

IMPORTANT DISCHARGE INFORMATION FOR NEW MOMS



Childbirth Center





congratulations!

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MOTHER AND BABY FOLLOW-UP INFORMATION

DIAGNOSIS: _____

MOTHER FOLLOW-UP CARE:

Return visit to Doctor's office or clinic: _____

Office number: _____

Appointment Date: _____ Time: _____

NEWBORN FOLLOW-UP CARE:

Return visit to Doctor's office or clinic: _____

Office number: _____

Appointment Date: _____ Time: _____

PKU APPOINTMENT:

Return visit to Doctor's office or clinic: _____

Office number: _____

Appointment Date: _____ Time: _____

OTHER FOLLOW-UP CARE:

Return visit to Doctor's office or clinic: _____

Office number: _____

Appointment Date: _____ Time: _____

I have had the opportunity to ask questions and any concerns have been addressed. I understand all discharge and medication instructions given and feel that I can safely take care of myself and my baby.

Patient _____ Date _____ Time _____

Nurse _____ Date _____ Time _____

INTRODUCTION

The birth of a baby is a very exciting time for new parents and their families. Family members and friends are especially anxious to see their new arrival. The Childbirth Center is equally anxious to share in this experience. Many of our moms will only be with us for 24-48 hours (vaginal delivery) or 48-72 hours (C-section).

The Childbirth Center has implemented a visitation policy to allow family and friends to share this experience yet give the new parents time alone to adjust to their new roles. Family members and visitors may visit when the patient desires as long as they are free from infection.

A responsible adult, other than the patient, must be with baby's brothers and sisters while at the hospital. A child is to be in the hallways only when arriving or leaving the unit. At all other times, the child must be in the mother's room or in the waiting room. Any child who has been exposed to a communicable disease such as chicken pox, flu or cold, or who has an elevated temperature, will not be allowed to visit. This would be potentially harmful for all newborns, as their immune systems have not fully developed. Any family member who wishes to hold the infant, must wash their hands with soap and water.

Please note: We have developed these instructions to help protect new mothers and babies and request your assistance in following them. Thank you for your cooperation.

WHAT PARENTS NEED TO KNOW FOR INFANT PROTECTION

The guidelines listed below provide good, sound parenting techniques to provide maximum infant protection for your newborn.

1. Being anxious and watchful over a newborn baby is normal for a new parent.
2. Never leave your baby unsupervised. Ask about hospital protocols concerning the routine procedures, feeding, visitation hours and security measures.
3. Do not give your baby to anyone without proper, verified hospital identification.



PATIENT-CENTERED CARE

What Is Patient-Centered Care?

We care more about *how* we provide your care rather than the type of care we provide. It is about respect for the patient's values, their preferences and expressed needs. It is making the patient's priorities our main priority.

Below you will find components of patient-centered care that we strive to provide.

CARE PARTNER

We ask that you identify one person that you would like to be most involved in your care. They may help with any aspect of your care and will be our "go-to" person if we have questions that you are unable to answer.

HOURLY ROUNDING

We aim to proactively meet your needs instead of waiting until you call. Frequent rounding clusters care and focus on your needs, addressing the three Ps: Potty, Positioning and Pain.

BEDSIDE REPORT

Moves the important conversation that nurses have at shift change to the bedside. It includes you, the patient, in the exchange of information, keeping you up-to-date and informed. If you do not want to be awakened for shift report or do not want to be included, please inform your nurse.

OPEN MEDICAL RECORD POLICY

With the caregiver's assistance, you are welcome to review your chart at any time.

CHANGING THE CONCEPT OF FAMILIES AS VISITORS


We offer open visitation policies, allowing any family members to visit you without limitation of numbers at any given time.

FAMILY PRESENCE DURING RESUSCITATION AND OTHER INVASIVE PROCEDURES

Our goal is to never separate you from your family unless you request it.

SHHH!

Silent Hospitals Help Healing: If you are uncomfortable with the level of noise you are experiencing, please call the nurses station.



**QUIET TIME
"Tuck-In"
1 - 3 p.m.**

**NO VISITORS
DURING THIS TIME**

This time has been dedicated to new moms in an effort to help them get some much-needed rest. Studies show that extreme fatigue decreases breastfeeding success and is a contributor to the occurrence of PPD. Please help us encourage our new moms to rest during their stay with us so that scheduled quiet time becomes a habit at home.

PARENT INFORMATION GUIDE

Welcome to Northwest Texas Healthcare System and congratulations on your new arrival! Here are some guidelines to help make your stay a happy, healthy and safe one:

- The American Academy of Pediatrics recommends that you always place your baby on his/her back to sleep. Never sleep in bed with your baby.
- Keep the bulb syringe handy in case your baby spits up or has a stuffy nose. We will show you how to use it.
- ID bands should remain on the infant until after discharge. Please contact your nurse if at least one ID band does not stay on.
- There are supplies in the bassinet provided for you to care for your infant, including clear bags for dirty diapers, wipes and clean linen. Keep dirty diaper bags so they may be counted.
- Texas law requires the use of an infant car seat when transporting infants in an automobile. This includes leaving the hospital.
- Please ask your guests to wash before holding the baby. Visitors should be free from infection and have not been exposed to any contagious diseases within the last three weeks.
- To help you and your support persons bond with your baby, the baby will stay in the room with you.
- Your nurse will take care of you and your baby. Your support person is welcome and encouraged to stay with you.
- We have Certified Lactation Nurses along with our well-trained nurses to assist you with any breastfeeding needs. If you choose to bottle feed, formula will be available for you to feed your baby every three hours. Your nurse will check how well your baby is eating, so please keep your bottles.
- Our infant security program consists of HUGS tags. Your baby will have a tag on one ankle and another identification band on one wrist and one ankle. A tag will also be placed on you. Sensors are near every exit and alarms will go off if the baby passes too close to these sensors. Infants should not be carried in parents' arms while in the halls. Anyone that comes to your room to take your infant to another location must have a hospital ID badge.
- We would like to assist you to the bathroom the first two times. Please call your nurse for assistance.
- We recognize how important it is that you are involved in the care of yourself and your baby, therefore we will be completing bedside report in the room with you when we transfer care to another member of the team.
- We will be coming to your room to check on you every hour during the day; however, should you need anything between those times, please use your call light.

RAPID RESPONSE TEAM

When something does not seem right and you feel like you need help, contact a nurse or the Rapid Response Team.

To Contact the Rapid Response Team, Dial 8999 from any hospital phone.

Help will arrive quickly.

SILENT HOSPITALS HELP HEALING

We want to make your stay as comfortable as possible. If you feel that the noise level is too high, please contact the nurses station at extension 1380.

If you have any questions at any time, please ask!

PAIN MANAGEMENT AND YOU

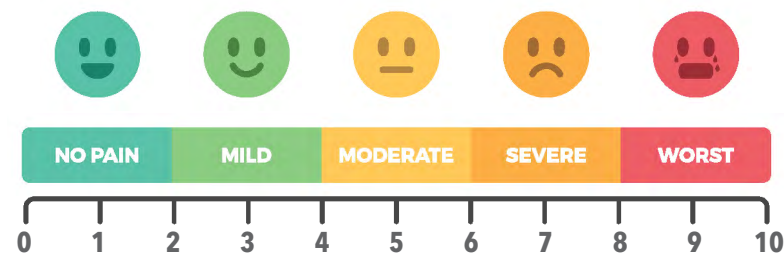
- You are the only one who knows how much pain you are having.
- It is OK to ask for pain medicine before you do something that might be painful.
- You need to tell the doctors and nurses when you need help to control your pain.
- Pain can be treated.
- There are different ways to treat your pain. Ask your doctors and nurses about your options.
- Discuss pain goals with your doctors and nurses.

MY PERSONAL PAIN GOAL:

HOW DO I TELL THE DOCTOR AND NURSE ABOUT MY PAIN?

You will be asked about your pain. A common way for us to know how much pain you are having is for you to rate it using this Pain Scale.

LEVEL OF PAIN		RESPONSE
0	None	No medication is needed.
1	Very minor	No medication is needed.
2	Minor	No medication is needed.
3	Annoying enough to cause distraction	Mild painkillers are effective.
4	Can be ignored if really involved in work, but still distracting	Mild painkillers relieve pain for three to four hours.
5	Cannot be ignored for more than 30 minutes	Mild painkillers relieve pain for three to four hours.
6	Cannot be ignored for any length of time, but can still go to work and participate in social activities	Strong painkillers reduce pain for three to four hours.
7	Difficult to concentrate and interferes with sleep, but can still function with effort	Stronger painkillers are only partially effective. Strongest painkillers relieve pain.
8	Severely limiting physical activity, but can still read and converse with effort; nausea and dizziness set in as factors of pain	Stronger painkillers are minimally effective. Strongest painkillers reduce pain for three to four hours.
9	Cannot speak; crying out or moaning uncontrollably	Strongest painkillers are only partially effective.
10	Causes unconsciousness; passing out from pain	Strongest painkillers are only partially effective.



FREQUENTLY ASKED QUESTIONS

Will this medication make me sick?

Drowsiness, constipation and nausea are common side effects that may occur with pain medications. All drugs have potential side effects and your nurse can discuss possible side effects with you. Not everyone who takes a medication will experience side effects. Tell your nurse if you experience any side effects, as there may be medication to help you.

Can I get addicted to this pain medication?

Taking pain medication to control pain does not cause addiction. Patients who have their pain under control during their hospital stay and for the first few weeks at home have been shown to get well faster. Uncontrolled pain can delay healing. About 1 in 10 people can become addicted to pain medication if they already have addictive tendencies and are taking these medicines for a long period of time.

Should I wait until my pain is worse before I take the medication?

Discomfort for long periods of time can cause stress to your body. The further out of control your pain gets, the harder it will be to make you comfortable. Decide on an acceptable pain goal for you and discuss with your doctors and nurses so you know at what level to request medication.

Are there other things that I can try to control my pain?

Many measures can be used to reduce pain. Below are a few that can treat mild or moderate pain or improve the effects of pain medications. Ask your doctors and nurses which are appropriate for you.

- Distraction
- Hot or cold packs
- Hypnosis
- Imagery
- Massage
- Music therapy
- Pressure or vibration
- Relaxation technique

WHEN TO CALL THE DOCTOR?

