eclampsia and is a medical emergency.

Call your healthcare provider if you have any of the following signs of preeclampsia:

- Blurred vision or other vision problems
- Frequent or persistent headaches
- Pain or tenderness in your stomach, especially in the upper right section

If you are having a seizure, someone must call **911** or **get emergency care immediately.** *Tell the medical personnel that you recently gave birth.*

Postpartum Hemorrhage

It is normal to have bleeding after having a baby, but postpartum hemorrhage is when a woman has heavy vaginal bleeding that doesn't stop. It's a serious, but rare condition that can happen up to 12 weeks after having a baby. Women with certain medical conditions are more likely to have postpartum hemorrhage.

Call your doctor or 911 right away if you have:

- Vaginal bleeding that doesn't slow or stop
- Blurred vision, chills, or a fast heartbeat
- Dizziness, weakness or feel like you may pass out

Caring for Your Baby

In the Hospital

This is a special time for you and your baby. It is best for your baby to remain with you in your room as much as possible while you are in the hospital. Twenty-four-hour roomingin is encouraged to help you learn your baby's feeding cues and sleep cycles. Your baby will be closely watched and cared for by the nursing staff, and at times may need to be evaluated in the nursery. Your nurse will include you in the plan of care for your baby. Most of the nursing care for your baby can take place in your room.

Diaper Care

In the hospital, you will use disposable diapers. Keep track of how many wet and soiled diapers your baby has. When diapering your baby, be sure to fold down the top edge of the diaper so it does not cover the umbilical cord.

Routine Tests

Newborn tests include:

Newborn screen (state-required blood test)

Soon after birth, all babies are checked for certain medical conditions. Babies are screened, even if they look healthy, because some medical conditions cannot be seen by just looking at the baby. Finding these conditions soon after birth can help prevent some serious problems, such as brain damage, organ damage, and even death.

Critical congenital heart defect screening (CCHD)

This is a non-invasive test completed 24 hours after birth to help identify critical congenital heart defects. For more information, visit cdc.gov/ncbdd/heartdefects/screening.html.

Hearing screen

At birth, a baby can respond to sound. All newborns have their hearing tested with either a brainstem auditory evoked response (BAER) or an otoacoustic emission (OAE) test. These are simple tests that take 5 to 10 minutes and are done while your baby is sleeping. The results of the tests are shared with you and your baby's doctor.

Some other common tests include blood sugar screen, bilirubin (jaundice) test, blood test, urine test, and X-rays. A car seat tolerance test will be performed if needed for your baby. If any of these tests are needed, your doctor or nurse will explain them to you.

Birth Certificate and Social Security Number

A staff member will give you forms to complete for your baby's birth certificate. There is a box to check if you would also like a Social Security number issued for your baby. Please note:

- The Social Security card will be mailed to you in about 6 to 8 weeks at no charge.
- The state of Ohio does not issue a free birth certificate. If you want a copy of your baby's birth certificate, you will have to complete the order form, enclose the fee, and mail it. The state will then mail you a copy of the birth certificate.

Skin-to-Skin Care (Kangaroo Care)

After your baby is born, the healthcare team may encourage you to do skin-to-skin care with your baby. Skin-to-skin care is also a great way to comfort and bond with your baby at home.

What Is Kangaroo Care?

- Skin-to-skin care, or kangaroo care, is a special way to hold your baby skin-to-skin upright between your breasts.
- Your baby is dressed only in a diaper and a hat.
- ▶ Your shirt or blouse is closed around your baby with a blanket on top. Don't dress your baby or wrap them in a blanket all they need is a diaper, because they'll stay warm next to your body.
- Make certain baby's head is upright and turned to the side with nose uncovered.
- Fathers and others may do kangaroo care, but mothers do it most often because of the chance baby will breastfeed.

How Can My Baby and I Benefit from Kangaroo Care?

- Touching and cuddling skin-to-skin helps you nurture and bond with your baby.
- You may feel more relaxed and "in touch" with your baby's needs as you hold and respond to them. Your baby will sleep better and is less likely to cry.
- Moms who do kangaroo care in the hospital usually make more milk and breastfeed longer at home. Their babies tend to breastfeed sooner, better, and longer.



