A Family Together

Your Guide to The First Few Weeks

Brought to you by the staff of Cayuga Birthplace,
your midwife or doctor, and your baby's doctor

This book/document contains your discharge instructions.

Dear Expectant Parents:

Welcome!

We would like to introduce you to Cayuga Birthplace's information notebook. It contains the instructions you'll need on care of yourself and your baby in the first few weeks after birth. Families who have had babies recently have told us that they "wished they would have had the book to read **before** the birth" (when they had just a *little* more time and energy!), so we are hoping that you will take some time to look through it in the next few weeks, and that the information in it will be helpful to you.

> ***Please pack this notebook with your "going to the hospital bag," since we will be referring to it and adding items into it during your hospital stay. It contains your discharge instructions, which your nurse will be reviewing with you throughout your stay.***

We have included information in the first section that will be useful in planning the birth experience that suits you and your family best. It covers our usual routines, as well as options which may be available to you during the birth process. Later chapters will provide detailed information about how to take care of yourself and your baby after you go home. (Note: You'll notice that we alternate using the terms "him" or "her", "she" or "he" when referring to your baby in this text, rather than using "s/he" or "he or she." We have done this intentionally to make the content more easily readable for you. Also, unless otherwise noted, all addresses are Ithaca, NY, and all phone numbers listed in this book are area code 607.)

We are happy that you have chosen to have your baby with us. The staff of the Birthplace will share with you a family centered approach which includes individualizing your care, mother-baby nursing, all private rooms with space for your partner to stay with you, classes for your baby's siblings, classes on infant care, breastfeeding, safety and more.

After your discharge, you will receive a questionnaire about your hospital stay, asking you to rate items on a scale of one to five. We take this feedback very seriously and hope that you find all parts of your experience "a FIVE." If, at any time, you have a concern about your care, please ask to speak to the Division Director, Unit Manager, Team Leader or Charge Nurse. Our goal is to **exceed your expectations**.

We look forward to meeting you!

The Cayuga Birthplace
Nursing Division Staff

Keeping You Safe During the Pandemic

At the time of this publication, the Covid-19 pandemic continues to influence all of our lives and daily activities. Our goal is always to provide the highest quality of care to you and your new family, and to help you have the birth experience you desire. As a hospital, we are limited by the New York State Health Department's regulations, which change periodically in response to our region's infection rates.

As your due date approaches, your OB provider will have information for you as to any limitations that are in place for support people, visitors, sibling visits, and so forth. You can also check the Birthplace link on the hospital's website (www.cayugamed.org) or on Facebook for recent updates, or give us a call at 607-274-4408 and we would be happy to answer any questions you may have.

The pandemic has led to the temporary suspension of some class offerings, tours and services (e.g. Rasa Spa), however, we are working to reinstate these as soon as allowable. Some virtual classes are being developed, and we do have a virtual Birthplace tour available on the CMC website.

Due to the unpredictability of the pandemic's progression, some of the information in the chapters that follow will not be one hundred percent accurate, especially related to **visiting**, until we get back to "normal." Your nurse will be discussing these things with you when you arrive for your baby's birth.

We will do everything we can to make your stay exceed your expectations.

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Planning for Your Hospital Stay

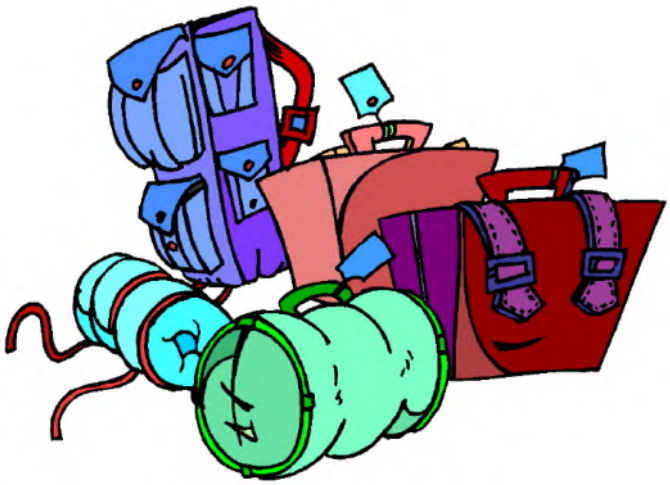
Your Birth Plan

It is important that you let us know what things are of particular importance to you as you plan for your baby's birth. You are encouraged to talk with your care provider about specific desires, and to write down anything you would like us to know as we plan for your care. You are welcome to write a birth plan, or you can use the form we have provided in this chapter. If you have special needs or concerns, please feel free to schedule a private tour and interview by calling 607-274-4408.

Packing: What to bring and what NOT to bring

Bring as little as possible with you, because you always go home with more than you came with!

