

*Taking  
Care of Your  
Baby and  
Yourself*



# Table of Contents

<i>Your Hospital Stay</i> .....	2	<i>Breastfeeding Your Baby</i> .....	10
Family-Centered Maternity Care .....	2	How to Breastfeed Your Baby .....	10
Rooming In .....	2	Milk Ejection Reflex.....	11
Crib.....	2	Engorgement.....	11
Newborn Screen.....	3	Sore Nipples .....	11
Newborn Hearing Screening .....	3	Breast and Nipple Care .....	12
Birth Certificates .....	3	Supplementary Bottles .....	12
Social Security.....	3	Is Baby Getting Enough?.....	12
Baby Photos.....	3	Sleepy Baby .....	12
Health and Safety .....	4	Foods and Medications Taken by Mother.....	13
Security.....	4	Building Your Milk Supply at Home .....	14
Photography .....	4	Burping Your Baby.....	14
<i>Postpartum Care</i> .....	5	Solid Foods .....	14
Immediate Recovery Period.....	5	Things to Remember About Breastfeeding.....	14
Going Home .....	5	<i>Formula Feeding Your Baby</i> .....	15
<i>Caring for Yourself at Home</i> .....	6	How to Formula Feed Your Baby .....	15
Recovery Period .....	6	Before You Give Baby the Bottle .....	15
Lochia .....	6	Holding Baby.....	15
Perineum.....	6	The Feeding Session .....	15
Uterus.....	6	How Much to Feed .....	15
Hemorrhoids.....	6	Is Baby Getting Enough?.....	16
Breast Care for Nursing Mothers .....	6	Signs That Your Baby is Not Getting Enough to Eat.....	16
Breast Care for Non-nursing Mothers.....	7	Is Baby Getting Too Much to Eat?.....	16
Diet.....	7	Signs That You May Need to Change Your Baby's Formula.....	16
Baby Blues.....	7	Preparing Formula.....	16
Contraception .....	7	Cleaning Equipment.....	17
Cesarean Birth .....	8	<i>Taking Care of Your Baby at Home</i> .....	18
Physical Activity.....	8	Car Seat .....	18
Pregnancy Leave.....	8	Immunization Schedule.....	18
When to Call Your Doctor .....	8	Taking Your Baby's Temperature .....	18
<i>Taking Care of Your Newborn</i> .....	9	Baby's Appearance at Bath Time .....	19
Enjoy Your Baby.....	9	It's Bath Time!.....	20
Your Newborn's Appearance.....	9	After the Bath .....	21
Using a Bulb Syringe.....	9	Newborn Jaundice.....	22
		Caring for Your Baby Boy's Circumcision.....	22
		Caring for the Uncircumcised Baby Boy.....	22
		<i>Your Baby's Health</i> .....	23
		When to Call the Doctor .....	24

# *Your Hospital Stay*



Please take a few minutes  
— while your baby naps —  
to read all of the information in this guide.  
We hope it will answer some of your questions  
and help you and your baby get to know each  
other comfortably and safely.

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Welcome to the Family Birth Center at your Mercy hospital. This booklet contains information about the care you and your baby will receive in the hospital and some continuing guidance for postpartum and newborn care at home. We hope that you will be well on your way to being comfortable with your new baby before you are discharged from our hospital.

## *Family-Centered Maternity Care*

Our family-centered care unit provides you and your family with the opportunity to develop a positive relationship with your baby. Throughout your stay, we encourage you to ask questions, learn and participate in the care of your newborn.

## *Rooming In*

It is best if your baby stays with you in your room 24 hours a day. A nurse will be assigned to care for you and will help you take care of your baby and assist you as needed. The nursery is available as needed for infants requiring special care.

## *Crib*

The drawer under your baby's crib contains diapers and supplies you will need to care for the baby during your stay. Ask your nurse if you need replacements or assistance.

### *Newborn Screen*

Before your baby is discharged, your baby will have this routine lab test which is required by law on all babies born in California. If you have any questions, please refer to the enclosed pamphlet.

### *Newborn Hearing Screening*

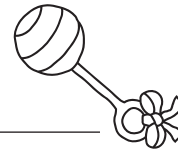
During your hospital stay, your baby will be given a hearing screening test. Hearing loss is invisible and can be found in 2–4 out of 1000 babies. In the first months and years of life, your baby will be developing communication skills. A baby with hearing loss may not develop normal language skills. With early identification of hearing loss, you and your baby can be referred to the appropriate services. The screening is simple and takes only a few minutes to perform. Newborn hearing screening is a state-supported program and is covered by most insurance plans. Results of the screening are not immediately available to you. For more information, please refer to the enclosed pamphlet.

### *Birth Certificates*

Upon admission or shortly after your baby's birth, please fill out a worksheet to file your baby's legal birth certificate. Once completed, we will mail the worksheet directly to the County Department of Vital Statistics, and provide you with an order form and instructions for getting a certified copy of the legal document. You will receive a complimentary decorative certificate of your baby's birth from your hospital. However, for legal purposes you must obtain a State of California Birth Certificate.

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## Q U I C K T I P S O N



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### *Your Hospital Stay*

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Be sure everyone (including visitors) who touches your baby washes their hands first with soap and water or uses the waterless gel or foam provided in your room.

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Do not let any staff member take your baby unless they are wearing a hospital security picture I.D.

•  
Never leave your baby alone.

•  
Never fall asleep while holding your baby.

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### *Social Security*

While in the hospital, you will receive an application for a Social Security number and card for your baby. Your baby must have a name when you apply for a Social Security card. It takes about 6–8 weeks to receive the card in the mail.

### *Baby Photos*

Pictures are taken by the Family Birth Center staff, usually on the day of discharge. A variety of color photo packages of your baby's picture will be offered to you. Purchase of photographs is optional. You are welcome to dress up your baby for this picture.