- The close physical contact with your baby helps your body make infection-fighting antibodies to protect both you and your baby.
- Babies held skin-to-skin gain more weight. They also breathe more regularly, have more stable oxygen levels and body temperatures, experience fewer infections, and have longer periods of deep sleep.
- When babies are relaxed and stable in kangaroo care, they can use all their energy to grow.

After you take your baby home, find times to hold baby in skin-to-skin care. For example, you can do it after a bath or first thing in the morning. Allow yourself and your baby time for skin-to-skin contact before and after feedings.

Snuggling with your baby in skin-to-skin care lets you and your baby get to know each other.

Breastfeeding Your Baby

Breastfeeding is good for your baby's health:

- Helps protect your baby from infections, diarrhea, and upset stomach
- Lowers the risk of sudden infant death syndrome (SIDS), diabetes, asthma, and allergies

Breastfeeding is also good for you:

- It's convenient and saves time and money
- Helps you have a faster return to pre-pregnancy shape
- Lowers the risk of early breast and ovarian cancer

For all of these reasons and many more, Mount Carmel is committed to helping you and your baby get off to a good start. Breastfeeding is a skill that takes practice, so give yourself time to learn and to enjoy breastfeeding.

While you are in the hospital, our nurses will help you with breastfeeding, skin-to-skin care, and rooming-in. Certified lactation consultants (nurses who specialize in breastfeeding) will also assist you with your breastfeeding needs.

You will be given our *Breastfeeding Guide* before you go home. The guide includes helpful information on getting started, how to know if your baby is getting enough milk, expressing and storing milk, and other helpful resources. Refer to the guide as often as needed.

Mount Carmel offers comprehensive outpatient breastfeeding services, which include:

- Free telephone help line: 614-234-MILK (6455)
- Free weekly breastfeeding support groups
- Outpatient lactation consultations

Call 614-234-MILK for more information on these services and to schedule appointments.

Caring for Your Baby at Home

Your baby should have regular checkups. Call to schedule your baby's first doctor's visit as soon as you get home.

Sleep Patterns

Babies may have different sleep patterns. Newborns may sleep up to 18 hours per day. When your baby is sleeping, continue with normal household routines and noises. Choose a place in your house that is safe for your baby to sleep.

The best place for your baby to sleep is in a crib or bassinet placed close to your bed. You can bring your baby into your bed for nursing, but return them to the crib or bassinet when you are ready to go back to sleep.

Safe Sleep

- Follow the ABCs of safe sleep: Alone, on their Back, and in their Crib.
- Do not place **anything** in the infant's crib: **NO** pillows, blankets, quilts, comforters, toys, stuffed animals, or bumper pads.
- Do **not** use wedges, rolled blankets, or any positioning devices.
- Consider using sleep sacks instead of blankets.
- Avoid overheating, head coverings, or hats when sleeping.
- Infants should not sleep on an adult bed or a couch. These areas are not safe for babies. A baby can suffocate (stop breathing) from being trapped in a small space, such as between the headboard and mattress or wedged in cushions.
- Car seats, bouncers, strollers, and swings should be used for their intended purpose under adult supervision, and should not be used for routine sleep in the home.

- Give your baby supervised tummy time every day while they are awake to help strengthen the baby's muscles and prevent flat spots on the head.
- Sleeping on the back does not increase the risk of choking. In fact, babies that sleep on their stomach may be more likely to choke.

During your hospital stay, the nursing staff may put your baby to sleep on their side or stomach for medical reasons. You should not put your baby to sleep on their side or stomach when you go home. The safest position for your baby to sleep in is on their back.

Make sure everyone that takes care of your baby knows how to keep your baby safe and reduce SIDS.

If you need a portable crib for your baby, call the Columbus Public Health Department at 614-645-3111.



SIDS

SIDS (sudden infant death syndrome) refers to the unexplained death of a baby who is less than 1 year old. SIDS, sometimes called crib death, is the leading cause of death in babies between 1 month and 1 year old. There are things that you can do to decrease the risk of SIDS in your baby.

- The best way to lower the risk of SIDS is by putting your baby to sleep on their back every time, for naps and at night.
- Do not expose baby to secondhand smoke. Do not allow anyone to smoke around the baby or in the home.
- Pacifiers are recommended during nap time and bedtime until your baby is 1 year old. If you are breastfeeding, you should wait until your baby is 3 to 4 weeks before using a pacifier.
- Breastfeeding your baby may also help to decrease the risk of SIDS. If you bring your baby to your bed for a feeding, place them back in their separate sleep area when you are done. Sleeping in the same room but on a separate sleep surface is best.

