



Women and Infants' Center

*Caring for mothers, families
and babies.*



Northern Arizona Healthcare

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Table of Contents

Mother Care

Welcome Letter.....	5	When to Call the Doctor	10
What to Bring to the Hospital	7	Rest, Activity and Exercise	11
Body Changes After Delivery	8	When to Resume Sexual Relations.....	13
Medications	8	Emotional Changes and Baby Blues ..	13
Vaginal Discharge	8	Breastfeeding and Breast Care	14
Perineal Care	9	Nutrition	17
Afterpains	10		
Hemorrhoids	10		

Baby Care

Newborn Appearance.....	19	Signs of Illness.....	27
Your Baby's First Tests.....	21	Temperature-taking.....	28
Cord Care.....	22	Jaundice.....	28
Circumcision Care.....	23	Safety at Home.....	28
Bathing	23	"Why is My Baby Crying?"	30
Sleep	24	Car seats	31
Activity	24	Sibling Adjustment.....	32
Pacifiers.....	25	Age-Related Activities	
Burping and Spitting Up	25	Appropriate for your Baby	32
Choking and CPR.....	25	Infant Massage.....	32
Bottle Feeding.....	26	Immunizations	33
Urine and Stool Patterns.....	26	Well-baby Checkup	33

Becoming a Parent

A Note on Parenting	35
Childbirth Education.....	35
Breastfeeding Consultation.....	36
Birth Certificates.....	36

Resource List

Helpful Numbers and Websites	36
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Where Every Moment Matters





Congratulations!



Dear parents,

Congratulations on the arrival of your new baby! The staff of the Women and Infants' Center is happy to be able to share this wonderful time with you.

While having a baby is a happy and exciting time, most new parents have many questions and may be feeling a little nervous. You may have concerns about caring for your new baby and yourself. We hope the information in this guide will provide you with some answers. Please take some time to read through this material. Feel free to make a copy so you always have it handy. Jot down any questions or topics you would like to discuss with your doctor or nurse. You will receive additional valuable information and other goodies throughout your stay with us.

This is an important time in your life. Our staff is here to help you and we understand your needs. Please feel free to ask lots of questions. We want to make sure your birth experience is excellent.

Again, congratulations!

The Women and Infants' Center Staff



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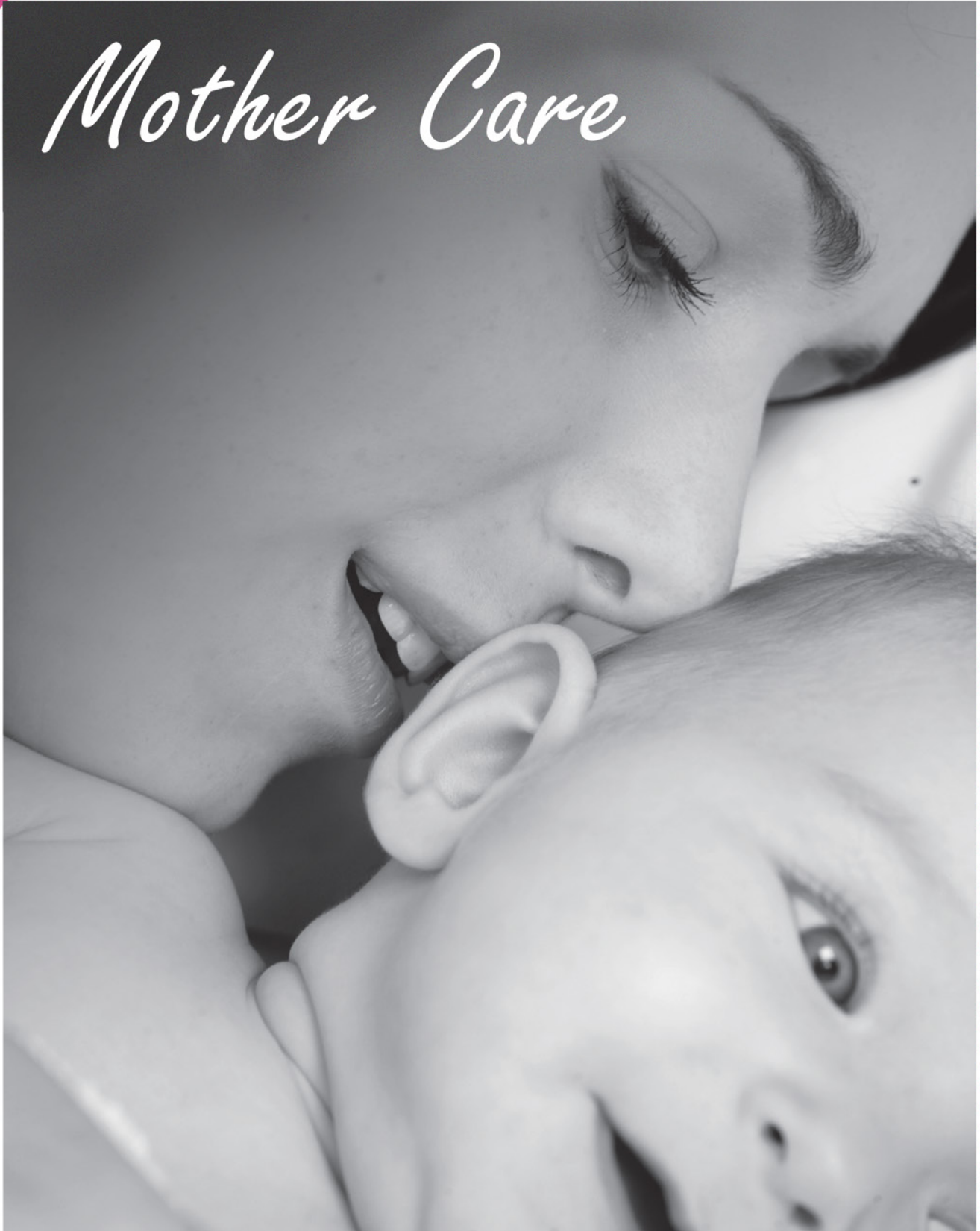
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Mother Care



What to Bring to the Hospital for the Delivery of Your Baby

For Your Baby:

We supply all of your baby's needs while you are here. You simply need to bring clothes to dress your baby in for the trip home and please **do not forget the car seat!**

Any special items you want to bring, such as a teddy bear or cuddly blanket, are welcome - babies enjoy them.

Just as you have selected a doctor for yourself, your baby will also need a doctor. It will be helpful if you have already chosen one before you come in for delivery.

For Mom:

Be comfortable! You are welcome to bring your own gown or pajamas if you wish; however, many of our moms prefer to wear the hospital gowns. These gowns are 'nursing' gowns for those who are planning to breast feed. Many moms like to bring their own robes and slippers for when they are walking, but you are welcome to use a hospital robe. Please feel free to bring your own brush, makeup and other personal items. We will supply your sanitary napkins and a stretch panty for after delivery.

Be comfortable!
You are welcome
to bring your
own gown or
pajamas if
you wish.