*Continued*

## Your Hospital Stay *(Continued)*

### Health and Safety

During your stay with us, there are a few basic guidelines that you and your family will need to observe while in the hospital:

- All visitors, especially children, need to be healthy and free of any signs of illness.
- Anyone — even parents, siblings and grandparents — touching or holding the baby should first wash their hands with soap and water or use the waterless gel or foam provided in the room. You should also wash your hands after every diaper change and after using the bathroom.
- Please ask any questions you may have about your care or the care of your infant.
- *Do not leave the baby alone in your room or on your bed.* If you need to leave your baby momentarily, ask your nurse for assistance.
- When you place your baby in the crib, lay the baby on his or her back. Babies should never be placed on their stomachs.
- When you take your baby home, you will need infant clothing, a blanket and a car seat.
- Mercy hospitals are non-smoking facilities; for everyone's health, please do not smoke.

### Security

Matching armbands with identification numbers will be placed on you and your support person. Also, all hospital employees, including your nurses, will wear hospital identification at all times. Please remember, *do not* let anyone take your baby from your room unless they are wearing hospital picture identification badges and the colored Family Birth Center I.D. card. If you have any questions about security measures, please ask your nurse.

We strongly recommend that you keep your baby in your room. It may be necessary, however, for your baby to be taken out for a newborn exam or a procedure. *Babies must be in their cribs if they are taken out of your room for any reason.*

### Photography

Many parents like to photograph the birth experience. We request your understanding, however, in asking permission from staff members first and cooperating with staff members who are uncomfortable being photographed. Your nurse can explain current videotaping policies.

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## Q U I C K T I P S O N



### Going Home

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If you plan to leave the hospital less than 24 hours after delivery, please let your nurse or doctor know in advance.

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Remember to call when you get home for follow-up appointments with your doctor and your baby's doctor.

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# *Postpartum Care*

In most cases you will be able to hold and cuddle your baby immediately after birth. Your nurse will make every effort for you and your baby to get to know each other during this special time.

## *Immediate Recovery Period*

During the immediate recovery period, your nurse will frequently check the following:

- Vital Signs — Your temperature, pulse, respirations and blood pressure.
- Fundus — The fundus is the upper part of the uterus, which is massaged after delivery and assessed for firmness. Massaging helps keep the uterus firm and minimizes blood loss.
- Vaginal Flow — Lochia is the bloody discharge from where the placenta was attached. The amount of flow will be observed. It is expected to be heavy, with some clots, during the first 24 hours.
- Contractions — Your uterus will continue to contract after your baby is born. These contractions are sometimes called “after pains” and may be stronger during breastfeeding.
- Perineum — The area around the vagina, where you may or may not have had an episiotomy, will be observed for swelling and bruising. An ice pack will be offered to reduce swelling. You will be assisted to the bathroom initially and instructed on “peri-care” — caring for the perineal area. You should continue this care at home until the area is healed. Your nurse may also make suggestions for perineal comfort.

- Bladder — We will encourage you to empty your bladder often. If your bladder is allowed to overfill, it moves the uterus upward and will not allow it to become firm, contract and properly empty of lochia. In addition, your bladder will become over-stretched, causing you to lose muscle tone and making your bladder even more difficult to empty.

## *Going Home*

Your physician will write your discharge order the morning you go home. Your baby’s doctor will write orders for your baby. Please let us know ahead of time if you anticipate leaving less than 24 hours after giving birth to your baby.

If your physician prescribes any medication, you may be given a written prescription to take to your pharmacy or we may call the pharmacy of your choice to have your prescriptions filled.

After you go home, you will need to call your doctor’s and your baby’s doctor’s office to schedule follow-up appointments.

# *Caring for Yourself at Home*

## *Recovery Period*

It is important that you rest. We recommend that you do not plan big gatherings and limit visitors, travel and housework during the first few weeks after giving birth. Go to bed, if possible, when you're tired and take naps when you can. Ask for help when you need it. Remember, the best thing you can do to take care of your baby is take good care of yourself.

## *Lochia*

Lochia is the normal vaginal discharge that begins after you give birth. For the first few days, you can expect heavy vaginal bleeding with clots, especially when you get up in the morning. (Note: If you are bleeding enough to completely soak a pad in one to two hours, call your doctor.) The vaginal bleeding will lessen and become darker, lasting two to six weeks. Then a yellowish, mucous discharge will occur. The first menstrual period may return within six weeks to several months after birth.

## *Perineum*

For comfort, you may want to try a sitz bath. Simply fill a basin or your bathtub with a shallow amount of warm water and soak for 10 to 15 minutes, three to four times a day for five to seven days. You can also use warm water in a squirt bottle or poured over the perineal area for cleaning, then gently pat dry. It is also helpful to use shaving foam (non-menthol) on toilet tissue or alcohol-free pre-moistened personal towelettes after a bowel movement. No rinsing is required.

If you have stitches, they should be less painful in about one week. Talk to your doctor if you feel you need pain medication. Tampons should not be used for at least six weeks after giving birth.

## *Uterus*

The uterus contracts down below the pubic bone, where it can no longer be felt, in approximately two weeks. "After pains" are cramps caused by the uterus shrinking in size. They last about one week, and are most commonly felt during breastfeeding. Medication can be taken to ease the discomfort. Talk to your doctor if you think you need pain medication.

## *Hemorrhoids*

Hemorrhoids are swollen varicose veins around the rectum that can be very painful, and are common with pregnancy and birth. They usually go away shortly after giving birth, but in the meantime, over-the-counter hemorrhoid products may give you relief. A diet high in fiber and drinking lots of fluids will also help by keeping bowel movements soft. Your doctor may prescribe a laxative or stool softener.

## *Breast Care for Nursing Mothers*

You should wear a comfortably fitting bra to support your breasts. If your bra becomes wet, change it. After nursing, let your nipples air dry. If you choose to use breast pads, be sure to avoid those with plastic lining and change them frequently.

Some women experience problems with blocked ducts. A blocked duct is a hard, red, sore area. Try to open the duct by massaging on that area while nursing. If the blockage persists, becomes hot to the touch or you run a fever, promptly call your doctor.

### *Breast Care for Non-nursing Mothers*

You will be more comfortable wearing a snug-fitting bra for the first couple of days to prevent engorgement. Ice packs placed on the breasts may help lessen discomfort. “Breast binding” is not recommended.