Call your baby's doctor if your baby

- Has jaundice*;
- Has a temperature above 100.4° (under the arm);
- Is experiencing any feeding problems;
- Is experiencing any extreme sleepiness;
- Is showing any signs or symptoms of an umbilical cord infection or circumcision infection;
- At one week of age is not having six to eight wet diapers and at least one dirty diaper daily.

Call your OB provider if you:

- Have a temperature higher than 100.4* degrees;
- Soak a sanitary pad in one hour or less;
- Pass a clot the size of an egg or larger;
- Experience severe low abdominal cramping or pain;
- Experience foul-smelling discharge from the vagina;
- Experience increased pain around stitches and/or swelling, redness or hardness;
- Experience pain, burning or frequency when urinating;
- Experience incision drainage or foul odor;
- Experience any signs/symptoms of reaction to medications (rash, shortness of breath or nausea);
- Experience inadequate pain relief;
- Experience a red or sore area of the breast and increased temperature (may feel like flu symptoms).

CARING FOR YOUR NEW BABY

Feeding

- Baby needs to feed every two to three hours on the breast.
- If you are bottle-feeding, feed 1-1.5 oz. every three to four hours.
- DO NOT heat breast milk or formula in the microwave. You can use warm tap water to heat the milk.
- Burp after each breast and every half ounce.

Umbilical Cord Care

- The cord will fall off in one to two weeks, keep the cord clean and dry.
- Sponge-bathe the infant until the cord falls off.
- Fold the diaper below the umbilical cord.
- Report any redness or discharge to your doctor.

Diapers

- Make sure your baby has six to eight wet diapers every 24 hours.
- Girls may have vaginal discharge from maternal hormones.

Skin

- Avoid lotion for six weeks, as your baby's skin will heal on its own.
- For jaundice instructions, see page 19.

*Jaundice, while not uncommon in newborns, can lead to permanent and disabling health consequences when not diagnosed and treated promptly. Contact your pediatrician immediately if you notice yellowing of your infant's skin or eyes.

CARING FOR YOURSELF AT HOME

Home Care Instructions for Mom

After discharge, you may discover that you still have questions about body changes, activity and care during the next few weeks. The following information should be helpful in answering many of your questions.

NUTRITION

- Eating a well-balanced diet is important for healing and recovery.
- Foods eaten can cross into the breast milk for up to 24 hours.
- Drink plenty of fluids. Drink to satisfy thirst. Drink caffeine in moderation (i.e. one Coke® or cup of coffee/ day).
- Avoid foods that cause you discomfort, as they may also bother your baby.
- If you are breastfeeding, consume an additional 600 calories per day.
- If your baby seems unusually irritable, do a 24-hour diet recall to pinpoint a certain food that may be affecting him or her and eliminate that food.
- Continue taking your prenatal vitamins until your postpartum checkup or until your healthcare provider tells you to stop.

ACTIVITY

- Get up as you can tolerate. Allow yourself plenty of time to rest.
- Care for yourself and your infant only for the first two weeks at home. Sleep when your baby sleeps.
- Avoid heavy lifting (more than 10 pounds) and strenuous work or sports.
- Accept or ask for help during this transitional period.
- Check with your care provider prior to beginning any exercise program.

PERSONAL HYGIENE

- Continue to use the peri-bottle and wipe from front to back.
- Change sanitary pads each time you go to the bathroom to decrease the risk of infection.
- Continue to use Tucks and Dermoplast spray, if ordered.
- Take warm tub baths for 15-20 minutes after a vaginal delivery. After a caesarean delivery, shower only for the first two weeks at home.

INCISION CARE

- Leave your incision open to air and cleanse gently with soap and water in shower.
- Showering daily is recommended. Pat dry the incision area.
- Remove steri-strips in two weeks or according to your care provider's instructions.
- If you delivered vaginally, you may have an episiotomy or laceration. Typically, it takes about four weeks for your lacerations or episiotomy to heal. These sutures will dissolve.



BREAST CARE

Breastfeeding

- Wear a supportive bra 24 hours a day for as long as breastfeeding.
- Cleanse nipples once a day; avoid soap.
- Allow nipples to air dry.

If you develop nipple soreness:

- Check your baby's position at the breast.
- See After Hours Comprehensive Breastfeeding Instructions 806-354-1395.
- Contact the Lactation Educator 806-354-1384, who is available 7 days a week

Bottle-Feeding

- Wear a supportive bra 24 hours a day for the next six weeks; if breast fills, bind breast, apply ice packs and avoid stimulation.

VAGINAL FLOW & RETURN OF MENSES

- Vaginal flow may continue for four to six weeks after delivery.
- Usually the amount of flow decreases and becomes lighter in color, from red-pink-brown-tan-white.
- Bright red blood and an increase in flow may reoccur if you have been too active.
- Lie down, rest and call your care provider if you are soaking more than one pad in an hour or passing large clots.
- Pelvic rest for six weeks; no tampons, no douching, no sexual activity.
- Menses often returns in six to eight weeks if bottle-feeding and varies with breastfeeding mothers.

**YOU CAN BECOME PREGNANT EVEN BEFORE THE RETURN OF MENSES.
BE SURE TO DISCUSS BIRTH CONTROL OPTIONS WITH YOUR CARE PROVIDER.**

ELIMINATION/ HEMORRHOIDS

- Try to avoid constipation by increasing the fluids and fiber in your diet.
- Include whole grains, raw fruits and vegetables in your diet.
- If hemorrhoids are a problem, frequent warm tub baths may be soothing and relieve discomfort.
- Avoid straining when trying to pass stool.
- A mild stool softener may be used. Check with your care provider.

POSTPARTUM BLUES

Following delivery, your body is going through many changes in hormone levels. You may find yourself crying for no apparent reason and unable to cope with all the changes a new baby brings. This is a normal feeling. Seek support from your partner and/or friends. Allow yourself time to rest and give yourself time to adjust. If these feelings persist after several weeks or if you ever feel that you would harm yourself or your baby, contact your care provider or other professionals for assistance.

SAVE YOUR LIFE: POST-BIRTH WARNING SIGNS

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems, but any woman can have complications for up to one year after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Call 911 if you have:

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call Your Healthcare Provider if you have even just one of these signs:

(If you are unable to reach your healthcare provider, call 911 or go to an emergency room)

- Bleeding, soaking through one pad/hour, or blood clots the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg that is painful or warm to touch
- Temperature of 100.4°F or higher, or 96.8°F or lower
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or your baby** may mean you have PPD
- **Bleeding (heavy)** soaking more than one pad an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness, or any pus** from episiotomy, vaginal tear, or C-section site may mean you have an infection
- **Redness, swelling, warmth or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, or 96.8°F or lower, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes or pain in the upper right area of your belly** may mean you have high blood pressure or post-birth pre-eclampsia

TRUST YOUR INSTINCTS!

ALWAYS get medical care if you are not feeling well or have questions or concerns.

TELL 911 OR YOUR HEALTHCARE PROVIDER:

"I had a baby on _____
(date)
and I am having _____."
Specific warning signs

My Healthcare Provider/Clinic: _____ Phone: _____

Hospital Closest to Me: _____



AWHONN thanks Kenvue for providing commercial support for multiple translations of the handout. This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada. ©2023 Association of Women's Health, Obstetric, and Neonatal Nurses. All rights reserved. Unlimited print copies permitted for patient education only. For all other requests to reproduce, please contact permissions@awhonn.org.

GETTING TO KNOW YOUR BABY

Look your baby over from head to foot with your partner. Caress and pick up your baby. Ask your doctor or nurse to show you how. Get to know how your baby feels. Undress and dress your baby, change diapers, give him/her a bath. Babies are (really) very sturdy. They can take a lot of handling and usually enjoy it. However, you should take care to support your baby's head. If both you and the baby are comfortable, you are doing all right. You will know something is wrong if your baby continues to cry or struggle.

If you or your partner have questions about how to pick up, hold, bathe, dress or undress your baby, ask the hospital staff to show you how. Then do it yourself until you are comfortable.

Get to know the feel and the fun of handling and playing with your baby and breastfeeding while you are in the hospital. As long as your baby is stable, insist on being with your baby as soon as possible and for as long as possible. Your partner should also be there as much as possible. Use this time to learn all you can about your new baby—it will make caring for him or her much easier when you get home.

These first weeks are when new parents and older brothers and sisters should spend time together and with the new baby, getting used to the youngest member of the family. Let everyone get to know the baby by holding, touching, talking, singing or just watching him or her. Brothers and sisters should be encouraged to enjoy or help care for baby with adult supervision. New fathers need to spend as much time as possible enjoying and getting comfortable with their baby, just like new mothers.

Appearance of the Newborn

At first, your baby may look different from the way you expected. The conditions mentioned below are not serious and will not cause any problems later for your baby, but if you have any questions or worries, ask your doctor or clinic staff.

Head

In passing through the birth canal, your baby's head may have molded into an unexpected shape. It will become more normal in the first several weeks of life. You may also notice lumps on the head. Body fluid may accumulate under part of the scalp, causing a firm, spongy lump or "caput." This will disappear in a few weeks. There may also be a soft, squishy lump called a "cephalohematoma," caused by blood gathered on the surface of the skull. This may take several months to disappear. A baby who always lies on one side may develop a flattening or a loss of hair on that part of his or her head. This will disappear as your baby grows.

Eyes

In the first few days after birth, your baby's eyes may have some white or yellow discharge caused by medicine given at birth. This should clear up within two to three days and should not get worse at any time. You may wash off the discharge from around the eyes gently with warm water and a warm washcloth.

When awake and alert, your baby's eyes should look straight at you. One may turn in or out slightly when your baby is particularly tired, but both eyes should work together almost all of the time. If not, ask your doctor or clinic staff about it at your baby's next checkup.

Skin

Often a baby's skin just isn't as smooth and clear as the advertisements lead us to believe. Almost every baby develops a fine pink or red rash when the skin is irritated by rubbing on bed covers, by spitting up or by very hot weather. Almost all of these fine pink rashes will go away promptly if the skin is bathed with clean water whenever it is dirty, and washed with mild soap. No lotion is necessary.

Waxy Scales

Some babies develop waxy scales on the scalp and forehead, called "cradle cap" or "seborrhea." Washing with mild soap and a washcloth a couple of times a week will usually keep this under control and help it go away. (If not, consult your doctor.) You may use a soft toothbrush when washing and brushing the hair to prevent cradle cap.