DO bring:



- **This book/document**
- Diapers for the ride home
- Clothes for baby and for yourself for the ride home.
- Pacifier, if you want to use one (we do not have them routinely available on the unit and don't recommend them for most breastfed infants until breastfeeding is well established)
- Ultra-fine nail file for baby's delicate fingernails. (These are called "smoothies" or "finishers" and are sold for grown-up use. They are safer and easier to use on babies than clippers or baby scissors. Find them in most drug and grocery stores, where the nail files are located.)
- Toiletries for yourself (toothbrush, toothpaste, shampoo, deodorant, etc.)
- Robe and slippers or comfy slip-on shoes
- Car seat for baby ++
- Baby blankets, snowsuit, etc., depending on weather
- Snacks to keep you and your support people going during labor
- Popsicles or lollipops for labor (we do have popsicles, but may not have the flavor or variety that you prefer)
- Music and/or focal point for labor

Information you'll need to complete your baby's birth certificate. For each parent, you'll need to know:

- Place of birth (city and state)
- Social security number
- The name of the **municipality** you live in. (Municipality is usually the place where you pay your taxes and where you vote… for instance: City of Ithaca, Village of Dryden, Town of Ithaca, etc. You need to know if you live within the city/village limits also.)

- If you are NOT MARRIED, please read the birth certificate worksheet packet in the pocket of this book, or when you receive it at the hospital, CAREFULLY. If you are planning on filing parentage forms at the hospital, please let us know early in your stay so we can help with the process.

DON'T Bring:

- More than a few dollars in cash
- Other valuables such as jewelry and credit cards
- Medications, unless they are specialized and your caregiver instructs you to

We provide hospital gowns for use during your stay... you are welcome to wear your own clothes, just be aware that whatever you wear is likely to become soiled and may be stained.

++ *Practice using your car seat before you come in. A teddy bear or small doll helps. Adjust the straps to the lowest & smallest setting and try putting the seat into the back seat of your car, facing rear, and strapping it down. Review the instruction booklet! You can call the Ithaca Fire Department, Cornell Public Safety (if you are affiliated with Cornell) or the Tompkins County Sheriff's office to arrange a free car seat safety check, which can be done before you have the baby, and* ***is highly recommended.***

Visitors & Phone Inquiries

Our visiting hours are from 7 a.m. to 9 p.m. for the general public. However, we believe that **you** are the best judge of who you would like to have as a visitor and when. We encourage you to post a note on your door to let visitors know of your wishes. For example, some families leave an announcement of the baby's "vital statistics" and say "We're napping now... please leave a note or stop by after 4 p.m." Our visiting restrictions for siblings and other children vary from time to time based on local health conditions and statewide health advisories (for example, flu outbreaks). Please check with the nursing staff at the time of your admission for information about whether or not siblings may visit on the unit. Siblings are **never** allowed to spend the night.

We offer a word of advice: Tell your (anxiously waiting) friends and family that you *will* call them after the baby is born. Our staff won't be able to give them the news or any updates if they call inquiring, and **you** want the pleasure of making that exciting call. Also suggest that they call you before visiting, so that you can let them know what would work best for you. **Tell them to dial 607-277-1600 and ask for you by name** (not room number), in order to reach you most easily.

Make sure your family and friends are aware of the last name MOM is registered under at the hospital. For security reasons, we cannot provide information based on the partner's name or the mom's first name only.

Smoking

Cayuga Medical Center at Ithaca is a non-smoking institution. In addition, **New York State law prohibits smoking anywhere on the Medical Center grounds, parking lots and surrounding campus, by anyone.** Please review our policy on Birthplace Patient Safety and **your need to remain on the unit during your stay**, with a few (rare) exceptions.

If you smoke, we strongly recommend talking with your OB provider about strategies available to help you through your hospitalization, including the use of a nicotine replacement options after delivery. Having a baby is a GREAT incentive to finally quit smoking, and your caregiver can help!

Cayuga Birthplace Patient Information On CMC Smoking Policy

Review of Hospital Policy

In accordance with the Public Health Law Article 13-E (also known as the New York State Clean Indoor Air Act), Cayuga Medical Center prohibits smoking anywhere on the medical campus, including outdoors. Individuals will refrain from the use, sale and /or littering of all tobacco products both inside and outside of the Cayuga Medical Center facility or grounds. (Note that "vaping" or the use of e-cigarettes is also prohibited.)

Cayuga Birthplace Unit Specific Policy

On behalf of your OB care providers and our staff, we want you to know that your health and that of your baby's is of the utmost importance to us. **In order to comply with the NYS public health law and to maintain your safety while you are here at Cayuga Birthplace, we ask that you remain on the unit until discharged.**

Under special circumstances long term patients may leave the unit if accompanied by a CMC staff member. In this case, the patient would be asked to sign out at the front desk so that she may be contacted quickly should the need arise. In times of high patient census or patient acuity, our staff might not be available to accompany a patient off the unit. We ask for your patience during these times.