### *Diet*

Your body is healing. It is important that you eat a well-balanced diet and don't skip meals. Your doctor may suggest iron pills and vitamins as well.

### *Baby Blues*

Emotional mood swings are very common after giving birth, especially when you are tired. You may feel over-worked and sleep deprived — with no end in sight. Try to sleep when your baby sleeps, talk about your frustrations and ask for help if you think you need it. If you are unable to care for the baby or yourself, feel afraid or cry for long periods of time, seek professional help through your doctor.

New mother support groups are offered through Mercy. For more information, please call 916.614.2200.

### *Contraception*

You should discuss with your doctor the different types of contraceptives that would be appropriate for you. And remember, even if you are breast-feeding, you can become pregnant.

If you're interested in natural family planning, courses are offered through Mercy Women's Center, 916.614.2200.

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## Q U I C K T I P S O N



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### *Postpartum Care*

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If you have a fever over 100.5° F (38° C),  
call your doctor.

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If your vaginal bleeding is heavy enough to soak  
a pad in less than two hours,  
call your doctor.

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If you have vaginal discharge that smells bad,  
call your doctor.

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If your cesarean incision becomes hot, hard,  
red or sore, or if it drains, call your doctor.

•

If you have unusual pain or redness on your  
legs, call your doctor.

•

If a hot, hard, red, sore area develops on your  
breast, call your doctor.

•

If you are taking any pain medication, like  
codeine, do not drive.

•

If you feel unable to care for your baby or cry  
for long periods, call your doctor.

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## Caring for Yourself at Home *(Continued)*

### *Cesarean Birth*

After giving birth to your baby by cesarean, your incision site may hurt, especially at the corners of the scar. Sharp and/or burning sensations can occur for one to six weeks. Avoid lifting anything heavier than 10 pounds. You can remove your steristrips about 10 days after the surgery. You may bathe or shower, and pat dry the incision. You may climb stairs if you feel OK. You should NOT drive for at least two weeks or while taking pain medication, like codeine. *If your incision is hot, hard, red, sore or drains, call your doctor.*

### *Physical Activity*

- Don't lift anything heavier than your baby.
- Limit the number of times you climb stairs to two or three times a day.
- Refrain from sexual intercourse, douching, using tampons or placing anything in the vagina for at least four to six weeks.
- If you have any questions, you should consult your physician.

### *Pregnancy Leave*

Pregnancy-leave policies differ with each company. Employed women get six to eight weeks of California disability after they give birth. Complications can extend disability, but this does *not* include fatigue, nursing, bonding, social problems or not feeling well.

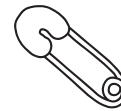
### *When to Call Your Doctor*

Call your doctor if you have:

- Temperature over 100.5° F (38° C).
- Bleeding, enough to soak a pad in one to two hours.
- Foul smelling vaginal discharge.
- Pain while urinating.
- Painful breastfeeding, or a hot, reddened area on your breast.
- Unusual pain or reddened area on your legs.
- If you have given birth to your baby by cesarean, call your doctor if you have redness or discharge from the abdominal incision.

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## Q U I C K T I P S O N



### *Baby Care*

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For the first day, a baby's stools are normally dark greenish-black and sticky.

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It is normal for babies to lose up to 10 percent of their birth weight in the first week.

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With proper care, your baby's umbilical cord will dry and fall off in one to two weeks.

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# Taking Care of Your Newborn

## Enjoy Your Baby

Babies are not as fragile as you may think. They change day by day, growing and developing in their own unique way. Every baby needs safety, cleanliness, food, warmth and, most importantly, *love*, to be happy and healthy.

## Your Newborn's Appearance

You may notice some interesting things about your newborn:

- **Head shape:** Your baby's head is not perfectly round. This is called molding, and will disappear in a few weeks.
- **Head size:** A baby's head normally appears large for the rest of the body.
- **Soft spot:** Called the fontanelle, you may see and feel your baby's pulse in the soft spot. It closes slowly, usually between nine and 18 months of age.
- **Dry, flaky skin:** A newborn "shedding" upper layers of skin is normal.
- **Fuzzy hair on body:** Called lanugo, this hair falls out gradually.
- **Swollen breasts and genitals:** Your baby may have swollen breasts. Your baby girl may have swollen labia (genitals) and vaginal discharge that is white, mucous-like and/or bloody. Your baby boy may have swollen testicles. All are normal results of hormones, and all will gradually disappear.
- **Umbilical cord:** Your baby's doctor and nursing staff will show you how to care for your baby's umbilical cord. The cord will fall off in approximately 7–14 days. There may be a few drops of blood after the cord falls off. Call your baby's doctor if there is heavy or continuous bleeding, a foul odor, redness or discharge from the umbilical cord.
- **Weight loss:** Within the first week, babies tend to lose up to 10 percent of their birth weight due to loss of extra fluids. This weight loss is normal.
- **Changing stools:** During the first 24 hours of your baby's life, his or her stools are usually dark greenish-black and sticky. This stool is called meconium, and will slowly change. Please refer to the section on "Feeding Your Baby" for more information.
- **Sneezing and hiccups:** Babies clear their noses by sneezing. This does not mean your baby has a cold. Hiccups are normal and do not need to be relieved, but may mean your baby is over-stimulated.
- **Gagging:** If your baby gags, turn him or her over and rub his or her back vigorously to help remove the mucous. Use the bulb syringe if necessary. (See instructions below.)

## Using a Bulb Syringe

Use a bulb syringe to remove extra mucous from your baby's nose and mouth by following these steps, which our staff will be happy to demonstrate for you:

- Squeeze the bulb, pushing down on the top completely before placing it in your baby's nose or mouth.
- With the bulb squeezed, place the tip into the opening of your baby's nostril or in the corners of the mouth.
- Release the pressure on the bulb.
- Remove the syringe from baby's nose or mouth, then empty the mucous by pushing down on the top of the syringe and releasing.
- Clean the bulb syringe with warm water.