Red Blotches

Small, red blotches or "birthmarks" on the eyelids and back of the neck of light-skinned infants are so common that they are called "stork bites." They usually show when the baby is between one and four weeks old and usually go away after a year or so, causing no trouble of any kind.

Raised Red Marks

Bright red, raised "strawberry marks" also are quite common. They appear after one or two months, grow rapidly for a few months, stop growing and gradually disappear.

Blue Marks

Large areas of pale blue discoloration, called "Mongolian spots," are common, especially above the buttocks of dark-skinned infants. They become less obvious as the child grows older.

Diaper Rash

Urine and bowel movements can be irritating to the skin, especially when they stay in contact with the skin for a long time. **Prevent diaper rash by:**

- Changing diapers frequently;
- Rinsing the baby's diaper area with clean warm water at each diaper change;
- Rinsing cotton diapers thoroughly before washing them;
- Avoiding "super-absorbent" disposable diapers;
- Leaving off plastic pants when possible;
- Applying a layer of zinc oxide or diaper rash ointment to any irritated area.

Navel or "Belly Button"

The end of the umbilical cord, attached to the baby's navel and cut at birth, usually falls off within one to two weeks. Keep the umbilical cord clean and dry until it falls off and ask your healthcare provider if they prefer you to use anything at the base.

Heat Rash (Prickly Heat)

Perspiration can be irritating, especially in folds of the skin at the neck and in the diaper area. Loose clothing and exposure to air will usually help to clear it.

Jaundice - See Page 19

Breasts

Newborn babies may have enlarged breasts and may even appear to be leaking a little breast milk. This is in response to the mother's hormones and will disappear without treatment within the first few weeks.

Circumcision

Follow the instructions and guidelines given to you by your doctor. The doctor will use one of two ways to perform circumcision.

Gomco: No device will be attached. The doctor usually applies Vaseline® and Band-Aids® or Vaseline gauze to the penis after the procedure. Once this falls off, then apply Vaseline to the penis after every diaper change, after cleaning off as necessary. The penis may get a yellowish film covering as it heals. Healing usually occurs in seven to 10 days. Sponge-bathe only until healed. Notify your doctor if redness, yellowish-green discharge, fever, pain, swelling or bleeding greater than the size of a silver dollar occur.

Plastibell: There will be a plastic ring and string attached to the end of the penis. **DO NOT apply ointment to the penis.** If when changing the diaper the penis is sticking to the diaper, place a few drops of water to loosen the diaper. When changing the diaper, clean off stool as needed from penis. The ring usually falls off in 10 to 12 days. Sponge baths only until the ring falls off. **CONTACT the doctor immediately if the ring slides down the shaft of the penis or if redness, yellowish-green discharge, fever, pain, swelling or bleeding greater than the size of a silver dollar occur.**

If your baby is not circumcised, do not retract the foreskin until the doctor advises you to do so.

Bowel Movements

Babies' first bowel movements, usually in the hospital, are sticky and greenish-black. After about a week, they become less sticky and lighter, gradually turning yellow, and remain that way for the next year.

A baby may have anywhere from four to 10 movements a day to one movement every three or four days. After the first month, the number of bowel movements will usually be less than three or four times a day or as few as once a week. As long as the bowel movements are soft, your baby is not constipated.

Urination

Newborns do not have a lot of volume when they urinate, but they should have at least six to eight wet diapers a day. The urine should be colorless and have very little, if any, odor. In the event your baby is not having six to eight wet diapers or the urine is dark yellow and/or smells strong, contact your healthcare provider or lactation educator at 354-1394 for guidance.

Sucking

Most babies get their thumbs and fingers in their mouths and suck on them. Many seem to find it very enjoyable and do it often. It causes no harm and can be ignored.

Some parents don't like the look of thumb- and finger-sucking and substitute a pacifier for the thumb. This also is fine. However, do not use a homemade pacifier (such as the nipple from a baby bottle), one without ventilation holes, or an old pacifier that has cracks, tears, stickiness or separation. These factors can cause choking. Stop giving the baby the pacifier toward the end of the first year, if you can. Never leave the pacifier on a cord around the baby's neck; the baby can strangle in the cord. In addition, don't substitute the pacifier for the attention, food or diaper changes that your baby wants and needs when he or she is crying!

Do not use a bottle of formula or juice as a pacifier. Your baby's developing teeth can decay from the sugar they contain.

Bathing

During the first few weeks, before the umbilical cord has fallen off and the navel heals (or if your baby boy's circumcision has healed), wash your baby with a cloth and warm water. Baby's face and diaper area require frequent washing as food, urine and bowel movements can irritate the skin. The rest of his or her body may need washing only a few times a week.

Once your baby's navel (and circumcision) has healed, you may find it more convenient to give your baby a bath in a plastic tub or dishpan.

To get ready:

- Bring your basin or dishpan containing an inch or two of warm (not hot) water into a warm room.
- Place the basin on a table or countertop of convenient height. Check with your wrist to be sure it is not too hot.
- Place a small towel or diaper in the bottom of the basin to keep your baby from slipping.
- Gather a bar of mild soap or body wash (without perfume or deodorant), a washcloth and towel.

Now that you are ready, follow these steps.

- Hold your baby with one hand for safety.
- Wash baby's face first while the water and washcloth are cleanest. You don't need soap for the face.

Use a soft toothbrush on the scalp.

- Use your hand or washcloth to lather the rest of baby's body with soap. Wash your girl's labia and your boy's penis just as you wash any other part of their bodies.
- If you find it easier, wash your baby on the table with a towel underneath, and use the tub only for rinsing.
- Rinse your baby thoroughly.
- Wrap your baby in a towel and pat dry.
- Wash the baby's head last. This will allow the baby to stay warm. Use a mild soap or baby shampoo and rinse thoroughly.

Here is more advice:

- Never, never leave the baby alone in the water for any reason whatsoever! The bath is never safe, no matter how little water you may use.
- If the phone or doorbell rings, or your 2-year-old hollers, wrap your baby (soap and all) in a towel and put the baby under your arm. If there is a real crisis or emergency, you can put the baby in a safe place where he or she cannot fall and out of reach of pets and children, such as a playpen or on the floor.
- Always check the water temperature with your wrist or inside of your elbow. Hot water, even from the tap, can cause scalds and burns! If you aren't sure how hot is safe, ask your doctor or clinic.
- Don't try to clean the ear, nose, navel, genitals or anus with cotton-tipped sticks. Nothing you can't clean with a corner of the washcloth needs cleaning.
- Don't use a special disinfectant soap unless your doctor tells you. Plain soap is best. Too much soap can be nearly as irritating to the skin as dirt or soiled diapers.
- Wash baby's hair with a non-irritating baby shampoo about once a week, or more frequently if your baby has a scaly, waxy head rash ("cradle cap").
- Bathe the soft spot on baby's head just as you do the rest of the head.

Don't worry if you can't bathe your infant every day; two or three baths a week are enough for most babies.

Some babies quickly learn to enjoy their bath, and it becomes a pleasure for both of you. Other babies strongly object to the bath for a while. They will gradually learn to tolerate their bath and perhaps even to enjoy it.

Fingernails and Toenails

Refrain from using a nail clipper or scissors, as it may cut the baby's skin. An emery board may be used the first month, after which you may use a nail clipper or small scissors to keep fingernails and toenails short. Cut them straight across, and try to clip them after the baby's bath when the baby is relaxed or asleep. At other times, sudden motions may make clipping difficult and you might accidentally clip the skin.

Sleeping

Many new parents worry, at first, if their babies are out of their sight. For your peace of mind, you may want to sleep near the crib for the first few nights. If you are really needed, your baby will cry loud enough to be heard from nearly everywhere in the house! Even in the smallest apartment, a crib can be moved to the living room, kitchen or bathroom when you go to bed for the night.

Do not let your baby sleep with you in bed; there is a risk of suffocation.

Your baby shouldn't sleep in a draft or breeze. Your baby will decide how much to sleep. However, you can arrange to keep your infant awake during the times of the day that are most convenient for you, so that he or she will be more likely to sleep during the night and during morning or afternoon naps. **Here are a few other ways, suggested by moms and dads, to try to get baby's sleeping schedule to fit with your own:**

- Make sure the baby's bed is warm and in a quiet place.
- A humidifier may make the air in the baby's room more comfortable, and the noise is comforting. Be sure to change the water in the humidifier daily.
- Watch for signs of sleepiness (rubbing his or her nose or eyes, yawning) and put the baby to bed.
- When all else fails, a car ride may help your baby go to sleep.

Sometimes the baby will cry when put down for sleep. Crying may persist. If there is no other reason for crying (such as hunger, wetness or illness), be patient. Go out of the room and the baby will usually stop crying after a few minutes.

Clothing

Most babies are comfortable with the same amount and type of clothing that you are wearing. Use common sense when dressing your baby. In the winter or in high winds, make sure the baby's head is covered. Jackets with hoods are always a good idea for cool times of the year.

Going Out

Babies can go any place their family goes and they do often. However, avoid exposure to tobacco smoke or crowded public places where strangers might handle your baby, or sneeze or cough in your baby's face, especially during the winter months. Your baby can certainly sit with you in church or on the bus, go with you to the supermarket or to an informal restaurant.

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Baby's Growth and Development

Here are some of the things you can usually expect your baby to do in the first year of life:

By about six weeks

- Holds head off of bed for a few moments while lying on stomach
- Follows an object with eyes for a short distance
- Pays attention to sounds
- Makes a few vocal sounds other than crying
- Looks at your face
- Smiles when you smile or play with him or her
- Moves arms and legs in an energetic manner

Immunizations

Your healthcare provider or clinic staff will routinely immunize your baby to prevent him or her from getting a number of very serious diseases (polio, diphtheria, tetanus, whooping cough or "pertussis, measles, mumps, German measles or "rubella," H. influenza B). After being immunized, your baby will be protected from most of these diseases for many years and, in some cases, for life (more information on page 33-34).

Recordkeeping

You should keep a record of your baby's visits to the doctor or clinic. It is important to keep the record up to date in case you change doctors or see someone else when your doctor is not available. You should take your record with you whenever you visit a doctor or clinic so that you can refer to it if you have any questions, and update it before you leave the office.

Effects of Smoking on Your Baby

Your baby should not be exposed to tobacco smoke. Babies are very susceptible to smoke because their lungs are immature and they are vulnerable to respiratory infections. Lit cigarettes may also burn your baby. You or anyone in your household who smokes should stop.