If you will be breastfeeding, you may want to bring a nursing bra and a few nursing pads in case your milk comes in early. Bottle-feeding moms are encouraged to bring a snug bra to put on right after delivery.

If you bring anything electrical, such as a curling iron, please inspect it first for electrical safety. Also, please let your nurse know you have brought these items with you.

No need to bring towels - we have plenty!

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Body changes after delivery

Your body went through many changes during pregnancy to grow a healthy baby and to prepare to feed the baby after delivery. You can expect your body to take several months to return to what is normal for you. The first six weeks after delivery is a time of rapid physical, emotional and hormonal changes. It will take time to recover from delivery and adjust to having a new, small person as part of your household. The following information and suggestions may be useful while you are in the hospital and later, when you are at home.

Medications

You may need some mild pain medication for a few days after delivery to relieve cramping or perineal (the area below the vaginal opening) discomfort. While you are in the hospital your doctor will order medications that will be available to you by asking your nurse. There are several “over-the-counter” medications you can use for pain relief at home. The most common choices are acetaminophen (Tylenol) or ibuprofen (Motrin). Ask your doctor to suggest an over-the-counter medication for you. If you had a cesarean delivery (c-section) or a postpartum tubal ligation (tubes tied), you may initially be given pain medication in an IV. After your IV is removed, you may ask your nurse for pain pills if needed. When you are ready to leave the hospital, your doctor will give you a prescription for pain medication to have filled at a pharmacy of your choice outside the hospital. Be sure to pick up the prescription upon discharge so you have it to take when and if you need it at home.

It will take time to recover from delivery and adjust to having a new, small person as part of your household.

It also is a good idea to take a stool softener (your doctor can recommend) so you will have less discomfort during your first few bowel movements.

Vaginal discharge

Whether you delivered vaginally or had a c-section, you will have vaginal bleeding (lochia) similar to a heavy menstrual period for the first few days. Small blood clots the size of a quarter are normal. Most women notice their lochia increases for a few days to a week after leaving the hospital. This usually happens because you tend to be more active at home.

Call your doctor if:

- Your lochia increases and does not slow down when you are at rest.
- You are soaking through a maxi pad in less than one hour.
- Your lochia smells bad. Lochia should smell like a period.

Bleeding and spotting can be expected until six weeks after delivery. The color of the lochia will change from bright red to brownish red to pink during the first two weeks. Usually, after two weeks, the lochia becomes yellow or cream-colored. You will need to make an appointment to see your doctor for a check-up four to six weeks after delivery to be sure proper healing has occurred prior to resuming sexual relations. This also is an ideal time to discuss birth control options if you have not done so already.

Perineal care

During delivery, the muscles and tissues of your vagina (birth canal) and perineum were stretched and you may have stitches from a tear or an episiotomy (a cut made at the bottom of the vaginal opening by the doctor). Your perineum may be swollen and tender and you could experience difficulty emptying your bladder. The discomfort will become less every day with rest, comfort measures, medication, and keeping the perineum clean. Here are some suggestions to help the healing process and reduce the pain and the risk of infection:

Cleanliness:

- Wash your hands before touching your vaginal area.
- Squirt warm water from your “peri bottle” (provided by your nurse) onto your perineal area while urinating and after each time you use the toilet.
- Wipe or pat yourself dry from front to back.
- Change you sanitary pad often.
- Don’t use tampons or douche until after your postpartum check-up.
- Placing an ice pack on your perineum during the first 24 hours after delivery will reduce the swelling and discomfort.
- Use witch hazel pads (Tucks), spray or foam medications (Dermaplast spray or Epifoam).
- Take pain medication as needed to be comfortable and get rest.
- Call your doctor if your perineal discomfort becomes worse.
- Do Kegel exercises (tighten and relax the muscles around the vaginal opening) to increase the blood flow to your perineum and increase healing. Ask your nurse or doctor to instruct you, or review the “Pelvic Floor Strengthening Exercises” page enclosed with this booklet.
- Get plenty of rest.

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Afterpains

It is normal for most women to have “afterpains” or cramping for several days after delivery as the uterus is shrinking to a non-pregnant size. Women who have had their second or third baby or are breastfeeding may notice more cramping. Breathing and relaxation techniques, a heating pad on a low setting, or pain medication will help relieve some of this discomfort. You can help your uterus get back into shape if you also:

- Empty your bladder often.
- Massage your fundus (the top of the uterus); ask your nurse to show you how to do this.
- Lie on your abdomen.
- Breastfeed.
- Walk.

Hemorrhoids

Hemorrhoids are varicose (bulging and usually tender) veins around the anus (where you have a bowel movement). They can develop during pregnancy or be a result of pushing and delivery of your baby. Applying an ice pack or using your perineal medications will help shrink them and reduce the pain. Eating a high-fiber diet (fruits, vegetables, and whole grains) and drinking plenty of water will make it easier for you to have a bowel movement. Mild exercise such as walking daily also will be helpful. Hemorrhoids do not usually require medical attention. Ask your doctor about taking a stool softener.

When to call the doctor

There are symptoms which all new moms need to report to their doctor. It does not matter if you have had a vaginal or cesarean delivery. These symptoms are:

- A fever of 100.4°F or greater.
- An increase in vaginal bleeding and/or blood clots.
- Foul-smelling vaginal discharge.
- Hot, red and painful areas on the breast.
- Increased pain.

Mothers who have delivered by C-section should be aware of how their incision looks before they go home from the hospital. Most moms will have the dressing (absorbent cotton covering over the incision) removed before they leave the hospital. Incisions are sewn up or “closed” with staples, stitches (sutures) or a combination of both and small pieces of very sticky tape called steri strips.

If you have staples, they will usually be removed before you go home from the hospital. The stitches are inside the incision and will be absorbed (dissolved). The steri strips will fall off over time with daily showering. There are also new closure

techniques that involve using clear, adhesive substances applied directly to the incision. These new products also may be used with the sutures. After a cesarean delivery, it is important to call your doctor if:

- The incision becomes hot, red and/or more painful.
- The incision begins to open up or pull apart.
- There is increased and/or foul-smelling drainage from the incision.

Rest, activity and exercise

Rest

Most women feel more energetic within a few days after their baby is born. It is important to get enough rest for the first two weeks after you deliver to give your body time to begin healing and for you to get to know your baby. It is easy to become exhausted when you are feeding the baby frequently at night, the phone is ringing and visitors are showing up at your door. Here are some ideas for making those first two weeks more restful:

- When friends and family come to visit, let them know they can help themselves to food or drink.
- Ask them to help around the house by putting a load of laundry in the washer, folding clothes or cooking.
- Ask friends and family to wash their hands when they arrive and let them care for the baby while you take a nap.
- Plan to rest with the baby at least once a day. Turn your phone off and put a sign on your door saying: "DO NOT DISTURB."
- At night, keep your baby and supplies nearby.