# Breastfeeding Your Baby

Feeding your newborn is one of the most enjoyable ways of getting to know your baby and is one of the most important skills you will need to develop after you have given birth. Nothing is quite as satisfying as cuddling, talking and making eye-to-eye contact with your baby peacefully nursing at your breast. We encourage new mothers to begin breastfeeding within the first hour after birth.

Our staff is available to support new parents as they learn to feed their babies. We offer our assistance in a variety of ways, from bedside help to pamphlets and videotapes. We want to help make the feeding experience pleasant and successful for you and your baby.

Breastmilk usually comes in three to five days after birth. Until then, your baby will be getting a yellowish substance called colostrum. Colostrum is the perfect food for your baby's first days. Your colostrum is sweet, and just the right balance for your baby. Colostrum is easily digested and has a laxative effect that helps your baby pass meconium easily.

## *How to Breastfeed Your Baby*

Breastfeeding, like any other skill, takes practice — by both you and your baby!

### **POSITIONING**

The easiest position, if your stitches aren't too sore, is sitting up, with your back supported and straight. Or, you may find lying on your side to be more comfortable. A third way is the clutch position, also known as the "football hold." Ask your nurse to demonstrate each of these positions. You may want to gently roll or pull the nipple to help bring it out. If your baby seems sleepy when you're trying to feed him or her, try talking to your baby, rubbing his or her back and/or unwrapping the blankets. You may need to try all three techniques at the same time.

### **LATCHING ON**

- For the "cradle-hold," hold your baby at the level of your breast, with baby's whole body facing yours — chest to chest.
- Use a pillow on your lap and under your arm for support.
- Grasp your breast with four fingers underneath and the thumb on top.
- Tickle your baby's lower lip with your nipple and wait for his or her mouth to open wide, like a yawn.
- As soon as your baby's mouth opens wide, bring your baby quickly to your breast.
- He or she should "latch on" by sealing his or her mouth widely around your nipple. Make sure that a large part of the areola, or brownish part of your breast, is drawn in with the nipple. Be sure your baby's nostrils are not blocked by your breast.
- If you have flat or inverted nipples, breast shells often help. Please ask your nurse if you have questions or concerns about this.

- If you desire more privacy while you are breastfeeding, please ask the nursing staff for assistance.

#### **YOUR BABY'S FEEDING SESSION**

Frequent feeding stimulates milk production. The more you nurse your baby, the more milk you will have. Your baby needs to nurse 10 to 14 times in 24 hours — about every one to three hours. Each feeding should include 10 minutes of what is called “nutritive sucking.” That means you should see movement at the baby’s cheek and jaw and hear your baby swallow every two to three sucks. You should feel a gentle tug while nursing, but no pain.

For the first two weeks, your baby should nurse from both breasts during each feeding session. This will help you make enough milk for your baby, and helps a sleepy baby wake up while you’re moving him or her to the other breast. For more information, see the section “Sleepy Baby.”

#### **BEFORE REMOVING BABY FROM YOUR BREAST**

Break the suction on the nipple by inserting a clean finger into the corner of the baby’s mouth and gums. This prevents pulling on the nipple. Leave your finger in place until your nipple is out of the baby’s mouth. You may develop sore or cracked nipples if you do not properly remove your baby from your breast.

#### *Milk Ejection Reflex*

After their breastmilk comes in, some women may feel a tingling or “pins and needles” sensation in their breasts when feeding. This is called the milk ejection or “let down” reflex. Even when you’re not sure your milk has let down, you know your baby is getting milk when you can see and hear swallowing.

#### *Engorgement*

When your milk comes in, it is common for your breasts to feel full and heavy. Sometimes the breasts may become hard and uncomfortable. This is called “engorgement.” If your breasts become engorged, the following steps may help reduce the engorgement:

- Breastfeed your baby frequently — at least every one to three hours.
- Hand express breastmilk or use a breastpump just enough to relieve discomfort.
- Apply ice packs to breasts for five minutes following breastfeeding to help reduce the swelling.

Engorgement is not usually a problem after the first week.

#### *Sore Nipples*

The most common cause of sore nipples results from poor positioning or latching the baby incorrectly. The following suggestions may be helpful:

- Position your baby in the cradle hold facing you — chest to chest.
- Wait for baby’s mouth to open very wide before latching on.
- If your baby doesn’t seem to have enough of the areola in his or her mouth, remove the baby from the breast and start again. Remember, both of you are still learning.
- Begin the feeding session of the side that is the least sore.
- Vary positions with each feeding.

Remember to ask your nurse or lactation consultant for assistance if you need help. If nipple soreness persists after going home, or it seems worse than you expected, call Mercy Women’s Center at 916.614.2200.

*Continued*

## *B*reastfeeding Your Baby (Continued)

### *Breast and Nipple Care*

To properly care for your breast and nipples after you give birth, here are a few suggestions:

- When you shower, wash your nipples and breasts with plain water — no soap or other cleansing agents.
- For comfort, you should wear a good, supportive bra.
- Keep clean, dry breast pads inside your bra. Washable breast pads are more economical than the disposable type. If you use disposable pads, be sure they do not have a plastic shield.
- Rub colostrum or breastmilk over nipple and areola after nursing; then air dry.
- After breastfeeding your baby, allow your nipples to air dry.

### *Supplementary Bottles*

Newborns do not need supplementary bottles of water or formula, unless ordered by a physician. Giving your baby frequent bottles while you are breastfeeding will interfere with your milk supply. If you think your newborn needs supplemental bottles of water, formula or cereal, contact a Lactation Consultant at Mercy Women's Center at 916.614.2200 or refer to the enclosed Mother and Baby Resource List.

When you wish to wean your baby, begin at least one week before you plan to have your baby completely weaned. Use a bottle or cup for one feeding each day, in place of a breastfeeding session. Gradually increase the number of bottles or cups offered each day as you decrease the number of breastfeedings.

### *Is Baby Getting Enough?*

One way to tell if your baby is getting enough breastmilk is by counting the number of bowel movements (stools) and wet diapers. For the first few days of life, your baby should have:

#### **DAY 1**

One wet diaper and/or one dark green stool. This is the baby's first stool, called "meconium."