You need to protect your baby:

- Never let anyone smoke while holding, bathing or feeding your baby.
- Never let anyone smoke in the area where your baby is sleeping.
- Insist on no-smoking areas when you visit public places with your baby.
- If you smoke, put off having a cigarette until you are away from your baby. Get help from your doctor or clinic staff to quit smoking.

When You Should Be Concerned

If your baby seems weak, has no energy to cry loudly, nurses poorly (or doesn't want more than half of the usual bottle), doesn't wake up to be playful for even a short time, or just doesn't look right, then you should call your healthcare provider or clinic right away.

BABIES AND CRYING

Babies cry to tell parents they are in some way not satisfied or comfortable. Your job is to find out why and, if possible, do something. Here are some reasons for crying:

- Hunger, the most common cause
- Loneliness (when your baby is a few months old), usually the next-most-common cause
- Being tired, wet or soiled
- Too much or too little clothing
(Many infants rest better if they are firmly wrapped or swaddled in a blanket)
- Actual pain (from an open diaper pin or from “colic,” a condition where the baby cries for more than three hours a day for at least three days a week), which is much less common

There is usually a cause for crying. Most of the time you should be able to figure out what the cause is and be able to do something. No baby should be left to cry for any prolonged period of time without serious attempts to find out why and do something.

Many babies have a time each day when they are fussy or cry without any reason that you can find out. After you have checked for a cause of crying, you may have to get used to these fussy times.

Most children want attention and handling. If a baby becomes quiet and content when picked up, he or she is probably lonely. A few minutes of cuddling, playing, talking or singing, and then maybe leaving your baby in the room with you where you can be seen, is all that is needed. If there is actually hunger or pain, the crying will soon start again if you are holding or playing with your infant.

Do not worry about “spoiling” your baby. The attention needed from parents (and other caregivers) during the first two years will help build the trust that will help him or her learn more “grownup” behavior later.

Babies and young children tell us what they need in different ways. One way is by crying. It is normal for babies to cry every day. At times, babies cry more. Some babies cry more than others do. Many babies cry more in the evenings. Often babies cry even when you are trying to help them. Sometimes it is not easy to know what a baby needs and it can take some time to figure it out and to calm the baby down. This can be hard on parents and others who care for the baby. When a baby cries for a long time, it can be stressful and may make you feel helpless and angry, but remember, no matter how you feel, NEVER SHAKE the baby.

Endless Crying and Colic

If your baby cries for a very long time or repeatedly, you may want to take him or her to your healthcare provider. Your baby may have a health problem or colic (when a baby cries for more than three hours every day for more than three days a week). With some babies, colic can sound like screaming instead of crying. Colic will not hurt the baby, but it can be very stressful and hard for the parents or caretakers. Sometimes, your healthcare provider can help with changes in the baby’s diet or may have other ideas to help you deal with colic.

WAYS TO CALM A CRYING BABY

- Change the baby’s diaper.
- Feed or burp the baby.
- Check every part of the baby to see if something is hurting: Are the baby’s clothes too tight? Is a diaper pin poking the baby?
- Check to see if the baby may be sick: Does the baby have a stuffy nose? Does the baby have a fever?
- Make sure the baby is not too hot or too cold.
- Try to settle the baby for a nap.
- Give the baby a pacifier or a teething ring.
- Take the baby for a walk or a car ride.
- Talk or sing to the baby or play music.
- Give the baby a bath.
- Take the baby outside for a few minutes.
- Show the baby some toys or a mirror.
Young babies often like black-and-white toys or patterns.
- Change the way you are carrying the baby.
- Gently rub the baby’s back or tummy.
- Try a baby swing.
- Call someone else—sometimes a new face or voice can calm the baby.
- If nothing else works, put the baby in a safe place and walk away.



JAUNDICE AND YOUR BABY

What is Jaundice?*

Jaundice (say “john-diss”) is an illness that can happen in the first few days of a baby’s life. It turns your baby’s skin, eyes and mouth a yellow color. The yellow color is caused by bilirubin.

Bilirubin is made when the body breaks down old red blood cells. This is a normal process that happens all through life. Bilirubin goes to the liver, where it is changed again. Then it goes into the intestines and the kidneys, and then it goes out of the body. If too much bilirubin builds up in your baby’s body, it makes a yellow color called jaundice. Jaundice is common in babies and is usually not serious.

Why do some babies get jaundice?

Red blood cells have a shorter life in babies than they do in adults. This means more bilirubin goes through your baby’s liver. If your baby’s skin is bruised during birth, more red cells may need to be broken down. Then your baby’s liver has to handle even more bilirubin. Sometimes a baby’s liver is not mature enough to handle the extra bilirubin.

*Jaundice, while not uncommon in newborns, can lead to permanent and disabling health consequences when not diagnosed and treated promptly. Contact your pediatrician immediately if you notice yellowing of your infant’s skin or eyes.

How can I tell if my baby has jaundice?

You should watch for color changes in your baby's skin. You should also check the whites of your baby's eyes and the pink skin inside your baby's mouth. If they get yellowish, you may want to see your baby's doctor. If your baby has pale skin, it should look white when you gently press it with your fingertips. If the skin looks yellow, your baby may have jaundice. If your baby has darker skin, it may be harder to check, except by looking at your baby's eyes and inside your baby's mouth.

Artificial light, especially fluorescent lights, can sometimes fool your eyes into seeing a yellow color that is really not there, so you might want to check your baby in daylight in a sunny room.

As the amount of bilirubin in the blood increases, your baby's body will get more yellow. As the bilirubin level rises, the yellow color can move from your baby's head down to the chest and even down to the toes.

If your baby's skin is yellow, see your baby's doctor right away. The doctor will take a small amount of your baby's blood and measure the bilirubin in it.

How do you treat jaundice?

If the bilirubin level is not too high, your baby might not need any treatment. Your doctor might just want you to feed your baby breast milk or formula more often.

If the bilirubin level is very high or is getting higher very quickly, your baby will need light therapy, also called phototherapy. Phototherapy helps to break down bilirubin in your baby's skin.

For this treatment, your baby is placed under special white, blue or green lights or possibly on a special light-producing blanket. Your baby's eyes are covered to protect them from the bright lights. Phototherapy usually lasts for one or two days.

Phototherapy can give your baby loose stools, temperature problems or dehydration. Your doctor will watch your baby carefully to prevent or treat these problems.

If your baby's bilirubin level gets too high, and phototherapy does not work well enough, the baby might need an exchange transfusion. In this treatment, some of your baby's blood is removed and replaced with blood from someone else.

Can jaundice hurt my baby?

Jaundice is not a serious problem in most healthy babies. However, very high bilirubin levels can be dangerous. It can give some babies brain damage.

Your doctor will measure your baby's bilirubin level a number of times. If necessary, your baby will be treated. This usually keeps the bilirubin level from getting high enough to hurt your baby.

How long will my baby have jaundice?

How long jaundice lasts can vary greatly between babies. Often, the bilirubin level goes up for the first three to four days and then slowly goes back down. A baby who is breastfed may have mild jaundice for a longer time than a baby who is formula-fed.



SHAKEN BABY SYNDROME

What is Shaken Baby Syndrome?

Shaken Body Syndrome is a group of symptoms resulting from injuries caused by shaking a baby.

Shaking a baby or toddler can cause the following serious conditions:

- Brain damage
- Death
- Eye damage and/or blindness
- Hearing, learning and behavior problems
- Paralysis

What happens when a baby is shaken?

A baby's head is larger and heavier than the rest of his body, and until a baby is about 2 years of age or older his or her neck muscles are not strong enough to support the head. Shaking causes the brain to move around within the skull and to become bruised from hitting against bone. This bruising causes swelling, bleeding and pressure in the brain. Blood vessels can rupture and nerves can be permanently damaged.

Why would someone shake a baby?

A parent or caregiver may shake a baby:

- Out of frustration or anger when trying to stop the baby's crying;
- Accidentally in rough play, for example by throwing the baby up in the air, holding the baby upside down or swinging the baby around, activities that may also cause whiplash;
- Rarely, by jogging or jumping up and down while holding the baby.

What are the signs of Shaken Baby Syndrome?

They include:

- Behavior changes
- Convulsions or seizures
- Decreased appetite
- Difficulty breathing
- Lethargy
- Pale or bluish skin
- Vomiting

How can Shaken Baby Syndrome be prevented?

- Know the activities that can cause injuries.
- Always support baby's head when holding, burping, picking up or laying him or her down.
- Recognize anger and frustration before you want to hit or shake the baby. Take a break. Put the baby in a crib or playpen for safety and leave the room. If the baby's needs have been met, letting him or her cry while you calm down is fine.
- Seek professional counseling to learn coping skills before any damage is done. Do not let anger take the place of the joy you could be experiencing with your child.
- If you shake your child, or you think someone else has, seek medical attention immediately.
- Call your healthcare provider if your baby has longer periods of crying or you have concerns about your baby's behavior or health.

KEEPING YOUR BABY SAFE

Safety and Injury Prevention

Babies born healthy are more likely to get hurt or die from accidents than from any illness. Accidental injuries can cause severe handicaps.

You can prevent almost all accidents by knowing what your baby is able to do and making sure it is done in a safe way.

Birth to Four Months

Babies can:

- Eat, sleep, cry, play, smile
- Roll off a flat surface; wiggle a lot

Babies at this age need complete protection all of the time.

Bath

- Turn the thermostat on your hot water heater below 120F.
- Check bath water temperature with your wrist to avoid burns.
- Keep one hand on baby at all times in the bath. Never leave baby alone in the bath.

Falls

- Never turn your back on a baby who is on a table, bed or chair.
- Always keep crib sides up.
- Do not leave baby unattended in an infant seat on a table or counter.

Burns

- Put screens around hot radiators, floor furnace, fireplaces, stoves or kerosene heaters.
- Don't let caregivers smoke when they are caring for your baby.
- Don't hold your baby when you are drinking a hot beverage.
- Don't leave a filled coffee or tea cup on a placemat or near a table edge where it could be pulled down.
- Be sure that foods, bottles and bath water are not too hot. Test before using.
- Avoid heating baby food or formula in a microwave oven; it can get "hot spots."