Bowel Movements and Wetting

Your baby's bowel movements will change during the first 2 to 3 days. The first bowel movement will appear black and sticky and is called a meconium stool. As your baby takes more breast milk or formula, the stools will become green, then yellow. A breastfed baby will have loose, yellow, seedy stools. A formula-fed baby will have brown soft-formed stools.

Each baby has their own bowel pattern. Some infants may have one bowel movement every 1 to 4 days, while others may have 5 to 6 each day. Babies often grunt and turn red when having a bowel movement. This is normal and not a sign of constipation.

The number of wet diapers your baby has should increase over the first few days of life. After a week, your baby should have 6 to 8 wet diapers each day.

Skin

Your newborn may have:

- Newborn rash, which appears as fine red spots and may be slightly raised. It can be seen over a small area or the entire body. Newborn rash is very common. It does not need treatment and should go away on its own.
- Milia, or blocked pores, which appear as white spots on the face. They will go away on their own within a few weeks.
- Lanugo, a soft downy hair that may be seen at birth and will go away within a few weeks.
- Mongolian spots, darker-pigment areas that are often seen on the lower back or buttocks.

Reflexes

Newborn reflexes are automatic responses that are a part of a newborn's development. They help determine if the brain and nervous system are working well.

The following are some of the normal reflexes for a newborn:

- The Moro (startle) reflex: If the baby feels a quick movement or hears a loud noise they will extend out their arms and legs, then pull them back in to their body.
- **Suck:** When the roof of the baby's mouth is touched, the baby will begin to suck.
- Rooting: If you stroke their cheek or mouth, the baby will turn their head toward your hand. This helps the baby find the breast or bottle to begin feeding.
- Grasp: Touching the palm of a baby's hand causes the baby to close their fingers in a tight grasp.

Hearing and Vision

At birth, your baby can and will respond to sound. Your baby will respond to loud voices and will find quiet music soothing. They can also see at birth. Your baby can tell light from dark and see large objects, but it will be some time before they can focus well.

Bathing

When bathing your baby, choose a place that is warm and free from drafts. You do not have to bathe your baby every day, as it may dry out their skin. Keep their neck, face and diaper area clean between baths. Have all items within easy reach, and never leave your baby alone.

Bath Supplies

- Mild soap
- **D** Bathtub or suitable sink
- ▶ Small basin with warm (not hot) water
- Diaper
- Comb and brush
- Soft washcloths and towel
- Clean clothes
- Petroleum jelly for circumcision care (as directed by baby's doctor)

Sponge Bath

Until the umbilical cord falls off, you should give your baby a sponge bath. Use your hand or elbow to check to make sure the water temperature is comfortably warm before bathing your baby (aim for just above 100° F (38° C) to prevent chilling or scalding the baby).

- Spread out a clean towel or blanket on a flat surface (such as a kitchen or bathroom counter or table) and lay your baby on the area. Keep one hand on your baby for safety.
- Undress your baby and wrap him in a towel or baby blanket. Uncover each area only as you wash it to help keep your baby warm.
- Use a washcloth to wipe your baby's eyes gently from the inner corner to the outer corner. Use a clean part of the washcloth for each eye. Then wipe around nose and ears and the rest of the face in the same manner. Use plain water on the face. Do not use cotton swabs in ears or nose.

- Hold your baby securely to shampoo their hair. Apply a small amount of soap or shampoo and massage gently. Rinse by squeezing warm water from a washcloth over his head. Dry gently.
- Wash your baby's upper body and upper back with a soapy washcloth and rinse. Be certain to get in all the creases of the neck and arms. Dry well. Avoid getting the umbilical cord wet.
- Wash, rinse, and dry your baby's legs and feet.
- When washing the diaper area of girls, use a warm, soapy washcloth and wash from front to back. Use a clean part of the washcloth for each side. Be sure to separate the labia and gently wash from front to back. Pat dry.

Tub Bath

After the umbilical cord has fallen off and the circumcision has healed, you may bathe your baby in a tub of water. Place 3 to 4 inches of warm (not hot) water in the bathtub. Hold your baby at all times during the bath. A wet baby is very slippery.