#### **DAY 2**

At least two wet diapers and/or dark green stools.

#### **DAY 3**

At least three wet diapers and/or brownish green stools. Stools are now more frequent, looser and in smaller amounts.

#### **DAY 4**

At least four wet diapers and mustard yellow, loose stools with small curds.

By the end of this first week and through the first month, you should see at least six to eight wet diapers with three or more stools every 24 hours. Your baby should be content after most feedings and show a steady weight gain.

### *Sleepy Baby*

For one to two days after birth, it is perfectly normal for your baby to be sleepy. He or she may have a hard time staying awake for feedings, but you should try to feed your baby at least every one to three hours with at least 10 minutes of sucking and swallowing each time. If your baby is sleepy, try:

- Unwrapping baby's blanket.
- Talking to your baby.
- Gently rubbing or stroking your baby.
- Changing baby's diaper and cleaning the umbilical cord.

If your baby is still too sleepy to breastfeed:

- Try again in about 30 minutes.
- Watch for signs of your baby being in a light sleep state, like mouth or body movements. If these signs exist, this may be a good time to try waking your baby.

If after trying all these things you still cannot wake your baby to breastfeed, you should call a Lactation Consultant from Mercy Women's Center at 916.614.2200 or refer to the enclosed Mother and Baby Resource List. If you think your baby may be sick, call your baby's doctor.

### *Foods and Medications*

#### *Taken by Mother*

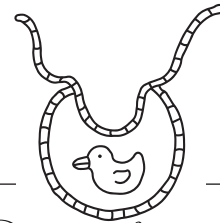
Eaten in moderation, any foods you can tolerate will usually have no effect on breastmilk. However, please don't drink excessive amounts of coffee, tea or other soft drinks. Some laxatives you take may cause your baby to have loose stools and a stomach ache. It is also important to know that antihistamines and birth control pills can decrease your milk supply.

If you have a family history of allergies, be sure to discuss the details with your baby's doctor. You should remind your healthcare provider that you are breastfeeding, especially if medication is prescribed for you. If you have questions about using specific medications while you are breastfeeding, ask your pharmacist.

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## Q U I C K T I P S O N



### *Breastfeeding*

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Be patient with yourself and your baby — learning to breastfeed takes practice!

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It will take three to five days after birth for your breastmilk to come in. Until then, your baby gets a nutritious substance called colostrum.

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Your baby needs to nurse every one to three hours, with at least 10 minutes of sucking and swallowing per feeding.

•

From the end of the first week through the first month, your baby should have at least six wet diapers and three or more stools every 24 hours.

•

If you think your baby is not getting enough to eat, contact Mercy Women's Center at 916.614.2200.

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## *B*reastfeeding Your Baby (Continued)

### *Building Your Milk Supply at Home*

Initially, frequent feedings are essential. Babies should be fed every one to three hours throughout the day and evening. You do not need to wake your baby during the night to eat unless the baby has slept more than five hours. To be sure your baby gains weight, feed your baby as often and for as long as he or she wants. As a breastfeeding mom, you need to drink plenty of fluids, at least 64 ounces, or eight large glasses, every day. You'll want to feel well enough to take care of your baby, so be sure to get plenty of rest and eat a variety of nutritious foods.

When your baby has a growth spurt, he or she will want to eat more frequently for a few days. These extra feedings will increase your milk supply. Growth spurts occur about every two to three weeks.

### *Burping Your Baby*

Burp your baby after feeding on each breast. Some babies need no burping at all, but do try. Here are various ways:

- Hold your baby upright over your shoulder and gently pat or rub his or her back.
- Sit your baby on your lap and support him or her with one hand on the baby's chest, gently pat or rub baby's back with your other hand.

### *Solid Foods*

It is generally recommended that babies do not get solid foods until they are at least six months old. Talk to your baby's doctor about the best time to start your baby on solid foods.

### *Things to Remember About Breastfeeding*

- Loose, yellow bowel movements are normal for a breastfed baby, but continuous watery stools or diarrhea is not.
- If you have difficulty with nursing, call the Mercy Women's Center at 916.614.2200.
- Baby hiccups are normal. They will go away, however, this may be a sign that your baby has had too much activity.
- Do not use breast pads with plastic liners. They trap moisture and can cause sore nipples.
- Nutrition is important to keep you feeling well. Vegetables, fruits, eggs, milk, meat and fish are good for you. Limit caffeine intake.
- Drink at least 64 ounces of fluids per day — or eight large glasses. Make a habit of drinking water, juice or milk while you are nursing.

# Formula Feeding Your Baby

Feeding your newborn is one of the most important skills you will need to develop after delivery. It is also one of the most enjoyable ways of getting to know your baby. Nothing is quite as satisfying as cuddling, talking and making eye-to-eye contact while feeding your newborn.

Our staff is available to support new parents as they learn to feed their babies. We offer our assistance in a variety of ways, from bedside help, to pamphlets and video tapes. We want to help make the feeding experience pleasant and successful for you and your baby.

## *How to Formula Feed Your Baby*

Formula feeding, like any other skill, takes practice for you and your baby. Be sure to feed your baby every two to four hours throughout the day and evening. You do not need to wake your baby during the night to eat unless the baby has slept more than five hours.

## *Before You Give Baby the Bottle*

- Wash your hands before you feed your baby. This helps protect your baby from infection.
- Make yourself comfortable, so you will be relaxed.

## *Holding Baby*

- *Always hold your baby while you feed him or her.* This prevents choking accidents and actually helps your baby's brain develop. Never "prop" your baby's bottle.
- Hold your baby so his or her head is a little higher than its stomach. This will prevent formula from entering your baby's inner ear, which can cause frequent ear infections.
- Tilt the bottle so the nipple completely fills with formula. This helps keep air from entering your baby's stomach.

## *The Feeding Session*

- Place the nipple on your baby's lower lip. Your baby's mouth will open and search for the nipple.
- Place as much of the nipple as possible into the baby's mouth. Make sure the nipple is placed over the baby's tongue and pointed toward the roof of the baby's mouth. This stimulates your baby's sucking reflex.