In Crib, Bassinet, Carriage or Playpen

- Be sure bars are close enough so that your baby can't slide through or get stuck (2 3/8 inches at most).
- Be sure the mattress fits the crib snugly so your baby can't slip between the mattress and the sides of the crib.
- Don't use a pillow.
- Keep pins, buttons, coins and plastic bags out of reach.
- Never put any items a baby can eat or drink in a baby bottle, baby food jar or baby's dish. Someone might feed it to the baby.
- Don't use a harness or strap in the crib.
- Do not place toys or stuffed animals in the crib. Toys or mobiles that hang by a string should be out of baby's reach and should never be strung across the crib.

Other

- Never put a loop of ribbon or cord around your baby's neck to hold a pacifier or for any other reason.
- Do not put necklaces, rings or bracelets on babies.
- Take all toys and small objects out of the crib or playpen when your baby is asleep or unsupervised.

Supervision

- Don't leave your baby alone with young children or with pets.
- Have the phone numbers of your physician, rescue squad and poison control posted near your phone.

Household

- Teach your older children how and when to call 911 in an emergency.
- Install smoke and carbon monoxide detectors if you do not already have them.
- Keep a small fire extinguisher out of children's reach in the kitchen



SAFE SLEEPING FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS)

What Is SIDS?

SIDS stands for Sudden Infant Death Syndrome. This term describes the sudden, unexplained death of an infant younger than 1 year of age. Some people call SIDS “crib death,” because many babies who die of SIDS are found in their cribs, but cribs do not cause SIDS.

What Should I Know about SIDS?

Healthcare providers don’t know exactly what causes SIDS, but they do know:

- Babies sleep safer on their backs. Babies who sleep on their stomachs are much more likely to die of SIDS than babies who sleep on their backs.
- Sleep surface matters. Babies who sleep on or under soft bedding are more likely to die of SIDS.
- Every sleep time counts. Babies who usually sleep on their backs but are placed on their stomachs for a nap are at very high risk for SIDS. It is important for everyone who cares for your baby to use the back sleep position for naps and at night.
- Communities across the nation have made great progress in reducing SIDS! Since the Back to Sleep campaign began in 1994, the SIDS rate in the United States has declined by more than 50 percent.

Your Baby Needs Tummy Time

Place babies on their stomachs when they are awake and someone is watching. Tummy Time helps your baby’s head, neck and shoulder muscles get stronger and helps to prevent flat spots on the head.

Babies Sleep Safest on Their Backs

One of the easiest ways to lower your baby’s risk of SIDS is to put him or her on the back to sleep, for naps and at night. Healthcare providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing your baby on his or her back to sleep is the number one way to reduce the risk of SIDS.

Q. Won’t my baby choke if he or she sleeps on his or her back?

A. No. Healthy babies automatically swallow or cough up fluids. There has been no increase in choking or other problems for babies who sleep on their backs.

Spread the Word

Make sure everyone who cares for your baby knows the Safe Sleep Top 10! Tell grandparents, babysitters, childcare providers and other caregivers to always place your baby on his or her back to sleep to reduce the risk of SIDS. Babies who usually sleep on their backs but who are placed on their stomachs, even for a nap, are at very high risk for SIDS –so every sleep time counts!

Fast Facts about SIDS

- SIDS is the leading cause of death in infants between 1 month and 1 year of age.
- Most SIDS deaths happen when babies are between 2 and 4 months of age.
- African-American babies are more than two times as likely to die of SIDS as white babies are.
- American Indian/Alaska Native babies are nearly three times as likely to die of SIDS as white babies are.

WHAT CAN YOU DO TO LOWER YOUR BABY’S RISK OF SIDS?

Here are 10 ways that you and others who care for your baby can reduce the risk of SIDS:

SAFE SLEEP TOP 10

- 1. Always place your baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.
- 2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.** Never place your baby to sleep on pillows, quilts, sheepskins or other soft surfaces.
- 3. Keep soft objects, toys, and loose bedding out of your baby’s sleep area.** Don’t use pillows, blankets, quilts, sheepskins, or pillow-like crib bumpers in your baby’s sleep area, and keep all items away from your baby’s face.
- 4. Do not allow smoking around your baby.** Don’t smoke before or after the birth of your baby, and don’t let others smoke around your baby.
- 5. Keep your baby’s sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring your baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
- 6. Think about using a clean, dry pacifier when placing your infant down to sleep, but don’t force the baby to take it.** (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)
- 7. Do not let your baby overheat during sleep.** Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
- 8. Avoid products that claim to reduce the risk of SIDS,** because most have not been tested for effectiveness or safety.
- 9. Do not use home monitors to reduce the risk of SIDS.** If you have questions about using monitors for other conditions, talk to your healthcare provider.
- 10. Reduce the chance that flat spots will develop on your baby’s head:** provide “Tummy Time” when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers and bouncers.

If you use a blanket, place the baby with feet at the end of the crib. The blanket should reach no higher than the baby’s chest. Tuck the ends of the blanket under the crib mattress to ensure safety.

For more information on sleep position for babies and reducing the risk of SIDS, contact the Back to Sleep campaign at:

Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892

Phone: 800-505-CRIB (2742) | **Fax:** 301-496-7101

EMERGENCIES AND FIRST AID

Even when you are careful about safety, injuries and illnesses may occur. You should know what to do and have a plan of action.

If possible, take first aid and cardiopulmonary resuscitation (CPR) courses from the Red Cross, the American Heart Association® or other local organizations. Keep important phone numbers next to your phone. Train your older children how and when to call 911 if it is available in your area. If your phone company does not have a 911 service for emergencies, teach them how and when to call the doctor, the fire and police department, and the poison control center.

The first rule in any emergency is to call for HELP to alert people nearby to come to your assistance. If you are alone, you may have to perform Basic Life Support (see *below*) for several minutes before you call for emergency help.

BASIC LIFE SUPPORT

If your baby is not breathing, no matter what the reason, or has no pulse (his or her heart has stopped beating), you must provide life support until help arrives. This means that you must try to stimulate the baby to start breathing again, and the heart to start pumping again, by performing the following steps:

RESCUE BREATHING (VENTILATION)

1. Clear the mouth with your finger, quickly removing any mucus, vomit, food or object.
2. Place the baby face up on the floor, table or other firm surface.
3. If neck or spine has not been injured, tilt baby's head back slightly with chin up. Place your hand on baby's forehead to keep the head in this position.
4. Cover the mouth and nose with your mouth and blow gently until you see the baby's chest rise.
5. Remove your mouth and let the baby's lungs empty.
6. Take a quick breath yourself.
7. Repeat steps 4 and 5.
8. After breathing twice, check to be sure the baby's heart is beating by feeling with your index and middle finger for a pulse in the inside of the baby's upper arm between the elbow and shoulder.
If no pulse, you must try to stimulate the heart by performing chest compressions.
9. If there is a pulse, continue rescue breathing at the rate of once every three seconds. Check to be sure the baby's chest is rising—a sign the baby's airway is clear and air is entering freely. If air is not moving, quickly check the position of your baby's head and try again.
10. **IF THERE IS STILL NO MOVEMENT, THERE IS PROBABLY SOMETHING BLOCKING THE BABY'S AIRWAY. TO CLEAR THE AIRWAY, FOLLOW THE STEPS UNDER CHOKING.**

CHEST COMPRESSIONS

1. Follow an imaginary line across the baby's chest from one nipple to the other. Place three fingers just below the middle of that imaginary line.
2. Lift the finger closest to the line, and with the two remaining fingers, press down to one inch.
3. Keeping fingers in place, press-relax, press-relax for a total of 30 compressions.
4. Give two ventilations (rescue breathing).
5. Then repeat 30 chest compressions and two ventilations rapidly for five cycles, which will provide two minutes of CPR.
6. Activate 911 after providing two minutes of CPR if no one has called for help.
7. Continue CPR. Feel again for a pulse; if there is none, repeat five more cycles.
8. Repeat entire procedure until help arrives.

CHOKING

1. If the baby's airway is blocked, place the baby's face down on your forearm, with his or her head lower than the body and the head and neck stable or supported. Support your forearm firmly against your body. (If your baby is large, you may lay him or her face down on your lap, with the head lower than the body).
2. Slap the baby rapidly between the shoulder blades five times, with the heel of your hand.
3. Turn the baby over and thrust into the chest (just below baby's nipples - the same location as for chest compressions) with two fingers five times rapidly.
4. Repeat the procedure until the object is removed, the baby becomes unresponsive or emergency services arrive.
5. If the baby becomes unresponsive, lay the baby onto a hard flat surface and begin CPR.
6. Look for the object in the mouth each time you open the airway to attempt two ventilations.
7. **IF YOU CAN SEE something blocking the windpipe**, try to remove it by carefully sweeping your finger from back to front. Do not use a blind finger sweep.
8. If breathing does not start again, try giving two ventilations.
9. If airway is still blocked, repeat entire procedure until help arrives.

OTHER EMERGENCIES WHICH REQUIRE IMMEDIATE MEDICAL TREATMENT

It is important to get your baby to a hospital or other emergency medical treatment facility as quickly as possible, unless you know emergency help is on the way. **Some conditions requiring immediate medical attention include:**

- If your baby is unconscious for any reason;
- If your baby is vomiting blood;
- If your baby has severe or extensive burns;
- If your baby has had a crushing injury to the chest;
- If your baby has received a poisonous bite;

CHILDREN'S EYE CARE

Your child's eye care is very important. Please consult a Pediatric Ophthalmologist if you notice any of these common problems with your child's eyes. If any of these problems are detected early enough, potential problems with vision can be prevented.

OVERFLOWING TEARING

Excessive tearing is a common condition in infants. It occurs when a membrane in the nose does not open before birth, blocking part of the tear drainage system. If tears do not drain properly, they can collect inside the tear drainage system and spill over the eyelid. As the tears dry, a thick discharge or crusting may also be noticed.

Excessive tearing can be treated by cleaning the eyelids with warm water and tear duct massage

- To do tear duct massage, place your fingers under the inner corner of the infant's eye next to the nose and roll your finger over the bony ridge while pressing down and in against the bony side of the nose. Like squeezing toothpaste out of a tube. This movement helps squeeze tears and mucous out of the sac and into the nose. The blocked tear duct often spontaneously opens within six to 12 months after birth. If excessive tearing persists, it may be necessary for your ophthalmologist to open the obstruction surgically by passing a probe through the tear duct.
- Probing of the tear duct is performed by a thin metal probe gently inserted through the tear drainage system to open the obstruction. The drainage system is then flushed with fluid to make sure the pathway is open. This procedure can be done in the office or at an outpatient hospital. It causes little or no pain but tears may be stained briefly with blood or a nosebleed may occur. An antibiotic or ointment may be prescribed.