- Stay with your baby at all times while bathing. If you need to get something, wrap your baby in a towel and take them with you.
- Always test the water temperature before putting your baby in the bath.

Umbilical Cord Care

Until your baby's cord falls off, fold the top of the diaper below the cord. This will allow the air to dry the cord. The cord usually falls off in the first week. If you notice any redness or drainage from the cord area, call your baby's doctor.

Baby Boy Care

Circumcision is the surgical removal of the foreskin (the skin that covers the end of the penis). Doctors use different methods for circumcision.

If your baby has a Plastibell, keep the penis clean and dry. Do not use petroleum jelly. If a Plastibell is not used, the penis may be covered with petroleum jelly gauze for the first day.

The circumcision site will be red and have a yellowish film for about 5 to 7 days, which is the normal healing process. Apply petroleum jelly to the penis at each diaper change until healed to keep the penis from sticking to the diaper.

Make sure you can see the entire gland in the circumcised penis; if needed, *gently* push the skin back to expose the gland.

When washing the penis of a circumcised boy, use only plain water until healed. Do not use soap or scented baby wipes.

If he has not been circumcised, do not pull back on the foreskin of the penis unless instructed by your baby's doctor. A soapy washcloth should be used to wash the penis. On all baby boys, wash underneath the scrotum and his bottom with a soapy washcloth. Rinse well. Pat dry.

Taking Your Baby's Temperature

You do not usually need to check your baby's temperature unless you suspect a fever or your baby looks or acts ill. Talk to your baby's healthcare provider about taking your baby's temperature and fevers. A digital thermometer is safest to use on a baby. Thermometer and probe covers can be purchased at any drugstore. **Do not** use a glass mercury thermometer. Ear temperatures are not accurate before 6 months of age.

Follow the doctor's instructions for taking your baby's temperature. One method is taking an axillary temperature (in the underarm or "armpit").

Axillary Temperature

- Make sure that your baby's armpit is dry and that no clothing is in the way.
- Place the thermometer tip high up in the armpit.
- Hold your baby's arm snugly against his body until the thermometer shows a final reading.

Do not give a baby under 3 months any fever medicine. Call your baby's doctor right away if your baby is younger than 3 months and has a temperature of higher than 100.0°F (37.8°C) or if you have any concerns.

Infant Conditions and Concerns

Diaper Rash

Diaper rash is a common problem. Make sure to change your baby's diaper often. A diaper rash cream may be helpful. There are many things that may cause a diaper rash. If the diaper rash does not improve in 3 days, call your baby's doctor.

Fussing and Crying

All babies cry and are fussy — but some babies cry more than others. Sometimes you can tell that your baby is crying because they are hungry or uncomfortable. At other times, you may not understand why your baby is crying.

You may find ways to calm your baby, but it might not work every time. Sometimes your baby may cry no matter what you do. Although this can be normal, a crying baby can frustrate and worry parents. If you are ever in doubt about your baby's crying or health, call your baby's doctor. There are many ways to soothe and calm your baby. Try these and find what works best for your baby.

- Comfort your baby using skin-to-skin care (kangaroo care).
- Check if your baby is hungry.
- Offer your baby a pacifier if appropriate.
- Change their diaper if it is wet or dirty.
- ▶ Safely swaddle your baby. Make sure they do not get too hot.
- Rock your baby. Hold them close and breathe slowly and calmly. Sing or talk in a quiet, singsong way.
- Quiet the room lower the lights and turn off the TV or radio.
- Hold your baby close to your body. Walk or dance with them.
- Give your baby a warm, relaxing bath.

 Lay them next to your skin and gently rub them.
- Play soothing music, run the vacuum cleaner, or let the water run for a few minutes.
- If you start to feel frustrated, put your baby in their crib and do something that helps you calm down. Check your baby every 10 or 15 minutes. Once you have calmed down, go pick up your baby and try again to soothe them.
- For more information, go to: purplecrying.info/

Shaken Baby Syndrome

At times, it can be very difficult to cope with your baby's crying. Talk with a friend, get support, or ask someone to give you a break and take over for a while.

Remember: Never shake a baby.