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Activity

Now is not the time to start a vigorous exercise program. Most doctors recommend only “activities of daily living” during the two weeks following delivery, whether you had a vaginal or cesarean birth. Activities of daily living are: showering, getting out of bed to eat, personal care that you did before you delivered and caring for the baby. Some doctors prefer that their patients not drive for two weeks after a c-section birth or lift anything heavier than the baby: ask your doctor what his/her preference is for you. Be sure to bend your knees and squat instead of bending over to lift anything so your low back will not ache. At your six-week postpartum check-up in the office, you can discuss other activities and exercises which are appropriate for you.

Exercise

Walking is the recommended form of exercise for the first two weeks after you have a vaginal or cesarean birth unless your doctor tells you differently. If your doctor discharges you from the hospital without restrictions, you can begin by walking and progress to more vigorous exercise as long as it is not painful. Taking the baby for a walk in the stroller every day is a good way to get out of the house and feel more refreshed. Mild tummy toning exercises can be started two weeks



after a vaginal delivery and four weeks after a cesarean delivery. Here is what you do:

- Lie flat on your back with your knees bent. Breathe in and out, tighten your abdominal muscles, hold to the count of five and then relax. Repeat this activity several times a day.
- Remember to do Kegel exercises several times a day every day after you deliver and continue to do them at home.

When to resume sexual relations

After delivery of a baby, most doctors advise waiting six weeks before resuming sexual relations. It is important to wait until vaginal bleeding stops and it is not painful for the mother to have intercourse. Some women experience vaginal dryness, and a water-soluble lubricant may be needed for comfort. If you have not discussed birth control with your doctor prior to being discharged from the hospital, condoms and foam or gel are highly effective in combination and can be purchased at any grocery or drug store. Since this is a time of so many hormonal changes, it is important to use some form of birth control when you resume sexual relations. You can get pregnant the first time you have sexual relations after your baby is born. You can ovulate (release an egg) and become pregnant without having a menstrual period. Breastfeeding is not a form of birth control. Consult your doctor if you have questions or concerns about which type of birth control is best for you.

Emotional changes and baby blues

As you adjust to having a new baby and your body goes through hormone changes, it is normal to experience many different emotions. You may feel tired and overwhelmed one day, and happy and “in the groove” the next. It is even normal to sometimes feel a little sad or cry for no real reason. These feelings are most common during the first six to eight weeks after delivery and usually go away on their own. These emotions are often called the “baby blues.”

For some women, this period of sadness and irritation lasts longer and, over time, gets worse. If you find yourself feeling overly sad or depressed, or if you find that these feelings are getting in the way of being able to care for yourself or your baby safely, it is very important that you contact your caregiver. These may be symptoms of what is known as postpartum depression. Additional medical care or medications may be necessary to help you through this time.

Don't be embarrassed to share your feelings with your partner, a trusted family member or a close friend. Postpartum support groups are also available. It can be very

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comforting to know that other women may be experiencing the same feelings, and sharing ideas for coping can be very helpful. Remember that accepting offers of help from your family and friends isn't a sign of bad parenting, but a great way for you to get the rest you need to cope with the new demands of parenthood.

If you have a history of postpartum depression after a previous pregnancy or have had general depression, please let your nurse or doctor know when you arrive at the hospital. A social worker will meet with you before discharge to offer education and support services. Having a good plan in place before you go home is important in preventing further postpartum emotional struggles.

Breastfeeding and breast care

Breast milk is the best food for your newborn. The American Academy of Pediatrics recommends feeding your baby only breast milk for the first six months and continuing to breastfeed until your baby is one year old with the introduction of semi-solid foods at six months. It is important that you offer the breast during the first hour after birth. The first "milk" the baby will receive while nursing is called "colostrum." It is a thick, cream-like fluid that will be in the breast until the third or fourth day after the baby is born when "true" breast milk begins to be produced. Colostrum contains all the nutrients your baby will need during those first few days.

Breast and nipple care

It is important to wash your hands before each feeding. Offer both breasts at each feeding even though some babies will only nurse on one breast each feeding for the first few days. To help prevent clogged ducts and mastitis, you should:

- Alternate breastfeeding positions.
- Check your breasts daily for hard spots and massage these areas while breastfeeding.



To help avoid sore nipples, you should:

- Get help with feedings while in the hospital to ensure proper latching-on.
- Squeeze out a drop of milk and apply it to both nipples for air-drying after nursing.
- Use a lanolin product such as Lansinoh or Pur-Lan after air drying.
- Use breast pads only as necessary and change them when they become moist.
- You can stop the flow of milk (let-down) by putting mild pressure on the breast above the nipple area.
- If you feel more comfortable wearing a bra, be sure it is not too tight-fitting and does not have an underwire.
- When bathing, do not use soap or lotions on your breasts.
- Always break the suction before removing the baby from the nipple.

How often and how long do I feed my baby?

During the first few days after birth, feed the baby whenever you think he/she will nurse. Start the feeding on the most full breast or the breast you finished with during the last feeding. You should learn to watch for signs of hunger and not watch the clock. It is common for babies to group several feedings together in a short period of time (“cluster” feedings) during the first few weeks. Do not limit the amount of time your baby nurses on each breast. Allow your baby to signal when he/she is finished by releasing your nipple. Always try to burp your baby after each breast. Babies have growth spurts around 2 to 3 weeks, 6 weeks, and at 3 and 6 months.

During these growth spurts, they will nurse more often and for longer periods of time. Full-term babies should not sleep more than four hours at night without feeding.

Pre-term infants will need to nurse every three hours around the clock until they have gained adequate weight, or as instructed by your pediatrician.

You should learn to watch for signs of hunger and not watch the clock. It is common for babies to group several feedings together in a short period of time during the first few weeks.

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How do I know my baby is getting enough milk?

Newborns should have several wet diapers each day if they are getting enough milk. To ensure you are making enough milk, do not give your baby a pacifier, artificial nipples or formula supplement during the first two weeks of breastfeeding. Listen and watch for your baby to swallow when you feel your milk let down. Over time, you will see their face, arms and legs becoming more plump. If you are concerned about your baby's weight gain, have your baby weighed at the pediatrician's office or the Breastfeeding Center at the hospital. Babies should gain a minimum of four to six ounces a week; ask your baby's doctor what the recommended weight gain should be for your baby.

Engorgement

During this time of initial milk production, some women experience increased fullness and tenderness in their breasts called "engorgement." Engorgement is a combination of initial breast milk production and the inflammation (swelling) in the tissue caused by the milk production. When you first notice your breasts feeling more full, put your baby to the breast as often as you think the baby will nurse. Watch for feeding cues from your baby such as turning toward objects near his or her mouth (rooting) and bringing the hands to the mouth. Also, most babies will breastfeed when they are quietly awake and alert. If frequent nursing does not adequately relieve your discomfort, you can try:

- Standing in a warm shower to help the milk begin to flow.
- Putting warm, wet washcloths on both breasts before breastfeeding.
- Between feedings, you can also put ice packs on your breasts.
- "Hand express" to ease some of the discomfort. To hand express, gently massage from the base of the breast down to the nipple area using both hands. Milk should drip from the breast to help relieve some of the fullness. Tylenol or ibuprofen (Motrin) also can be taken to help the discomfort. Severe or persistent engorgement can lead to a breast infection (mastitis).
- Contact your physician if you develop a fever or notice a painful, reddened area on your breast. Initial engorgement usually lasts for several days to a week but you may notice these same symptoms when your baby sleeps longer than usual.