CATARACT

A cataract is a clouding of the normally clear lens of the eye. It can be compared to a window that is frosted or "fogged" with steam. The amount and pattern of cloudiness within the lens can vary.

A thorough eye examination by your ophthalmologist can detect the presence of a cataract. Removal of the cataract may improve vision, though perfect sight may not be possible.

It is not possible to predict exactly how fast cataracts will develop in any given person. Cataracts can also run in families.

Surgery is the only way a cataract can be removed. There are no medications, dietary supplements, exercises or optical devices that have been shown to prevent or cure cataracts. The sooner the problem is addressed, the better the chance of developing normal vision.



STRABISMUS

Strabismus is a visual defect in which the eyes are misaligned and point in different directions. One eye may look straight ahead, while the other eye turns inward, outward, upward or downward. The eye turn may be constant or may come and go.

Strabismus is a common condition among children. Strabismus is especially common among children with brain disorders and babies born prematurely.

Young children often have a wide, flat nose and a fold of skin at the inner eyelid that can make the eyes appear crossed. This condition is called pseudstrabismus. An ophthalmologist can usually tell the difference between strabismus and pseudostrabismus. Good vision develops during childhood when both eyes have normal alignment.

AMBLYOPIA

Amblyopia ("lazy eye") is caused by unequal length of the eye, misaligned eyes or other abnormalities. The brain will pay attention to the image of the straight eye and ignore the image of the crossed eye. This misaligned eye will then fail to develop good vision or even lose vision. This is called amblyopia. This occurs in approximately half the children who have misaligned eyes. Amblyopia can be treated by patching the "good" eye to strengthen and improve vision in the weaker eye. If amblyopia is delayed until later, amblyopia usually becomes permanent. As a rule, the earlier amblyopia is treated, the better the visual result. Once a child reaches the age of 7, visual improvement is difficult to achieve. Treatment should begin as early as possible.

CHALAZION

A **chalazion** is sometimes confused with a sty. A sty is a red, sore lump near the edge of the eyelid caused by an infected eyelash follicle. Initially, a chalazion may resemble a sty, but it usually grows larger, sometimes as large as a pea.

About 25% of chalazia have no symptoms and will disappear without any treatment. Sometimes, however, a chalazion may become red, swollen and tender. A larger chalazion may also cause blurred vision by distorting the shape of the eye.

SYMPTOMS ARE TREATED WITH ONE OR MORE OF THE FOLLOWING METHODS:

Warm compresses

Warm compresses help to clear the clogged gland. Soak a clean washcloth in hot water and apply the cloth to the lid for 10-15 minutes, three or four times a day until the chalazion is gone.

Lid scrubs

Mix half baby shampoo and half water. Massage the eyelid with the shampoo mixture and a washcloth, rinse with water three to four times a day.

Surgical removal

If a large chalazion does not respond to other treatments or affects vision, your ophthalmologist may drain it surgically. The procedure is usually performed under local anesthesia in your ophthalmologist's office.



FEEDING YOUR BABY

Bottle Feeding

You will need to feed your baby every three to four hours, one to two ounces per feeding. Your baby's stomach is no bigger than a marble and increases as the baby eats more and continues to grow. Burp your baby frequently during and after feedings. Wash bottles and nipples with hot soapy water and rinse well.

Follow preparation instructions on the formula container. Use tap water or bottle water that states it is nursery water, which has fluoride for baby's teeth. Never microwave formula, as it can cause hot spots in the formula, which could burn the baby's mouth. Never prop the bottle and leave your baby unattended to eat. If your baby does not finish the entire bottle, you must throw away whatever is left.

Bacteria will grow very quickly in the leftover formula, because saliva from the baby's mouth is transferred into the bottle during the feeding.

Breastfeeding

The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first 6 months with continued breastfeeding and baby food after 6 months to a year. Your baby will need to eat every one and a half to two hours with one four-hour stretch being OK. It is important to pay attention to your baby's latch. Make sure the nipple is drawn well into the mouth, that the lips are turned out, and that you are not experiencing any pain. Rotate positions to help comfort. Listen and watch for swallowing.

Eventually, you will become very in tune with your baby's feeding cues. Your baby's tummy is the size of a marble at birth. As your baby grows, their stomach grows. You will know when your baby is feeling full when they self-detach, become sleepy during the feeding or start sucking less vigorously. Vitamin D is recommended daily to help with bone growth if breastfeeding exclusively, but check with your doctor. There are times your baby wants to breastfeed more often than usual. This could be because your baby is experiencing a growth spurt. Growth spurts occur around seven to 10 days, 6 weeks, 3 months, and 6 months. Babies can grow as much as an inch in 24 hours during a growth spurt.

Comprehensive Breastfeeding Instructions
806-354-1385

CLEANING & STERILIZING BABY BOTTLES

It is very important that all the equipment used to feed and to prepare feedings for infants (including bottles, teats and lids) has been thoroughly cleaned and sterilized before use. Cleaning and sterilizing equipment removes harmful bacteria that could grow in the feed and make infants ill.



Cleaning

STEP 1

Wash your hands with soap and water and dry using a clean cloth.

STEP 2

Wash all feeding and preparation equipment thoroughly in hot soapy water. Use a clean bottle and teat brush to scrub the bottles and teats to make sure that all remaining feed is removed from the hard-to-reach places.

STEP 3

Rinse thoroughly in safe water.



Sterilizing

STEP 1

Fill a large pan with water.

STEP 2

Place the cleaned feeding and preparation equipment into the water. Make sure that the equipment is completely covered with water and that no air bubbles are trapped.

STEP 3

Cover the pan with a lid and bring to a rolling boil, making sure the pan does not boil dry.

STEP 4

Keep the pan covered until the feeding equipment is needed.



Storing

Wash and dry your hands before handling sterilized equipment. It is recommended that you use sterilized forceps for handling sterilized equipment. If you remove feeding and preparation equipment from the sterilizer before you need it, keep it covered in a clean place. Fully assemble feeding bottles if you remove them from the sterilizer before you need them. This prevents the inside of the bottle, and the inside and outside of the teat from being recontaminated.

INFORMATION FOR PARENTS OF A NEWBORN

Welcome to parenthood! Over the next weeks, months and years, you can expect to have times of joy and excitement, but also some times of worry and anxiety. You may also have many questions.

Learning about the four topics covered in the next few pages may help you with some of these questions.

NEWBORN SCREENING

The Newborn Screening program finds those few infants who have certain serious birth defects.

Finding these infants and giving them early treatment prevents serious problems, such as developmental delays or even death.

All the blood-screening tests are done on tiny samples of blood taken from your baby’s heel about two days after birth. The Texas Department of State Health Services Laboratory in Austin tests the sample. The tests are repeated one to two weeks later.

If the screening tests show a possible problem, the baby needs a follow-up test. For some very serious conditions, the healthcare provider may start treating the baby before any more testing is done.

If your healthcare provider asks you to bring your baby in for a follow-up test, do it as soon as possible! If your child has a health problem, acting early is important. Be sure to give your correct address and phone number to the hospital or healthcare provider. If you don’t have a phone, leave the phone number of a friend, relative or neighbor with the healthcare provider or hospital. If you move soon after your baby is born, let your healthcare provider know right away so they can reach you if your child needs a follow-up test.

The goal of the Newborn Screening Program of Texas is to DETECT newborns with health problems that can be treated, help to start TREATMENT early in life and PREVENT developmental delays or other problems. You can help! Make sure your baby is screened before he or she leaves the hospital and take your baby to your healthcare provider or clinic for a second screen at 7-14 days of age.

NEWBORN HEARING SCREENING

A hearing screening is important for your newborn baby because hearing loss occurs for 3 out of 1,000 babies. It is one of the most-common birth disabilities. Language learning starts at birth! If your baby can’t hear, learning language is hard. A hearing test lets you catch the problem early. If you find hearing loss early, your baby can get help. If a hearing loss is identified before your baby is 6 months old, he or she may learn language like babies who do not have hearing loss.

After your baby’s hearing is screened, you will receive the results and be given either a “Pass” or a “Refer.” Pass means that your baby can hear well enough to learn language. It is important to keep track of how your baby’s language develops. Sometimes, an older baby can have trouble hearing. You can get a “Hearing Checklist” from DSHS. (See Resources Section at the end). Use the checklist as a guide to know if your baby continues to hear well. “Refer” means that your baby needs to have more testing; it does not mean that your baby has hearing loss. It is important to test your baby again. The hospital or your baby’s healthcare provider will help you get this testing.

IMMUNIZATIONS

Immunization occurs when a person or animal gets a vaccine for a disease, which then protects them against that disease. When you get a vaccine, your body reacts to it by making antibodies. These antibodies stay in your body and help protect you from that disease. Sometimes a vaccine can protect against two or three diseases.

Vaccines can prevent diseases that can have terrible lifelong effects and even lead to death. Parents can help keep their children healthy by making sure they get all of their vaccines on time. Ask your healthcare provider about the importance of vaccines.

REQUIRED IMMUNIZATIONS

Texas law says that children must have certain vaccines before they start childcare or school. If parents work with their child’s healthcare provider to be sure that the child gets vaccines according to the recommended schedule, chances are that the child will meet the vaccination requirements set by law. Some vaccines are not required until the child reaches a certain age.

OTHER IMMUNIZATIONS

As a child gets older, he or she will need a tetanus and diphtheria (Td) booster every 10 years to protect against these diseases. He or she should also get a flu vaccine once a year, beginning at age 6 months. Parents should also talk to their healthcare provider about the meningococcal vaccine for teens. This can prevent a type of severe brain infection. If a person travels to another country, other vaccines may be needed.