Shaking a baby is very dangerous. When the baby is shaken, the brain bounces within the skull, causing bruising, bleeding, and swelling. This can result in:

- Permanent brain damage
- Seizures
- Blindness
- Hearing loss
- Paralysis
- Cerebral palsy
- Speech and learning disabilities

Tossing your baby in the air, or bouncing him on your knee too hard, can also cause brain damage. The main reason that babies are shaken is because of crying. Teach your baby's caregivers about the dangers of shaking a baby and if they ever become frustrated to put your baby in a safe place and call you. Tell them to **never** shake your baby.

It is hard to soothe your baby when you are upset. If you feel yourself getting frustrated, have someone watch and comfort your baby while you take a break. If you are alone with your baby, put your baby in a safe place while you calm down. Try one of these ideas:

- Let your anger out in a safe way. Scrub a floor, do dishes or laundry, shake a rug, or just sit down and have a good cry.
- Calm down. Sit or lie down, close your eyes, take some deep breaths, think of something pleasant for several minutes, or count to 100 until you are calm.

- **Do something for yourself.** Listen to music, exercise, or take a shower or bath.
- Stop and think about why you feel so angry. It's okay to feel frustrated, as long as you do not take it out on your baby.
- Call a friend, relative, or neighbor to talk about your frustration or see if someone can take over for a while.

Jaundice

Jaundice is the yellow color seen in the skin of many newborns. Jaundice can occur in babies of any race or color. All newborns are checked for jaundice in the hospital.

Most babies have a mild form of jaundice in the first few days after birth. Some babies have a more severe form of jaundice, which can cause brain damage if left untreated.

To make sure your baby's first week is safe and healthy, it is important that:

- Your baby is checked for jaundice in the hospital.
- Your baby is seen by a doctor or nurse when 3 to 5 days old.

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 often appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level rises. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

When should my newborn be checked after leaving the hospital?

It is important for your baby to be seen by a nurse or doctor when he or she is between 3 and 5 days old. This is when a baby's bilirubin level is likely to be at its highest. Before you leave the hospital, you will be told when to follow up with your baby's doctor.

Is my baby at a higher risk for jaundice?

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner. Ask your doctor 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 2 weeks before the due date)
- Iaundice in the first 24 hours after birth
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent or brother or sister who had high bilirubin and received light therapy

How is harmful jaundice prevented?

Most jaundice does not need treatment. When treatment is needed, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home with a special device.

When should I call my baby's doctor about jaundice?

Call your baby's doctor if:

- Vour baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- ▶ The whites of your baby's eyes are yellow.

- Your baby is jaundiced and is hard to wake, fussy, or not breastfeeding or taking formula well.
- You have questions or concerns.

Infant Safety and Security

To help keep your baby safe, follow these guidelines:

- Never leave your baby alone or unattended in a car or at home. Do not leave your baby alone on a changing table or around water.
- Keep anything that your baby can grasp or pull, such as mobiles, cords, and blinds, out of his reach.
- Always use a car seat when an infant is in a motor vehicle.
- Always wash your hands before touching the baby, especially before and after feedings and diaper changes.
- Avoid taking your baby to large, crowded places in the first few weeks.
- Ask friends and family not to visit if they have any signs of colds, flu, or illness.
- Supervise your baby around siblings and pets.
- Be cautious about sharing information about you or your baby on social media or announcing the birth.
- Make sure everyone that cares for your baby understands how to keep your baby safe, to never shake a baby, and the ABCs of safe sleep.

Smoking

Do not allow anyone to smoke around your baby. For more information about quitting smoking, talk to your doctor or use these helpful resources:

- Ohio Quit Line 800-QUIT NOW (784-8669)
- smokefree.gov
- ▶ Text "Quit" to 47848 from your cell phone

Car Safety

State law requires your baby to be secured in a car seat or a booster while inside a motor vehicle. The safest place for your baby in the car is rear facing in the middle of the back seat. Infants and toddlers should ride rear facing **for as long as possible**, until a child reaches the highest weight or height allowed by the manufacturer. Rules depend on your child's age, height, and weight. It is important to read and follow the instructions from your car seat manufacturer.

- A new car seat is recommended. Do not use a car seat that is more than 10 years old or one that has cracks or missing parts.
- Dress your baby in thin clothing when buckling them up, then layer blankets or a coat over the buckled straps. Remember to leave your baby's face uncovered.
- Heatstroke is one of the leading causes of death in children. When left in a vehicle, a child's temperature can quickly rise to a deadly level. Make a habit of checking the back seat. One tip is to put something you need in the back seat, so you won't forget baby. Look before you lock.