Weaning

Some babies will stop breastfeeding (wean) when semi-solid foods are introduced. Other babies are weaned later when it is convenient for the mother or when they become more active and wish to socialize. When to wean is a personal decision. There is no specific time that is best for every mom and baby. When your baby weans herself (baby-led weaning), here are some tips for breast care if you do not want to pump:

- Wear a tight-fitting bra or sports bra.
- Avoid breast stimulation of any kind.
- Apply ice packs to the breast several times a day.
- Take Tylenol or ibuprofen for discomfort.

The above-listed tips also can be helpful if you've decided to bottle feed your baby from the start. If you have any questions or concerns, call the Breastfeeding Center at 928-773-2605.

- The Breastfeeding Center at 773-2605.

Nutrition

Eating a well-balanced meal becomes more challenging when you have a new baby. It is important to try to eat well to promote healing after giving birth. Women who are breastfeeding should not diet. Breast milk production requires an additional 500 calories a day. See the MyPyramid Dietary Guide below to help you make good choices when planning meals for your new family.

You can expect to lose some weight during the first two weeks after delivery. The amount of weight loss is different for each woman. An average weight loss is 22 pounds in six weeks. The additional weight loss will depend on your diet, activity level and whether or not you exercise on a regular basis.

Your doctor may suggest that you continue to take your prenatal vitamins for several weeks after you deliver. If you have questions about taking a vitamin supplement, talk to your doctor.

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Baby Care



Newborn appearance

Head

Your infant's head may be slightly out of shape due to the molding (overlapping of the bones of the skull) during birth. The head shape will gradually become rounded within a few days. There is a soft spot, called the fontanel, on the top of the head that will close between 10-20 months of age. Another one, at the back of the head, will close in a few months. Fontanels allow for growth of the head. No special care or precautions are necessary.

Eyes

Some newborns have red areas in the whites of their eyes caused by the stress of being born. These red areas are small broken blood vessels which will gradually disappear in a short time. The color of your baby's eyes may change during the first six months after birth. Newborns can see approximately 12 inches in front of them clearly. They have poor eye-muscle coordination so it is normal for them to look cross-eyed. They enjoy looking at faces and anything with light and dark contrast such as black and white geometric shapes. Newborns' eyes may be swollen at birth from being born or may become reddened from the antibiotic eye ointment they receive shortly after birth.

Newborn medications and procedures

All newborns are required by state law to have antibiotic eye ointment and an injection of vitamin K shortly after birth. These medications will be given unless a waiver is signed by one of the parents stating they do not want this done. A vaccine for Hepatitis B may be given prior to discharge from the hospital and will require parental consent.

Ears

Newborns can hear at birth, just as they were able to hear before they were born. Talking to your baby is very important. Gurgle and coo with your baby. Repeat the sounds your baby makes. Your newborn is used to the sound of your voice and will find it very comforting.

Fontanels allow for growth of the head. No special care or precautions are necessary.

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Skin

If your baby is born a few weeks early, you will see a white sticky substance on his skin called “vernix.” Newborns are also covered with a soft downy hair called lanugo before they are born. As their due date approaches, some of the hair will disappear but can still be seen on their backs and shoulders. Babies who are born after their due date can have peeling skin. It is normal for babies to have a red, bumpy rash called “newborn rash” at or shortly after birth. Some babies have white spots on their noses and foreheads. These spots are called milia and do not need any treatment. They will gradually go away. Babies who are not Caucasian may be born with bluish-black areas on the skin, especially on the back and buttocks. These areas of increased pigmentation are called Mongolian spots and will fade during the first two years of life.

Genitalia

Baby boys may have swollen scrotums and baby girls may have swollen labia. Girls may have some clear or pink vaginal discharge due to the hormones present during your pregnancy. These characteristics are normal and will go away soon. No treatment is necessary.

Reflexes

Newborns have several normal movements called reflexes. As your baby gets older, they will gradually disappear. A few of the most visible reflexes are:

Startle reflex: When an infant hears a sudden, loud noise he will jump and his arms will flare out. This reflex usually disappears by about 4 months.

Grasp reflex: When a finger is placed in a baby's palm, his fingers will close around it. This reflex lessens by 3-4 months.

Rooting reflex: When an infant's lip, cheek or corner of the mouth is touched, the infant will turn his head toward the stimulation and open his mouth. This reflex is useful when feeding your baby.

If you have any questions or concerns about your baby's appearance or activities, please be sure to ask your baby's doctor or nurse.

Your baby's first tests

The physical assessment

After your baby is born, the nurse will examine your baby from the top of the head to the tip of the toes. The tests, administered by the nurse, are performed on all babies to gain information to determine what care the baby may require.

Apgar score

The nurse will assess your baby's color, respirations, heart rate, muscle tone and reflex response at one and five minutes of age. The scores are totaled for a maximum of ten. The score indicates the baby's general condition at delivery, but does not predict future development. It signals whether a baby needs to be observed more closely or require additional care. Babies seldom score a 10.

The Ballard

The Ballard is an assessment of the neonatal maturity. Several specific characteristics are tested to determine the baby's gestational age. The scores indicates the baby's physical and neuromuscular maturity.

Oxygen Level Testing: Before you go home, your baby's oxygen levels may be checked. This involves putting a small tape-like probe around your baby's hand and foot; a special monitor can read the amount of oxygen in your baby's blood. This test is completely painless. The American Academy of Pediatrics supports this testing to look for possible heart problems in newborns.

Congenital Heart Defect Screening (CCHD)

The American Academy of Pediatrics strongly suggests that all babies be screened for possible Critical Congenital Heart Defects, or CCHD, before going home. While this screening may not detect all types of heart problems, in some cases, this early screening can be life-saving. Since many babies do not show any outward signs of a problem, early screening can help your baby's doctor find out if your baby is affected and start treatment as soon as possible. This screening is completely painless for your baby. You will receive more information about this screening after your baby is born.

Hearing Screening

Arizona state law mandates that all babies have a hearing screening done prior to discharge from the hospital. Screenings are completed by specially-trained audiology technologists and testing is done in your room whenever possible. Testing usually takes about 15 minutes and is completely painless. Identifying hearing loss as early as possible can prevent permanent damage, allow for early intervention and medical care and ease a child's transition into the preschool and school-aged years.

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Blood Tests:

Metabolic Screen: This consists of several tests in one. It is a general screening to identify genetic disorders which, if detected early, may be treated successfully. Most conditions can be treated by changing the baby's diet. Some conditions require medication. To do the screening, a blood sample will be taken from the baby's heel before the baby is discharged from the hospital.

Blood Sugar: When necessary, a small sample of blood will be taken from the baby to test the blood sugar level. The baby may need additional sugar which can be given either by mouth or through a vein.

Coombs: This is a test done on the baby's cord blood to check for Rh antibodies if mom's blood type is type O and/or Rh negative. If the test is positive, your baby may have a greater risk of becoming jaundiced.