## *How Much to Feed*

- During the first few days, your baby may take only one-half to one ounce per feeding, and the amount may vary from feeding to feeding.
- By the end of the first week, your baby may take up to four ounces per feeding.
- The amount your baby takes will gradually increase during the first few weeks of your baby's life.

*Continued*

## Formula Feeding Your Baby (Continued)

### *Is Baby Getting Enough?*

When your baby is content after each feeding and is eating six to 12 times during a 24-hour period, you can be confident that your baby is getting enough formula. Another way to be certain is to count the number of bowel movements and wet diapers. For the first few days of life, your baby should have:

#### **DAY 1**

One wet diaper and/or dark green stool. This is the baby's first stool, called "meconium."

#### **DAY 2**

At least two wet diapers and/or dark green stool.

#### **DAY 3**

At least three wet diapers and/or brownish green stool.

#### **DAY 4**

At least four wet diapers and/or yellowish green pasty stools.

### *Signs That Your Baby is Not Getting Enough to Eat*

Watch for these signs to tell if your baby is not getting enough formula:

- Your baby is not content after each feeding.
- Your baby sucks his or her hands, continues to root (as if looking for the nipple) or needs a pacifier to stay quiet.
- Your baby is eating *less* than six times in a 24-hour period.
- It is normal for your baby to spit up. However, *call your baby's doctor if your baby vomits large amounts of formula after most or all feedings.*

### *Is Baby Getting Too Much to Eat?*

If your baby tends to gulp down the formula, choke or vomit, check to see if the nipple holes are too large by holding the bottle upside down. The milk should come out in drops, not a stream. You can help your baby learn to slow down by stopping after each ounce to burp and cuddle before resuming the feeding.

There are several kinds of nipples available in just about any store that sells baby supplies. Try different types until you find what works best for you and your baby. If your baby seems to have trouble finishing all of a bottle, he or she is probably getting too much.

### *Signs That You May Need to Change Your Baby's Formula*

Don't change your baby's formula without talking to your baby's doctor first, but it's something to consider if your baby:

- Cries a lot.
- Refuses to eat.
- Develops diarrhea or constipation.

### *Preparing Formula*

You and your baby's doctor will determine which type of formula to feed your newborn. If you have concerns or wish to change formula after leaving the hospital, please contact your baby's doctor.

Always check the labels and the expiration or "use before" date on the bottom of the can when purchasing and preparing formula. Remember, formula that is concentrated or powder needs to be mixed with water. Ready-to-feed formulas *do not* need to be mixed with water. If you don't read and follow the directions on the can, you can harm your baby.

If you use well water or if you're not sure where your water comes from, boil it for at least five minutes before mixing. Allow it to cool before feeding your baby. Prepared formula must be stored in the refrigerator and used within 48 hours.

Most babies prefer warm formula, but *never heat formula in a microwave oven*. This may cause severe burns in your baby's mouth — even if you shake the bottle. Warm the bottle by placing it in a container of warm water. Before you feed the baby, check the temperature by sprinkling a few drops of formula on the inside of your wrist. The formula should be warm, not hot.

After your baby finishes a feeding, any formula left in the bottle should be used within one hour. After that, remaining formula should be thrown away as bacteria will start to grow in the formula and on the nipple.

### *Cleaning Equipment*

Wash your hands before cleaning your baby's bottles and nipples. Scrub bottle nipples, collars and caps in detergent and hot water, with a bottle brush. Squeeze water through the nipple holes during washing and rinsing. Rinse bottles and nipples thoroughly with hot water or in a dishwasher. When nipples become sticky or cracked, throw them away. New bottles and new nipples must be washed and rinsed before use.

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## Q U I C K T I P S O N



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### *Formula Feeding*

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Learning to formula feed takes practice!

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Feed your baby every two to four hours throughout the day and evening.

•

Wash your hands before preparing formula, feeding your baby, or cleaning feeding supplies.

•

Read and follow directions on formula packages carefully to avoid harming your baby.

•

Never heat formula in a microwave oven.

•

Always hold your baby while feeding.

•

If your baby vomits large amounts of formula after most or all feedings, call your baby's doctor.

•

New and used feeding supplies should be cleaned with a bottle brush in hot soapy water and rinsed in hot water.

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# Taking Care of Your Baby at Home

## Car Seat

California State Law requires that children must be secured in an appropriate child safety seat or booster seat until they are at least 6 years old or weigh at least 60 pounds. Infants under 20 pounds need to be secured facing the rear seat of the car. *If the car has a passenger side airbag, the baby must ride in the back seat to avoid being injured by the airbag in an accident.* Make sure you are comfortable with the operation of the car seat before coming to the hospital. Be sure to follow the manufacturer's instructions. A car seat should *always* be used when traveling. Please note that hospital staff are not permitted to assist with placement of your baby in the car seat.

## Immunization Schedule

It is important that your child receive the following shots at the appropriate age:

<b>AGE</b>	<b>SHOTS</b>
2 months	Polio/DTP Hib/Hep B
4 months	Polio/DTP Hib/Hep B
6 months	Polio/DTP/Hib
12 months	MMR/Hep B
18 months	DTP/Hib

To schedule these immunizations, contact your infant's doctor or call the Sacramento County Department of Health and Human Services at 916.875.0900.

## Taking Your Baby's Temperature

While you're in the hospital, we will take your baby's temperature about three times a day. This is to make sure your baby can control his or her own body temperature. By the time you go home, you will not need to check your baby's temperature unless you think the baby is ill. Be sure to check it before calling your baby's doctor.

Axillary is the recommended method of taking a baby's temperature. Make sure to use a clean thermometer that does *not* contain mercury.

**AXILLARY (UNDERARM) — NORMAL RANGE IS 97.6° F (36.4° C)  
TO 99.6° F (37.6° C):**

- Lift the baby's arm and place the bulb of the thermometer in the middle of the baby's armpit.
- Lay the arm down over the thermometer and hold in place gently for three to five minutes.
- Take the thermometer out and read it.
- If baby's temperature is above 100° F (37.8° C), call your baby's doctor.