REQUIRED IMMUNIZATIONS and MEDICALLY RECOMMENDED SCHEDULE

Vaccine	Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19-23 mos.	2-3 years	4-6 years
Hepatitis B	✓	✓	✓		✓	✓	✓	✓			
Rotavirus (RV)			✓	✓	✓						
Diphtheria, Pertussis, & Tetanus (DTaP)			✓	✓	✓		✓	✓			✓
Haemophilus Influenza Type B (Hib)			✓	✓	✓	✓	✓				
Pneumococcal Disease (PCV13, PCV15)			✓	✓	✓	✓	✓				
Polio (IPV)			✓	✓	✓	✓	✓	✓			✓
Coronavirus Disease 2019 (Covid-19)					✓	✓	✓	✓	✓	✓	✓
Influenza					✓	✓	✓	✓	✓	✓	✓
Measles, Mumps, & Rubella (MMR)						✓	✓				✓
Chickenpox (Varicella)						✓	✓				✓
Hepatitis A (HepA)						✓		✓	✓		

CHANGES YOU AND YOUR FAMILY FACE

Take Care of Yourself

Your own health, as a mother, is vital to your baby's health and comfort. Giving birth to a baby is exhausting. Don't be surprised if you don't feel like yourself for several weeks. Your body will take some time to adjust; you have experienced many physical changes. If you are having any problems, be sure to call your doctor.

In addition, some women may feel "blue," irritable, restless, overwhelmed, teary-eyed or helpless. These feelings may change back and forth between "the blues" and feelings of happiness and energy. Talking with your partner, another family member, another mother or doctor may help. Be sure to ask your doctor or clinic any questions you may have about your own health or taking care of yourself.

Your Emotions and Delivery

After your baby is born, you may feel:

Joyful • Nervous • Excited • Worried

These are normal feelings, and women have them.

Although, some women have more upsetting feelings such as:

- Extreme fear and worry
- Not feeling normal
- Great sadness

What Can You Do to Feel Better?

If you are having any of these feelings, please talk to your friends, family or healthcare provider. If you are afraid that you may harm your baby or yourself, call your healthcare provider or go to an emergency room right away. Help is available. You are not alone. Many women feel like you do. Your life will get better when you get help.

BABY BLUES

Up to 8 out of 10 new mothers have the

"Baby Blues." Signs include:

- Crying
- Having a short temper
- Experiencing mood swings
- Being very sensitive
- Feeling irritable or frustrated

This is like what some women feel before their periods. The signs often start about three days after having a baby. They should go away on their own in about two weeks. Support from your family and friends can help. Some women enjoy being a new mother from the start, while others may take several days or weeks. This is normal. If the baby blues are really bad, the mother should check with her healthcare provider. This may mean she is more likely to have Postpartum Depression after a few weeks.

SYMPTOM CHECKLIST

Please check all that apply to you:

- I feel worried or afraid a lot.
- I have not been able to think clearly.
- I am afraid to be alone with my baby.
- I feel cut off from the world or like I do not know what is real anymore.
- I have trouble sleeping even when my baby is sleeping.
- I have not been taking good care of myself (not eating or sleeping).
- I do not enjoy being with my baby.
- I do not want to get out of bed.
- I do not want to be around my friends or family.
- I have had thoughts about death or killing myself.

The **National Maternal Mental Health Hotline** provides 24/7, free, confidential support, resources and referrals to any pregnant and postpartum mother facing mental health challenges. The service is available via phone and text in English or Spanish. Call or text **1-833-9-HELP4MOMS (1-833-943-5746)** to connect with counselors.



POSTPARTUM DEPRESSION

For many women, the "Baby Blues" go away after a few days or weeks. If they do not, or if they get worse, the mother may have PPD. This is a common illness in new mothers, occurring in 1 out of 10 women after having a baby.

Signs may include:

- Feeling sad;
- Having a short temper;
- Crying;
- Having problems sleeping, even when the baby is sleeping;

POSTPARTUM ANXIETY

- Not wanting to hold or touch the baby (not enjoying the baby);
- Feeling tired;
- Experiencing changes in eating patterns
- Having thoughts about her own death or the death of her baby.

It is normal for new mothers to worry about their babies, but worry that takes over your life is not good for you or your baby. Signs that a mother may be worrying too much are when she is:

- Afraid that something will harm her baby;
- Afraid that she will hurt her baby;

POSTPARTUM PSYCHOSIS

- Spending most of her time trying to get these ideas out of her head or trying to protect her baby;
- Afraid to be alone with her baby.

Postpartum psychosis, an illness that happens to 1 out of 1,000 women having a baby, is an emergency.

The mother needs medical help right away. A mother may:

- Become confused;
- See things;
- Be nervous or very quiet;
- Have thoughts about hurting herself or her baby;
- Hear voices.

Parenting

Whether your children are babies, preteens or teens, as a parent, you will have good times and bad times.

Sometimes, the bad times can be very hard. If you are ever worried that you might hurt your children or yourself, there are places you can go for help. Some people find that books and websites on parenting can give them useful ideas. Others prefer to talk with other parents, their children's teachers, clergy members or parenting experts. Some parents find classes helpful.

Involve Your Family

Although you will be tired when you get home from the hospital, you will probably have enough strength, energy, and time to care for your baby and yourself. Housework, the care of other children and meal preparation for the whole family are extra tasks that must be addressed. During the first few days at home, try to get someone else in your family to help with these other responsibilities.

Your partner should be able to take a role in helping, but they will be going through a period of adjustment also. New responsibilities are stressful for both of you; the sharing of feelings between you is very important at this time, when the new baby is often the center of everyone's attention.

If you have other children, you will also want some help with your newborn so that you can spend some time with them. Introduce them to the baby. With your help, let them touch and play with their new brother or sister. You may want to postpone visitors for several weeks in order to reserve your energy for your family.

Your Own Health

Don't neglect your own health and comfort. You will be a better parent if you eat nourishing food, get enough sleep and exercise, and keep up with your friends and interests. Generally new mothers who have had an uncomplicated delivery need at least one medical checkup about six weeks after the birth of a baby. Your doctor may suggest additional checkups. Your baby needs to have you in the best possible health.



Speaking up about postpartum depression (PPD) starts with knowing the facts

For more information, please visit SeePPD.com



PPD is the most common medical complication of childbirth.¹⁻⁶

It is estimated that PPD affects approximately 10% to 20% of women giving birth globally.⁷ In the US, estimates of new mothers identified with PPD each year vary by state from 8% to 20%, with an overall average of 11.5%.¹

According to the National Institute of Mental Health, The symptoms of PPD can include⁸:

- Feeling sad, hopeless, empty or overwhelmed
- Crying more often than usual or for no apparent reason
- Worrying or feeling overly anxious
- Feeling moody, irritable or restless
- Experiencing insomnia or hypersomnia
- Having trouble concentrating, remembering details and making decisions
- Experiencing anger or rage
- Losing interest in activities that are usually enjoyable
- Suffering from physical aches and pains, including frequent headaches, stomach problems and muscle pain
- Experiencing changes in appetite
- Withdrawing from or avoiding friends and family
- Having trouble bonding or forming an emotional attachment with your baby
- Persistently doubting your ability to care for your baby
- Thinking about harming yourself or your baby

If you have experienced any of these symptoms, it's important to talk to your doctor about screening for PPD.

PPD symptoms can develop over time.

Onset of PPD symptoms may occur during pregnancy or after delivery. Expert opinions vary as to the timing of onset of symptoms in PPD after delivery.

For example:

- According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), PPD symptoms can begin **during pregnancy or in the four weeks following childbirth**.⁹
- The American College of Obstetricians and Gynecologists (ACOG), World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) state that PPD symptoms can occur **during pregnancy and up to 1 year after giving birth**.¹⁰⁻¹²

WITHOUT PROPER SCREENING, ABOUT HALF OF PPD CASES MAY GO UNDIAGNOSED.¹³⁻²⁰

PPD may have serious consequences for you and your baby.

- Having symptoms of PPD may negatively affect your ability to bond with your newborn.²¹
- Studies suggest that mothers experiencing symptoms of PPD may have long-term impact on child development.^{22,23}
- Women having symptoms of PPD may have a risk of continued depression 1 year postpartum.²⁴⁻²⁶

Don't suffer in silence with PPD. Speak up and get the support you deserve.

- PPD is a medical issue—not the result of anything a mother does or does not do.
- Sharing your feelings with your spouse/partner, relatives and friends could help them recognize the signs of PPD to get you the help you need.
- Learning about PPD and discussing it openly is an empowering and important step you can take for yourself and your baby.^{27,28}



KNOW ABOUT PPD

Have open and honest conversations with your doctor while you're pregnant and after delivery.

Know that PPD is a common complication and is not your fault.¹⁻⁶

Now is always a good time to learn about the signs and symptoms of PPD.

Open up to your doctor and family about your feelings.

When it's time for your checkups, ask about PPD.

BABY BLUES VS POSTPARTUM DEPRESSION

PPD can be differentiated from the baby blues by timing, duration and/or severity.¹⁻⁷

UNDERSTANDING THE KEY DIFFERENCES

BABY BLUES	POSTPARTUM DEPRESSION
ONSET AND DURATION	
The baby blues generally peak within the first few days post-delivery and resolves without treatment within two weeks. ^{3,7}	Although PPD symptoms can begin during pregnancy or after childbirth, experts vary on the timing of PPD onset, with the DSM-5 defining it up to four weeks and the ACOG up to 12 months. Without treatment, symptoms may persist for months or up to a year. ⁹
PREVALENCE	
It is estimated that PPD affects up to 80% of women after childbirth. ^{3,10}	In the U.S., estimates of new mothers identified with PPD each year vary by state from 8% to 20%, with an overall average of 11.5%. ¹¹
SYMPTOMS	
Although symptoms of the baby blues can overlap with those of PPD, they typically ^{3,10,11} :	
<ul style="list-style-type: none"> • Are generally less severe; • Do not interfere with daily activities; 	<ul style="list-style-type: none"> • Are shorter in duration; • Do not impair maternal function.
Symptoms include ^{3,12} : <ul style="list-style-type: none"> • Feeling sad • Crying frequently • Feeling overly anxious • Feeling irritable and anger • Experiencing insomnia • Feeling moody • Feeling fatigued 	Symptoms include ^{7,13} : <ul style="list-style-type: none"> • Feeling sad, hopeless, empty or overwhelmed • Crying more often than usual or for no apparent reason • Worrying or feeling overly anxious • Experiencing insomnia or hypersomnia • Suffering from physical aches and pains • Experiencing changes in appetite • Feeling moody, irritable or restless • Experiencing anger or rage • Having trouble concentrating • Losing interest in activities that are usually enjoyable • Withdrawing from friends and family • Having trouble bonding with her baby • Persistently doubting her ability to care for her baby • Having thoughts of harming herself or her baby • Experiencing anxiety in the form of intrusive or obsessive thoughts about the baby

ACOG RECOMMENDS THAT ALL PATIENTS BE SCREENED FOR PPD USING A VALIDATED SCREENER.⁸

Visit KNOWPPD.COM for more information.