Bilirubin: At 24 hours of age, all babies will be tested for jaundice. This simple, painless test does not involve taking blood. Measurements are taken on the skin. If further testing is needed, a small sample of blood will be taken from the baby to test for jaundice. Phototherapy treatment usually is recommended if the bilirubin level is elevated.

Hematocrit: Sometimes, babies have high hematocrits at birth. An high hematocrit might mean that the baby has a more than normal amount of red blood cells and this could put them at risk for jaundice. If needed, a small blood sample would be taken from the baby to help the baby's doctor create a plan of care.

Cord care

The umbilical cord stump should be allowed to dry naturally. Keep the cord dry and do not apply any 12 lotions, creams or alcohol to the area. During diaper changes, fold the top of the diaper so that the cord is not inside the diaper. Once the cord has fallen off and the naval is completely healed, you may start giving your baby tub baths; until then, only sponge baths are to be given. Keeping the area dry is an important part of the healing process.

In most cases, the clamp placed on the cord at birth will be removed before you leave the hospital. If it is left on, it can be removed by the baby's doctor at your first office visit. The dried stump will fall off by itself in about seven to ten days. Do not cut the cord, pull on it or pick it off. You may notice a few drops of bloody drainage when the stump falls off; this is normal and not cause for worry. Call your baby's doctor if you notice any redness, swelling, foul-smelling odor, yellow or green discharge from the area, or increased bleeding.

Circumcision care

You may decide to have your baby boy circumcised (the foreskin removed from his penis). There are several ways this can be done. If a plastic ring or “plastibell” was used to circumcise your baby, the ring will come off in about 7-10 days. No special care is needed other than keeping the diaper area clean and dry. If another method was used, you may see a small strip of Vaseline gauze wrapped around the end of his penis. This Vaseline strip will fall off; do not try to remove it. With each diaper change, continue to apply additional Vaseline or A and D ointment to the gauze to prevent the circumcised area from sticking to the diaper. When the gauze falls off, apply Vaseline or A and D ointment directly onto the end of the penis. It is normal to see a small amount of bloody or brownish drainage on the diaper and the head of the penis as the circumcision heals. Call your baby’s doctor if the circumcision area becomes reddened, swollen or has a foul-smelling odor.

Bathing

Ask your nurse for a baby bath demonstration or view the television segment on Channel 20 that shows how to care for your infant:

- Sponge-bathe your newborn until the umbilical cord falls off and the navel and circumcision are healed.
- Clean your baby from the cleanest part to the most soiled part. Without using soap, wash the eyes and face, then add soap and move downward on the body. Use a clean washcloth after bathing the genital area.
- Test the water temperature before placing your infant in the tub or sink. The water should be warm. Two or three inches is enough water.
- Bathe your baby in a room that is warm and free of drafts.
- Never use Q-tips in your baby’s ears.
- Never leave your baby unattended in the bath, even for a few seconds.



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Sleep

Babies spend most of their time sleeping. It is important to keep your baby safe while in his crib. Sheets should fit tightly over a firm, flat mattress. No pillows or fluffy blankets and toys should be in the crib and avoid using bumper pads on the sides. All of these things might look pretty, but they can easily suffocate a baby who rolls over into one of them. The American Academy of Pediatrics recommends that all babies be placed on their backs to sleep for the first few months of life. This position has been shown to greatly decrease the chances of Sudden Infant Death Syndrome, or SIDS. You will see your baby placed on his or her back while in the hospital. Tight blanket swaddling is no longer recommended. Newborns should be dressed in seasonally appropriate sleepwear and placed in a crib without blankets. Sleep sacks are a safe sleep alternative. Do not place loose blankets in your baby's crib, as the baby can easily get tangled and suffocate.

Activity

Your baby enjoys being with you. Talk to your baby often. Newborns can see about six to eight inches in front of them; the exact distance from your face when you are holding them in the crook of your arm. Make faces, use silly voices and snuggle them closely — they will love it. Consider buying or making a baby sling to keep your baby close to you as you go about your day. Baby swings should not be used for the first 6-8 weeks of life, until your baby has better head control. If you choose to use one, make sure it is safety-approved and that your baby's head is well-supported on either side.

While babies should sleep on their backs, it is also important that they get “tummy time” when awake. Giving your baby time on their tummy helps head and neck muscles develop as they should and helps prepare them for crawling. Whenever your baby is on his tummy, make sure that you are nearby and watching him closely.



Pacifiers

It is best to avoid pacifiers while you and your baby are learning to breastfeed. It usually takes about 4-6 weeks to get into a good feeding routine. Giving pacifiers too soon can lead to poor sucking patterns, nipple soreness and engorgement. It is also easy to miss your baby's hunger cues if he is sucking in a pacifier.

There are certain times when a pacifier may be needed in the hospital. Sucking on a pacifier may help calm a baby during a painful test or procedure. Pre-term babies may need a pacifier to help them develop sucking skills. Your baby's doctor and nurses will decide if these options are right for your baby. Pacifier use is a personal choice. Please talk with your baby's doctor if you decide to use one.

Burping and spitting up

All babies need to be burped during and after feedings. Bottle-fed babies may need to be burped several times during each feeding.

- Hold your baby upright over your shoulder and gently pat or rub your baby's back until she burps, or...
- Place your baby on your lap, holding the baby in a sitting position. Lean your baby forward slightly with your hand supporting her head and chest. Gently pat or rub your baby's back.
- It is normal for a baby to spit up with a burp. If your baby spits up large amounts, or if the milk comes out forcefully on a regular basis, call your baby's doctor.



Choking and CPR

If your baby tries to cough, cry or clear his throat, do not interfere if he is able to breathe. If choking or coughing causes your baby to become unconscious, start CPR and have someone call 911 immediately. Life-saving skills are important to learn. It is recommended that every parent take a class in CPR. The following serves as a partial list of resources within the Flagstaff community.

All families of infants who are identified as "at risk" are taught infant CPR by FMC-certified instructors prior to taking their babies home.

Where Every Moment Matters



Bottle feeding

Breastfeeding is best for your infant, but if you choose to bottle feed, your baby's doctor may recommend a specific type of formula. It is important that you do not change or alternate formula brands without advice from your baby's doctor. A few helpful hints are:

- Get into a comfortable position with your infant, holding your baby close to your body.
- Never prop your baby's bottle.
- Check the temperature of the formula by letting a few drops of formula fall onto your wrist. It should be close to room temperature.
- Your baby will want to eat every two to four hours. Feeding on demand usually is preferable to a rigid feeding schedule. Some doctors recommend giving water between feedings. Ask your baby's doctor for recommendations.
- When bottle feeding, support your baby's head; touch the nipple to your baby's lips until the baby takes it into his mouth and begins to suck. Tip the bottle so that formula covers the nipple and neck of the bottle to prevent air from getting into your baby's stomach.
- Relax and enjoy the feeding times with your baby.
- Never use a microwave to heat formula.