Your baby's doctor may ask you to take a rectal temperature and will give you instructions on proper procedures for taking your baby's temperature rectally.

### *Baby's Appearance at Bath Time*

Bath time is the best time to take a close look at your baby's skin. Look for dryness, a rash or anything else you didn't notice before. You may want to refer to the previous section on "Newborn Appearance." Extreme changes in the color of the skin should be reported to your baby's doctor. In particular, note any yellow, red or very pale color to your baby's skin. If your hospital stay is short, these color changes may occur after you are discharged.

You may also notice some of the following when bathing your baby:

- Swollen breasts are common in both males and females and are no cause for alarm.
- "Stork bites" are reddish areas, usually found at the base of the neck or between the eyes, but can appear in other places and will most often disappear by the time your baby is 2 years old.
- Milia are small white spots found mostly on the face. They are plugged sweat glands that usually disappear in a few days. These spots are not pimples and should not be squeezed or picked.
- Newborn rash is a pink, spotty rash that sometimes has white areas in the middle of pink spots. It can appear anywhere on the baby's body within 24 to 48 hours after birth and disappears in a few days. This rash comes and goes, and is nothing to worry about.
- Mongolian spots are usually found on babies of darker complexion and should not be confused with bruises. They usually appear on the buttocks, but can be found on the upper back, arms and legs. They may take up to four or five years to fade.

*Continued*

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## Q U I C K T I P S O N



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### *Safety at Home*

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Infants weighing less than 20 pounds must be secured in a federally approved, rear-facing safety seat for all car rides.

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Babies weighing more than 20 pounds may be secured in a forward-facing seat until they are 6 years old or weigh 60 pounds.

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To avoid injury, children should never ride in a passenger seat with an airbag.

•

A baby should never be left alone in a bathtub — even with only a few inches of water.

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## *Taking Care of Your Baby at Home (Continued)*

### *It's Bath Time!*

Many parents ask what the best time of day is to give their baby a bath. There is no set time — it depends on your circumstances. Some fathers may wish to participate, or a fussy or crying baby may be soothed by a bath at midnight or 2 a.m.

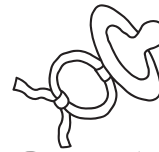
- Before starting the bath, gather your supplies.
- A sponge bath should be done until the umbilical cord falls off and the circumcision has healed. Try to plan your baby's bath before a feeding — sometimes a baby becomes a bit irritated when being handled in the bath and a full stomach can lead to spitting up.
- Undress the baby, except for the diaper, and then wrap the baby snugly in a blanket or towel to keep the baby from becoming chilled and allow for easier handling.
- Make sure the bath water is not too hot. It should feel comfortable to your touch. The water will cool down rapidly, so don't make bath time too long or your baby may get chilled. We recommend that the temperature of baby's bath water be 100.4° F. The bath should be filled with five inches of water to allow your baby to settle into the water with his or her shoulders well covered.
- Start with your baby's eyes, using a separate corner of the wash cloth on each eye. Wipe from the inside outward. If there is continuous eye drainage, notify your baby's doctor.
- Next, take the washcloth and, using clean water only, wash the baby's face, turning the head from side to side to wash the ears. It is only necessary to clean the outer portion of the ear and behind the ear. Remember the old adage, "never put anything in your ear smaller than your elbow." Your baby's doctor will clean the inner portion of the baby's ear if necessary.
- Dry the baby's face and ears.
- Your baby's head should be carefully "scrubbed" with mild shampoo or soap. There is a fontanell or "soft spot" at the top of the head, and a small one on the back of the head. These areas can also be gently washed with a soft brush.
- Dry the baby's head carefully and cover it.
- Move down baby's body, carefully cleaning all of the creases and folds around the baby's neck, under the arms and on the legs. Be sure to check carefully between the toes and fingers, since these are areas where the baby can sometimes have lint or milk.
- Rinse the soap and dry these areas thoroughly to prevent rashes.
- Clean the genitalia and buttocks areas last.
- For baby girls, clean between the labia from front to back, being careful not to wipe stool or other material into the vagina. You might also notice a white, creamy-like substance in the folds of the labia. This is normal vaginal discharge and you do not need to scrub or pick it out. Also remember it is not uncommon for females to have a bloody or mucousy discharge, but any prolonged bleeding should be reported to your baby's doctor.
- For baby boys, be sure to lift the penis and scrotum and gently clean around and under them. It is not necessary to pull back the foreskin of an uncircumcised baby boy. You might notice a white, creamy like substance from the penis. This is a normal discharge that can be gently wiped away.
- Babies don't need to be bathed every day.

### *After the Bath*

- We suggest that you do not use any powder or lotion on your newborn baby as these products may cause an allergic reaction. Your baby may also breathe in the powder, which can be harmful. If, or when, you start using any of those items, we suggest that you introduce them one at a time and use them for about one week. Carefully observe your baby's skin during that time for any unusual reactions before using additional products.
- Your baby's doctor and nursing staff will show you how to care for your baby's umbilical cord. At home, if there is any oozing or drainage from the umbilical cord apply alcohol to the base of the cord 3–4 times per day. The cord will fall off in approximately 7–14 days. There may be a few drops of blood after the cord falls off. Call your baby's doctor for any heavy or continuous bleeding.
- Now that you have finished the bath, it's time to dress your baby. You can tell if your baby is dressed warmly enough if his or her stomach feels warm (even though the feet and hands may feel cool). Fold the diaper down and the shirt up so baby's cord remains uncovered. This allows the cord to dry faster. Cover the baby's head when you take him or her outside as body warmth is quickly lost through the head. And always try to keep your baby away from anyone who has a cold or any other illness.

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## Q U I C K T I P S O N



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### *Your Baby's Health*

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Please read this section carefully and don't hesitate to call your doctor if your baby has any of the symptoms described.

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Watch for signs of sickness and trust your maternal instincts. If you are worried about your baby or feel something is "not right," call your doctor.