For more information:

- https://www.carseat.org/
- https://www.safercar.gov/parents/index.
- To schedule an appointment for a free child safety seat check, call 614-636-3131.

Immunizations (Baby Shots)

Immunizations are an important part of keeping your baby in good health. Keeping your regular visits with your baby's doctor is the best way to make sure your baby is protected from diseases.



Resources

There are many organizations to help you when you have special concerns about caring for yourself and your baby. This is a partial list of those organizations.

Mount Carmel Numbers

Mount Carmel East614-234-6000
Case Management/ Social Services*614-234-6085
Mount Carmel Grove City614-663-5000
Case Management/ Social Services*614-663-2335
Mount Carmel St. Ann's380-898-4000
Case Management/ Social Services*
HealthCALL (physician referral, childbirth classes)
*For a referral, counseling, or help with finances, transportation, food, utilities, housing, or clothing.

Area Emergency **Numbers**

Emergency Response	911
Columbus Police	614-645-4545
Nationwide Children's Hosp Department	0 1
Poison Control Center	800-222-1222
Suicide Prevention	614-429-1528

County Resources

Franklin County

Columbus Public Health WIC Program614-645-7280
Columbus Public Health Car Seat Hotline614-645-7748
Columbus Public Health Cribs for Kids Program614-645-3111

Fairfield County

2-1-1 Information
and Referral740-687-0500
Job and Family Services740-652-7889
Children Services740-653-4060
Department of Health740-652-2800
WIC Program 740-652-2800, Option 7
Lighthouse (Domestic Violence
Shelter)740-687-4423

Licking County

Health Department	740-349-6535
WIC Program	740-349-6474
New Beginnings (Domesti	ic Violence Shelter)
740-349-8719 or 800-686-	2760

Madison County

Department of Job and	
Family Services	740-852-4770
WIC Program	740-852-3068

Pickaway County

Department of Job and	
Family Services	740-474-7588
Children's Services	740-474-7588
Domestic Violence Shelter	
(Haven House)	740-477-9113

Other Resources

AIDS

Equitas Health	.614-299-2437
Ohio AIDS/HIV/	
STD Hotline800-33	2-AIDS (2437)

Child Abuse

Franklin County Child Abuse	
and Neglect Hotline	.614-229-7000
Columbus Police	
Sexual Abuse Team	.614-645-4701

Child Care/Parenting

Action for Children	.614	-224-	0222
Toll-free	.855	-302-	4453

Domestic and Sexual Abuse

CHOICES for Victims of Domestic Violence614-224-7200
Sexual Assault Response Network of Central Ohio Rape Hotline
Mount Carmel Crime and Trauma Assistance
Program614-234-5900

Other Numbers

HandsOn Central Ohio (Community Information	
and Resource)61	4-221-2255
Postpartum Support International80	0-944-4773
POEM — Perinatal Outreach and	
Encouragement for Moms61	4-315-8989

Social Service/Counseling

Birthright	
(Downtown)	614-221-0844
(Clintonville)	
Catholic Social Services	614-221-5891
Directions for Youth	
and Families	614-294-2661
Netcare Access Crisis Line	614-276-2273

Parenting Websites

• American Academy of Pediatrics (parent website)

healthychildren.org

Great tips and tools for helping keep your child safe and healthy, child development and milestones, parenting newsletter, and pediatrician referrals

- American Red Cross
 redcross.org
 Safety, basic first aid, baby sitter training
- Nationwide Children's Hospital nationwidechildrens.org
 E-newsletter, health information, family health library, doctor and services locator
- Safe Kids USA

safekids.org

Phone: 202-662-0600 Childhood injury prevention related to swimming pools, automobiles, fire

- Safety Belt Safe USA
 carseat.org
 Information about car seat safety, recalls
- United States Consumer Product Safety Commission

cpsc.gov

Phone: 800-638-2772 Sign up for free recall and safety news via e-mail; check safety standards for cribs, toys, products

Notes

This book is intended to provide general information about caring for yourself and your newborn.

Be sure to follow your healthcare provider's instructions and contact them with any questions or concerns.

See page 2 for information about when to call for medical help.

Call 911 for any emergency.