Bottles, nipples and caps should be scrubbed after each use with hot, soapy water and rinsed well. They can then be air-dried on a rack or dried with a clean towel. Nipple holes should be tested regularly. The holes should be large enough to allow a fast drip of formula without forming a stream.

A 24-hour supply of formula may be prepared ahead of time if desired. Prepared bottles must be refrigerated. Forty-eight hours is the maximum storage time for refrigerated, prepared formula and open cans of pre-mixed formula.

Be sure to watch the infant feeding section on Channel 20 for other helpful hints before you go home. Please do not hesitate to ask your nurse for assistance at any time.

Urine and stool patterns

Your baby's first bowel movements will be a dark greenish-black substance called "meconium." Your baby can pass this color of stool for several days and then it gradually will turn a lighter green and finally yellowish in color.

- When your milk is in and your baby is eating well, you should expect to see your baby have 6-10 wet diapers and 3 or more stools every day. The stools passed by breastfed babies are fewer and more liquid. It can be normal for breastfed babies over four to six weeks of age to go for several days without a bowel movement and not be constipated.
- Bottle-fed babies usually have 6-10 wet diapers and 2-4 bowel movements every day. The stools are soft but formed and are slightly yellowish-green in color.

- If you are bottle feeding and your baby has not had a bowel movement for several days, your baby could be constipated from the iron that has been added to the formula. Call your baby's doctor if your baby appears to be straining and not passing any stool or if the stool is very hard.
- Some babies normally have stools before and after every feeding, but stool patterns vary from baby to baby.

Diarrhea is often watery and greenish-colored. It may have a foul odor. Call your baby's doctor immediately because diarrhea can cause dehydration very quickly.

If you are concerned about your infant's urine or stool pattern, consult your baby's doctor.

Signs of illness

It is important to keep your baby from getting sick. Illness can be prevented by keeping your baby away from large groups of people for the first few weeks. Visitors who are ill or who have small children should be discouraged from visiting for the first couple of weeks. Everyone should wash their hands before holding your baby.

If your infant displays any of the following symptoms, call your baby's doctor. Tell the doctor the reason for your call and tell him the baby's most recent axillary (under the arm) temperature.

- Drainage from the eyes, nose or ears.
- Behavior changes: too sleepy, excessive crying or irritability.
- Loose stools with mucus, blood or a foul odor.
- Any rash.
- Refusing feedings several times in a row.
- Repeated vomiting.
- Persistent cough.
- Axillary temperature of 100.6°F.

Do not give your baby any medications unless recommended by your baby's doctor.

If your baby is involved in an emergency situation (choking, falling, bleeding, near-frowning or burns), call 911 and your baby's doctor immediately.

Visitors who are ill or who have small children should be discouraged from visiting for the first couple of weeks.

Where Every Moment Matters



Temperature-taking

A new mother should know how to take an axillary temperature of her infant before leaving the hospital. Be sure to ask your nurse for a demonstration or view the DVD available.

You will need to take your baby's temperature only if you think your baby is sick or feels extra warm or cold to the touch. If you are using a mercury thermometer (glass), before taking a temperature, hold the thermometer at eye level until you can see a solid bar in the thermometer. Shake the thermometer down until the bars reads below 94.0°F.

Take temperatures with digital thermometers using the same procedures described above. Digital thermometers may be safer and are more accurate and faster than glass thermometers. Do not use a tympanic (ear) thermometer until your baby is 3-4 months old.

Axillary: Normal temperature = 97.6°F

Hold the tip of the thermometer firmly in your baby's armpit. Hold your baby's arm close to her body at the same time. Hold the thermometer in place until it has registered (the glass/mercury thermometer may take about 5 minutes). Call your baby's doctor if her temperature is 100.6°F or more.

Jaundice

Jaundice is a fairly common occurrence in newborns and is characterized by a yellow color of the baby's skin. This is due to the inability of the infant's immature liver to handle the breakdown of red blood cells. Most newborn jaundice is not serious and usually disappears in a few days without any treatment. If your baby appears yellow, especially if the white area of the baby's eyes becomes yellow and your baby is extremely sleepy, call your baby's doctor immediately. Your baby will need a blood test and may need to be admitted to the hospital.

Occasionally, newborns are treated for jaundice before they go home. While in the nursery, your infant may be undressed and placed in a heated isolette or in a crib. "Bili lights" above the isolette or crib will treat the jaundice.

A "Bili Blanket" also is an option. Jaundice clears after several days of treatment. Be sure to discuss the treatment options with your baby's doctor.

Safety at Home Products

No product is a substitute for the watchful eye of a caregiver. Always keep your child in view when using any juvenile product.

Bedroom

Never use any product other than a bassinet (infants only) or crib for sleeping children.

Be sure your baby's bassinet or crib is sturdy and has no loose or missing hardware. The slats of your baby's crib should be no more than 2-3/8 inches apart to prevent your baby from sticking his head through the slats and becoming stuck. Make sure that your crib is certified through the U.S. Consumer Product Safety Commission.

Never place your baby's crib or furniture near window blinds, curtain cords, open windows or space heaters.

Bathroom

Keep medicines and cleaning products in containers with safety caps, and keep them locked away from young children.

Always check bath water temperature with your wrist or elbow before placing your baby into the water.

Never, ever, leave your child alone in the bathtub or near any water, not even for a few seconds.

Kitchen

Be certain your baby is not left alone in a high chair. Always use all safety straps.

Use your stove's back burners; keep pot handles turned to the back of the stove.

When using sharp objects, such as knives or scissors, take extra care to not leave them within baby's reach.

Living Areas

Install smoke detectors on each level of your home, especially near sleeping areas. Change the batteries in smoke detectors at least each year, or as indicated.

Keep children in walkers away from stairs: use safety gates to block stairways. Safety plugs should be used to cover electrical outlets.

Keep all small objects, including tiny toys and balloons, away from young children. Watch closely for any toys where parts could be pulled off by busy little hands (such as eyes that could be pulled from that favorite teddy bear).

Above all, love and enjoy your baby!

Other safety tips

- Keep the hot water heater temperature no higher than 120°F.
- Never leave your baby unattended in the bathtub, sink, or near a bucket of water or swimming pool. Let the phone or doorbell ring, or take your baby with you.
- Never leave your baby alone on a table or bed.
- Wash your hands before handling your baby and also ask others to do so.
- Never leave your baby alone with other small children or pets.

Where Every Moment Matters



- Never give your baby a plastic bag as a toy.
- If your baby uses a pacifier, do not tie it around his neck; it could get caught and strangle your baby. Inspect the pacifier occasionally to see that it will not pull apart and possibly be swallowed.
- Small items can get stuck in your baby's throat. Keep marbles, buttons, paper clips, coins and other small objects out of reach.
- Cover all unused electrical outlets with outlet covers.

As your baby grows, a “childproof house” will be important to guard against potential poisonings with cleaning supplies, medications, work shop solvents, etc. These items should be kept in a locked cabinet or high above your baby's reach.

Washing your baby's clothes

- You can use regular detergent to wash your baby's clothes. It is recommended to rinse the laundry twice and avoid using bleach if possible.
- New items should be washed before using.
- You don't have to wash your baby's clothing and linens separately, unless you wish to do so.