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We encourage you to take a class in infant safety and CPR like the one offered through Mercy Women's Center. Call 916.614.2229 for more information.

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## *Taking Care of Your Baby at Home (Continued)*

### *Newborn Jaundice*

Jaundice is a yellowish coloring of the baby's skin caused by an extra amount of a substance called bilirubin in the baby's blood stream. Bilirubin is produced as your baby's body gets rid of extra, unneeded red blood cells. This occurs in most babies and is only harmful when too much bilirubin (known as *Hyperbilirubinemia*) is in the baby's body.

The most common causes of jaundice in the newborn are:

- An extra amount of red blood cells that are not needed by the baby after birth and are rapidly broken down.
- ABO incompatibility, a blood type reaction that happens when some of the mother's blood enters the baby's bloodstream causing extra red blood cells to be broken down.

Call your baby's doctor if your baby develops any of these signs of jaundice:

- Sleeping 20 out of 24 hours per day and can't stay awake for feedings.
- Not interested in eating.
- Crying and can't be easily calmed down.
- The skin on your baby's abdomen looks as if it is suntan or is turning a pumpkin-orange color.

Your baby's doctor may order blood tests to check the level of bilirubin in your baby's body. If treatment is needed, your baby's doctor will discuss the plan with you. Sometimes breastfeeding mothers may be asked to stop breastfeeding. For ways to cope with this, you may want to contact a Lactation Consultant through Mercy Women's Center or refer to the enclosed Mother and Baby Resource List.

### *Caring for Your Baby Boy's Circumcision*

Male circumcision is an elective surgical procedure and a matter of personal choice. It is currently not considered a medically necessary procedure and therefore, some insurance companies will not pay for it. This procedure is usually done at your baby's doctor's office.

A parents' decision to have their newborn male circumcised is usually based on social norms, hygiene, religion, tradition and/or culture and is usually performed before the baby is two weeks old. Circumcision care will differ depending on the procedure used. Individualized instructions will be provided by the doctor.

- If a plastibell (plastic ring) is used, keeping the area clean and dry after circumcision is all that is needed. The ring will fall off when complete healing has taken place, approximately three to 11 days, with five to seven days being normal. The baby can be bathed and diapered just as if he had not been circumcised.
- If the circumcision is done with an instrument called a Gomco, a small petroleum gauze dressing will be applied to prevent the diaper from sticking to the penis.

### *Caring for the Uncircumcised Baby Boy*

You do not need to forcefully pull back the foreskin of the penis to clean it. A gentle cleansing with water — and no pulling back — is all that you need to do. If you use soap, rinse the area well. Infant smegma is a whitish substance produced by the natural shedding of the skin cells of the foreskin lining. It can be gently wiped away from the top of the penis. If left alone, 80 to 90 percent the baby's foreskin will gradually separate from the top of the penis by age 3. If you have any questions, ask your baby's doctor.

# Your Baby's Health

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YOUR BABY'S DOCTOR

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TELEPHONE

If your newborn develops a problem after you take him or her home, please call your baby's doctor.

## FEEDING PROBLEMS

If your baby sleeps through two or more feeding times, call your baby's doctor. Babies sleep most of the time for the first few weeks. If you're breastfeeding, your baby should wake up every one to three hours. Formula fed babies should wake up every two to four hours.

## FEVER

You need to take your baby's temperature when:

- Your baby's skin feels hot.
- Baby sleeps most of the time (20 out of 24 hours) and can't stay awake for feedings.
- Your baby is not interested in eating.
- Your baby seems limp.
- Your baby is crying and can't be easily calmed.

Refer to the previous section on "Taking Your Baby's Temperature."

If your baby's temperature is over 100.5° F axillary, call your baby's doctor immediately. Your baby can become very sick, very quickly.

## URINATION

When your baby is about three days old, he or she should urinate at least three to four times every 24 hours. If you notice your baby's urine has a strong smell and is dark in color, call your baby's doctor. Refer to the previous breastfeeding or formula feeding section on "Is Baby Getting Enough?".

## STOOLS (BOWEL MOVEMENTS)

If your baby has no stool in a 24-hour period and baby's abdomen looks swollen *and* feels tight, call your baby's doctor.

## JAUNDICE (YELLOW COLOR TO THE SKIN)

What to watch for:

- Baby sleeps 20 out of 24 hours and can't stay awake for feedings.
- Baby is not interested in eating.
- Baby is crying and can't be easily calmed.
- Baby's abdomen looks as if the baby has a suntan or is turning a "pumpkin-orange" color.

Refer to the previous section on "Newborn Jaundice."

## RAPID BREATHING

If your baby is consistently breathing more than 60 times a minute or the baby's nostrils are flaring outward, call your baby's doctor.

## PARENTAL CONCERN

If you are worried about your baby or just feel something is "not right," call your baby's doctor.

# *Your Baby's Health*

## *When to Call the Doctor*

Call your baby's doctor if your baby:

- Is not feeding an average of every one to four hours.
- Has a temperature above 100.5° F. (A normal infant temperature should be 97.4° to 99° axillary.)
- Is not urinating by the third day at least three to four times during a 24-hour period.
- Has not had a bowel movement in 24 hours and the baby's abdomen is swollen and feels tight.
- Appears jaundiced (yellowish skin or eyes).
- Has consistent, rapid breathing — more than 60 breaths per minute.
- Vomits all of a feeding or has any forceful, "projectile" vomiting. (Remember, small "spit-ups" after feedings are common.)
- Has diarrhea — watery, foul smelling stools or more than 6 in 24 hours.
- Is continually fussy, has a high-pitched scream and cannot be soothed or calmed down.
- Is listless, never cries and won't wake up for feedings.
- Has a runny nose, cough or difficulty breathing.
- Has blue or mottled skin.
- DO NOT give any medications without a doctor's order.

Also, call your baby's doctor if you have any worry or uneasy feelings about your baby.

## *What to Do in An Emergency*

In an emergency, call 911 (be sure to stay on the phone until the operator tells you to hang up) or bring your baby to the nearest hospital Emergency Department.