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CAR SAFETY

Don't Put Your Child At Risk. Buckle Up On Every Ride.

Child Safety Seat Inspection

A child safety seat used correctly is very effective in reducing injury and death. However, finding the right seat and using it correctly can be confusing. An estimated 95% of children who are placed in child safety seats and booster seats are improperly restrained, which could result in serious injury or death of a child in a crash.



The American Academy of Pediatrics recommends that infant car seats be REAR-facing for 2 years or to the highest weight limit on the car seat.

The Texas Department of Transportation offers information on child safety seats. Please visit SaveMeWithASeat.org or call **806-356-3338**. You may also visit Panhandle Safe Kid's at safekids.org

NEVER LEAVE A CHILD ALONE IN A CAR - EVEN FOR A MINUTE!

More than 20 children have died this year already.

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

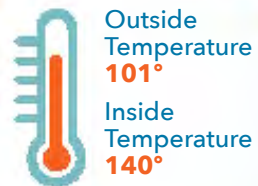
Believe it or not, routines and distractions have caused people to mistakenly leave children behind in their car.

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

Prevent trunk entrapment

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

safekids.org



PREPARING FOR A NEW BABY WITH YOUR DOG

Tips for Preparing Your Canine before the Baby Arrives

FIRM UP OBEDIENCE

Parents should practice giving cues comfortably in any position (example, sitting back on a couch, lying in bed, sitting on the floor). If your dog does not respond to familiar cues such as "sit" and "down" when you are resting in various positions, then you will need to ensure that it understands no matter what. The dog doesn't just respond to the word "sit"; sometimes it is your hand or body signal of which you are unaware.

BE CONSISTENT WITH CUES

- Socialize your dog around children in a positive and controlled environment.
- Observe and become aware of how the dog seeks your attention.
- Know your dog's sensitivities. Research the breed or mixes. Begin a baby schedule that includes:
 - Varied feeding times;
 - Crating or "dog zone" times;
 - Varied exercise routines;
- Ignoring attention-seeking behavior.
- Allow your dog to become familiar with the baby equipment.
- Teach your dog the behaviors you want around the equipment and what you do not want.
- Use the baby carrier you plan to use with the baby and put a teddy bear in it to get the feeling of how it will be like moving with this.
- Walk your dog with an empty stroller or one with some weight to it to get a feel for this and what needs to be worked on NOW.
- Use a CD of baby noises to introduce and create a positive experience prior to the baby's arrival.
- Apply baby lotion on the baby carrier, car seat and the teddy bear you carry in the sling. Bring the same lotion with you to put the same scent on the baby's clothing to allow the dog to become familiar with it.
- Have your partner bring home a blanket with the baby's scent on it. Although your partner will have the scent all over him, the blanket can go in the car seat, swing, etc.
- Familiarize your dog with the people who may care for them, and plan a safe spot for diapers.

TIPS FOR SAFETY AFTER THE BABY ARRIVES

- Never leave the baby alone with the dog even for a second. The sounds and movements of a baby can agitate dogs. Dogs have been known to try to move a baby by carrying the baby in their mouth the way a mother dog might do with her puppies. Dogs have hurt babies because the baby moves and sounds like prey.
- If you have to go to answer the phone or the door or just get a baby bottle from the other room, take the baby with you, take the dog with you, or close a door or gate to keep them apart. Even a second is too long to leave a dog alone with a baby.
- Keep your baby off the floor when the dog is around.
- Avoid face-to-face contact between the dog and the baby.
- Keep the dog well exercised. Be sure that the dog has a crate or other safe place where he can be content to be away from the baby. The dog should have a special bone and chew toys to enjoy in this space.
- Use only positive reinforcement-based training methods with the dog. Never punish or scold the dog in the presence of the baby. You want all associations with the baby to be positive in the dog's mind.
- Be careful moving baby items such as swings. Some dogs can be vary alarmed by these items.

If you have any concerns about your dog's behavior or attitude toward the baby, seek professional help right away.

The problem may be easily resolved with some quick tips or training ideas.

MEDICATIONS

Patient Initials: _____ Nurse Initials: _____

Prescriptions to Patient None

		Recommendations	Possible Side Effects
<input type="radio"/> Previous <input type="radio"/> New Med <input type="radio"/> N/A	Iron Supplement Treats low blood iron or anemia by helping your body make red blood cells.	Dosage: Best taken on an empty stomach, one hour before or two hours after a meal. Take with glass of water or fruit juice. If it upsets your stomach, you may take with food.	Constipation, diarrhea, nausea, dark-colored urine, leg cramps
<input type="radio"/> Previous <input type="radio"/> New Med <input type="radio"/> N/A	Laxative Stimulant Treats constipation by helping you have a bowel movement.	Dosage: Best taken on an empty stomach. Drink six to eight glasses of liquid daily. You should not take within one hour before or after drinking milk or taking an antacid.	Burping, diarrhea or cramps, nausea
<input type="radio"/> Previous <input type="radio"/> New Med <input type="radio"/> N/A	Tylenol #3 w/ Codeine Treats moderate to moderately severe pain. This medicine contains a narcotic pain reliever.	Dosage: It is not safe to use more than 4 grams (4000 milligrams) of acetaminophen in 24 hours. Do not drink alcohol while you are using this medicine and avoid driving or operating heavy machinery.	Anxiety, mood changes, constipation, mild skin rash or itching
<input type="radio"/> Previous <input type="radio"/> New Med <input type="radio"/> N/A	Ibuprofen Treats fever and pain, including pain caused by headache or menstrual cramps; this is a non-steroidal inflammatory drug (NSAID).	Dosage: Best taken with food or milk so it does not upset your stomach. Do not drink alcohol while you are using this medication.	Constipation, dizziness or headache, mild nausea, vomiting, gas
<input type="radio"/> Previous <input type="radio"/> New Med <input type="radio"/> N/A	Prenatal Vitamin Used to supplement the diet during pregnancy and breastfeeding.	Dosage: You should not use other vitamin or mineral supplements while you are using prenatal vitamins unless directed by a physician.	Dark stools or constipation, mild nausea or vomiting.
<input type="radio"/> Previous <input type="radio"/> New Med <input type="radio"/> N/A	Tramadol Treats moderate to severe pain; this medicine contains a narcotic, like a pain reliever.	Dosage: Can be taken with or without food, but take the same way each time. Do not drink alcohol while using this medication.	Headache, dizziness, drowsiness, constipation, diarrhea, nausea, vomiting, feeling nervous or anxious

If you notice other side effects that you think are caused by your medication, please tell your doctor. Keep all medication out of the reach of children. Never share your medicine with anyone. Always take medication as directed. Make a list of medications that you're taking and keep it with you. Share this list with your healthcare providers.

PLEASE TAKE A COPY OF INSTRUCTIONS TO THE PHYSICIAN'S OFFICE AT THE RETURN APPOINTMENT TIME.

RESOURCES FOR PARENTS OF NEWBORN CHILDREN

Newborn Screening

Phone: 800-252-8023 ext. 2129

Website: <http://www.dshs.state.tx.us/newborn/default.shtm>

Newborn Hearing Screening

Phone: 800-252-8023 ext. 2600

Website: <https://dshs.state.tx.us/tehdi/default.aspx>

Immunizations

Your healthcare provider can give you more information about vaccines and immunization.

Phone: **Immunization Information Line:** 800-252-9152

Website: www.immunizetexas.com

Your Emotions after Delivery

Phone: **Texas:** 211 **National:** 800-PPD-MOMS

NWTHS Behavioral Health: 806-354-1810

To learn about support groups and intensive outpatient group therapy options for Postpartum Depression and/or Anxiety, call 806-354-1835.

WEBSITES:

Northwest Texas Healthcare System Behavioral Health: nwthsbehavioralhealth.com

DSHS Pregnancy, Parenting and Depression Resource List: <http://www.dshs.state.tx.us/mch/depression.shtm>

Depression After Delivery, Inc.: cap4kids.org

The National Women's Health Information Center: womenshealth.gov

Postpartum Support International (PSI): postpartum.net

Parent Anonymous: parentsanonymous.org

Babies and Crying

Phone: 211

Shaken Baby Alliance: shakenbaby.org

National Phone: Child help USA (800-4-A-CHILD)

National Committee to Prevent Child Abuse: (800-CHILDREN)

NATIONAL WEBSITES:

The National Center on Shaken Baby Syndrome: dontshake.com

Texas Poison Control Network

Phone: 800-222-1222;

Website: poisoncontrol.org

Amarillo Animal Control

Phone: 806-378-9032

Website: amarilloanimalcontrol.com

Breastfeeding Hotline

Phone: 806-354-1385

AMARILLO AREA MENTAL HEALTH RESOURCES

Insurance & Self-Pay Mental Health Resources

MENTAL HEALTH SERVICES

Northwest Texas Healthcare System Behavioral Health
806-354-1810 or
Outpatient Services at 806-354-1835

PSYCHIATRISTS

Texas Tech Psychiatry
806-414-9970

COUNSELING & PSYCH TESTING

Professional Counseling & Biofeedback Center
806-354-0404

Fee Scale & Indigent Mental Health Resources

PSYCHIATRISTS

Texas Panhandle Centers Adult Services:
806-337-1000

Child/Adolescent Services:
806-354-2191

COUNSELING

Family Support Services
806-342-2500

MENTAL HEALTH SERVICES

Northwest Texas Healthcare System Behavioral Health
No-Cost Assessments
Call 806-354-1810

You may also have access to other counseling resources at [psychologytoday.com](https://www.psychologytoday.com)

CHECKLIST BEFORE YOU GO HOME

- Going home outfit for baby
- Going home outfit for mom
- Car seat
- Blanket / outerwear

Baby

- Hearing screen
- Newborn screening (PKU)
- Dismissal orders
- Follow-up appointment date/time
- Circumcision as applicable

Mom

- Dismissal instructions
- Tdap vaccine as indicated
- MMR vaccine as indicated
- Rhogam as indicated
- Follow-up appointment date/time



Childbirth Center

1501 S. Coulter St. | Amarillo, TX 79106

806-354-1000 | [nwths.com/childbirth](https://www.nwths.com/childbirth)