Why is my baby crying?

Sometimes it's a challenge to know the answer. Your little one has a need and is communicating with you in one of the most profound ways a baby can.

The needs are normally basic—diaper changing, feeding, burping, cuddling and socializing. Sometimes more is needed.

Here are some suggestions that might ease you and your baby:

- Look for the obvious that could make your baby more comfortable:
Loosen tight clothing or blankets, check for cloth-diaper pins that could be open, and be sure your baby has room to explore with fingers and toes.
- Placing baby skin-to-skin, to feel your warmth and movements, can be helpful; or use a front carrier or a sling. Perhaps your baby would like to be swaddled in a soft, warm blanket to feel secure.
- Reading, rocking, walking or gentle side-to-side swaying can be comforting. Some babies enjoy a wind-up swing, a ride in the car for diversion, or just seeing the outdoors for a “change of scene.”
- Perhaps soft, gentle music is what your baby would like—singing/humming (especially from you) may be soothing, or try some soft classical music. Some little ones even like the sound of a vacuum cleaner or the clothes dryer.
- Don't neglect the possibility that crying could be due to your baby being sick. Fever? Swollen gums? Runny nose? Not eating? Change in baby's stool pattern? How we wish our babies could talk to us! If there are concerns about your baby's health, be sure to contact your baby's doctor.

- The sound of running water can be interesting to a baby; even better is a soothing, warm bath! Perhaps a noisy toy or rattle while in the tub could add to the enjoyment.
- A massage for baby can be fun for you both. Gently massage the body and limbs, stroke softly about the face.
- Sucking can be very comforting for a baby-your finger or a pacifier can help. Babies can learn multi-tasking, too. Lay your baby across your lap, tummy down, and gently rub or pat the back while baby is sucking.
- If you are feeling frustrated, you may need a break. Call a trusted friend or relative to take over for awhile. Get some rest, go shopping or whatever would help — take care of yourself, too.
- Remember, too, that if your efforts show that nothing seems to be working, it's okay to put your baby into his bed. Check on your baby every 10-15 minutes. Sometimes babies just need to try to settle themselves.

Car seats

It is the parent's responsibility to bring a car seat to the hospital to take the baby home.

Arizona state law requires an infant less than one year of age and 20 pounds ride in a rear-facing car seat. It is recommended that children are kept rear-facing as long as possible or until they reach the rear-facing weight limits for their particular car seat (see car seat manual for details). Children riding rear-facing must NEVER be placed in front of an active air bag. Children should remain in a car seat with an internal harness until they are 40 pounds and then transition to a booster seat. Children between 40-80 pounds should use booster seats. Please remember, the safest place for all children is in the back seat.

Contact your local County Health Department for more information about car seat safety.

Babies born before 37 weeks or who weigh less than 5 pounds, may not be able to tolerate being in a car seat for a long period of time. Any newborn who falls into this category, will be given a car seat challenge test before they go home. You will be asked to bring your car seat in from home and while your baby is in it. His or her breathing, heart rate and oxygen levels will be monitored for a period of time. This test is painless and most babies usually fall asleep. If your baby seems to be having trouble in the car seat, we will provide you with a special car bed that you can use for your baby. Your nurse can answer your questions if your baby needs this testing.

Arizona state law requires an infant less than one year of age and 20 pounds ride in a rear-facing car seat.

Where Every Moment Matters



Sibling adjustment

No matter how much your older child looked forward to the birth of a baby brother or sister, it is normal for an older child to express feelings of jealousy, concerns over space and possessions, or worries over a parent's love and attention. Here are some helpful hints:

- Buy a doll that you can give to your older child when you bring new baby home.
- Have a few inexpensive gifts wrapped that the older child may open when friends and relatives bring gifts for the new baby.
- Have someone else carry your new baby in when coming home from the hospital.
- Do not begin major development tasks like potty training or starting nursery school until after home routines are well-established and the family has adjusted to the new baby.
- Plan for each parent to spend time alone with the older child, on a regular basis.
- Expect jealousy and regard it as normal.
- Never leave your new baby alone with an older child unless your child is considered a competent babysitter.

Age-related activities appropriate for your baby

Babies are born at all different sizes, weights and gestational ages. If your baby is born before the 36th week of your pregnancy, it will be more difficult for your baby to handle new experiences. It is important for you to get to know your baby very well so that you can tell if your baby is getting too stressed or tired from handling, too much activity or even from the environment (too much noise or light).

Babies may tell you when they need to rest by crying a great deal, turning their heads away from you, or changing their eating habits. Allow your baby plenty of time to rest and introduce new activities a little at a time so your baby can learn to understand and enjoy them. If your baby's behavior still worries you, call your baby's doctor.

Infant Massage

Through research, infant massage has been shown to provide many benefits for babies and their parents. Learn to communicate your love to your baby through the power of touch.

FMC offers infant massage classes for parents taught by certified infant massage instructors. Please call 928-773-2309 for more information.

Immunizations

After birth, your baby's doctor will recommend giving the first dose of Hepatitis B vaccine to your baby. At about two months of age, your baby will be ready to begin receiving other immunizations or shots. These immunizations will protect your baby from measles, mumps, rubella (three-day measles), polio, diphtheria, tetanus, pertussis (whooping cough) and hemophilus influenza (a cause of meningitis).

Immunizations help your baby build up disease-fighting substances capable of killing bacteria and viruses that enter the body. Some immunizations are given in a series of several shots. Your child will not be protected until all doses are given.

You will receive an 'Immunization Record' from the hospital prior to your discharge.

Keep an accurate record of your baby's immunizations. State law requires proof of immunization before entering school.

For information on immunization clinics, consult your baby's doctor or the county health department. Many health departments provide free immunizations. Plan to call the clinic prior to your visit to confirm the schedule. Please bring your child's shot records with you.

Please note that the information contained in this booklet is not a substitute for the medical care and advice of your and your baby's health care team. If you have any questions, please call your health care provider.

Well-baby check-up

Your baby will need to be seen by his or her doctor, usually within two weeks after birth.

Write the date of the scheduled check-up below:

Date:

Time:

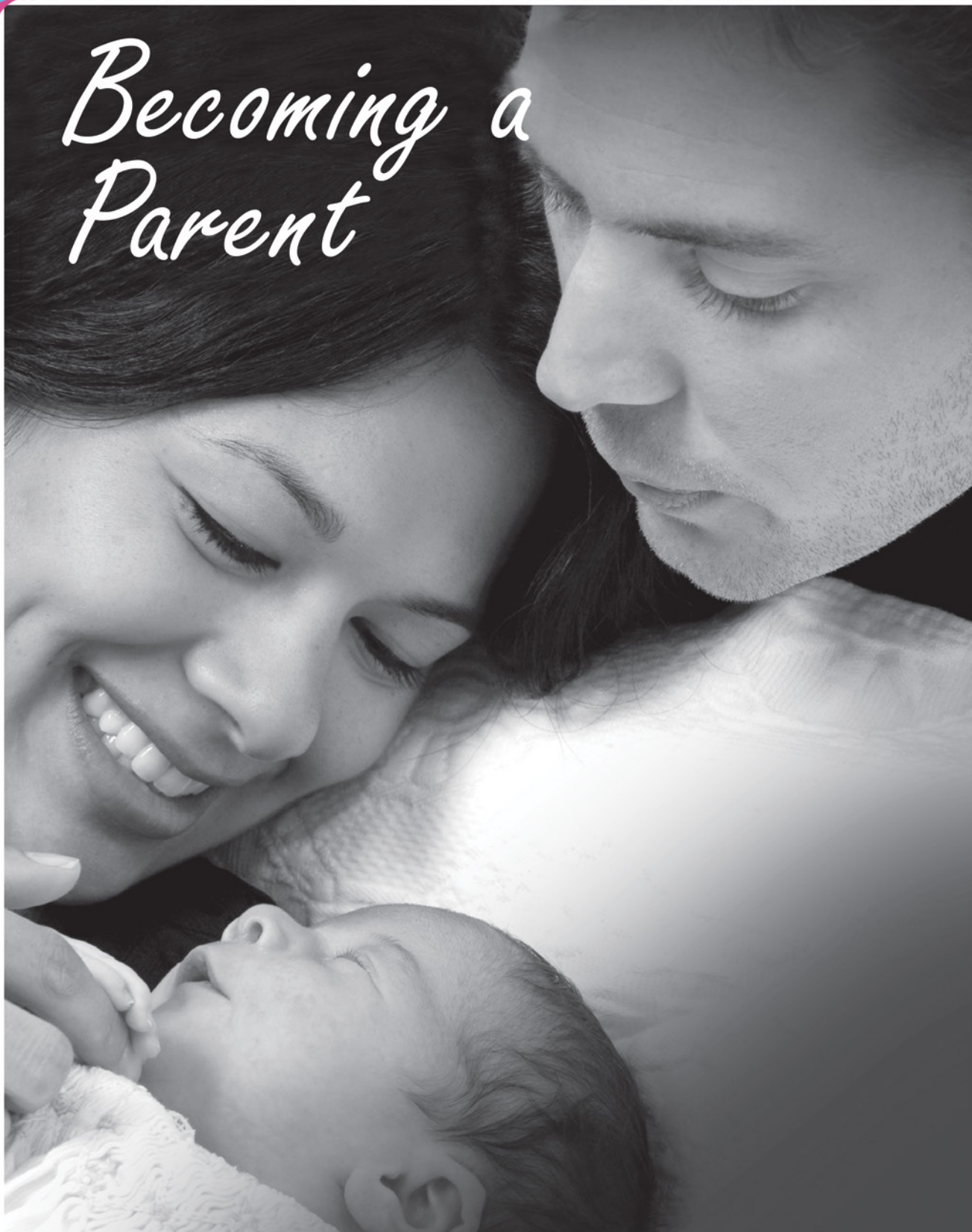
Your baby should receive periodic "well-baby" check-ups during the first few years of life to monitor growth and development. Consult with your baby's doctor for a recommended schedule.

Where Every Moment Matters





Becoming a Parent



A note on parenting

A new baby . . . a new little person in your home. Exciting, isn't it?

You may be experiencing a wide range of feelings about your little one now: joy, excitement, anticipation for the future. You also might be feeling overwhelmed, frightened, angry and uncertain.

Your infant can be the joy of your life. He or she also is a great responsibility. Your feelings toward parenting may not always be pleasant. Be assured that you are not alone; these emotions have been felt by new parents throughout history and are usually temporary and normal. Help in dealing with them is available from many resources.

You can help yourself, and your baby, by following these suggestions:

- Get some rest. This is not as impossible as it may sound. Try to nap when your baby naps; it will help you feel less anxious.
- Remember, your baby is very intelligent, and can sense when you are uneasy.
- New mothers often think their homes must be spotless. If you have the services of a housekeeper, wonderful! Otherwise, take advantage of family and friends who offer assistance with the laundry, dishes, etc. If you can't depend on others to help you, don't try to do it all yourself. Your infant is your top priority. Give him or her all the love and attention you can. The rewards are great.
- Although each child has his or her own personality, always remember that you will learn what your baby needs. Much information is available on infant and childcare from books, pamphlets, your baby's doctor and FMC, just to name a few resources.
- Not all babies sleep soundly at night. If your baby wakes up and starts to fuss a little, don't worry. Babies usually learn to put themselves back to sleep. You will soon be able to tell when your baby is saying "I'm hungry!" Babies will put themselves on a feed/play/sleep schedule. You will soon see this in your own child. Learn to recognize it, work with it and enjoy it.
- You may be asking "What about me?" That's an appropriate question. You are important to yourself, your infant and your family. Realize that your couple relationship may be less important at first. Plan on a night out alone (or a weekend away) in three or four weeks. A reliable babysitter is a great help.

Remember, your love for your baby will help you through difficult times that may occur. Advance planning, good judgment and common sense are invaluable.

Childbirth education

Flagstaff Medical Center offers a wide variety of childbirth classes to help you prepare for this time of your life. Please call 928-773-2309 for scheduling, fees and other information on childbirth education or visit our website at NAHealth.com.

Click on the Childbirth Classes link. Register early, as classes tend to fill quickly. Tuition assistance and scholarships are available.

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Breastfeeding Consultation

One-on-one consultation with a lactation professional can help new moms and babies with feeding issues that may come up after going home. For more information or to schedule an appointment, call The Breastfeeding Center at 928-773-2605.

Birth Certificates

You will receive information about your baby's birth certificate before you leave the hospital. Paternity information is available if needed.

Resources

Emergency Numbers:

Emergency	911
Poison Control Center	800-222-1222
Child Abuse Hotline	888-767-2445

Flagstaff Medical Center Numbers:

Breastfeeding Center	928-773-2605
Childbirth Education (Pregnancy/Parenting Classes)	928-773-2309
Labor & Delivery	928-773-2121
Obstetrics	928-214-2888
Pediatrics/Pediatric Intensive Care Units	866-456-5078
Safe Baby Haven (FMC Special Care Nursery)	928-773-2120/888-235-2122

General Numbers:

Auto Safety Hotline	888-327-4236 or 866-SEAT-CHECK
Coconino Health Department (Car Seats/Immunizations) ..	928-679-7272
Flagstaff Family Care Clinic	928-527-4325
Flagstaff Pediatric Care	928-774-1811/800-870-1813
LaLeche League	877-452-5324
Michael Flores, M.D.,	928-774-3318
Mountain View Pediatrics	928-214-3600
North County Healthcare (Care & Car Seats)	928-213-6100
Postpartum Support Groups	928-707-0748

Websites:

Car Seat Inspection Sites List:	SeatCheck.org
National Highway Traffic Safety Administration:	NHTSA.dot.org
Retro Fit Kit for Window Treatment	WindowCoverings.org; 800-506-4636



Northern Arizona Healthcare

NAHealth.com

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Women and Infants' Center

*Caring for mothers, families
and babies.*



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