We are committed to making your stay a warm, friendly and family-centered experience that you will cherish. Please be aware the nurses and providers are concerned about every aspect of your health and are here to offer help with tobacco use issues without judgement or criticism. We offer a variety of products to help with smoking cessation (quitting) or to help smokers to cope with the hospital stay. These items include nicotine patches, inhalers, gum, air cigarettes, and "survival kits". If you are interested in trying any of these products or need other assistance or advice, please make any member of the Cayuga Birthplace staff aware at any time.

Sincerely,
The Staff @ Cayuga Birthplace

Pregnancy: The PERFECT Time to Quit, Once & For All

"QUIT-KIT"
SMOKING CESSATION PROGRAM
for Pregnant and Parenting Families
Call Toll-free in New York State

1-(800) 231-0744

It may be the most important call you make for your child, and yourself.

The Quit-Kit Program for Pregnant and Parenting Families is a **FREE** home-based phone support smoking cessation program for pregnant and parenting women and family members.

What Is It? The Quit Kit Program is a phone-based, smoking cessation program for pregnant and parenting women & family members or anyone caring for young children. Resource materials ("Freedom from Smoking for You and Your Baby" & "Freedom from Smoking") used in this program are products of the American Lung Association.

How Does It Work? Pregnant women or their caregivers can enroll in the program at no charge by calling Mothers & Babies Perinatal Network at 800-231-0744. A program packet will be mailed to the participant.

What Is In The Packet? The packet contains the Quit Kit Workbook or audiocassette and brochures regarding smoking and pregnancy, second hand smoke, indoor air pollution, etc.

What Happens Next? Follow-up by phone begins one week after the kit is mailed. Progress is followed by trained staff who call weekly to assist you in identifying reasons for smoking, reasons to quit, setting a quit date, and tips to help break the smoking habit.

What Do I Need To Do? **Take four easy steps:**

1. **Call Mothers & Babies Perinatal Network to register for the program: (800) 231-0744, or (607) 772-0517**
2. **Answer a few questions (name, age, address, phone number, pregnant or not, other children, etc.)**
3. **Review the kit.**
4. **Be available for the weekly phone calls, at a time that is convenient for you.**

Comments from people in the Quit Kit Program

"We have taken the money we used to spend on cigarettes and bought a computer for the kids."

"Thank you for all of your help in quitting smoking... I know that I wouldn't have been able to quit without your help. I will be forever grateful for that, and I know my daughter will be too."

"I heard the baby's heartbeat, that has made me even more determined."

"I still use the deep breathing techniques."

"The recording and rating sheet showed me patterns I wasn't aware of."

"I have emphysema, and cardiopulmonary disease. Cigarettes have taken so much away from me, I want to beat this thing once and for all! "

"Seeing the baby's cord being pinched (by nicotine) was the deciding factor."

"I'm not eligible for your perinatal stuff, but I want to quit smoking." (81 year old woman)

Why Was The Program Created & What Are Its Benefits? The program was created due to the increasing rate of asthma, upper respiratory infections, ear infections, and other health related issues of children from smoking parents. In addition, there are a limited number of smoking cessation programs in south central New York.

Call 1-800-231-0744 for more information

NEW PARENTS:

PREVENT INFANT FALLS!

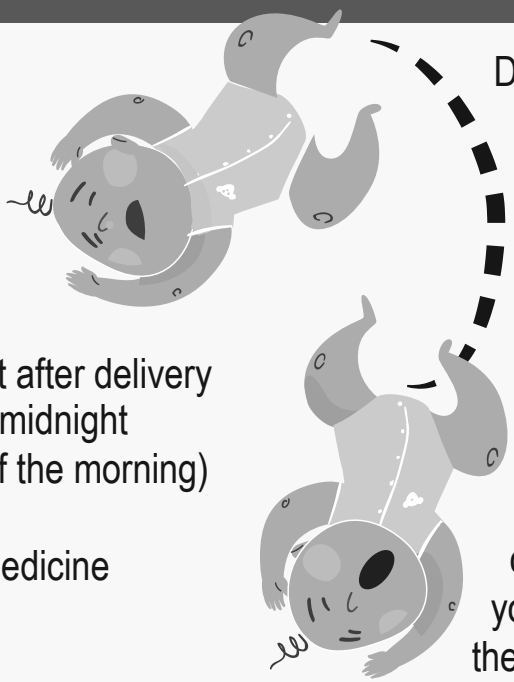
After your baby is born, it's a fact - **YOU WILL BE TIRED**.

A very sleepy parent can accidently drop the baby by dozing off while holding or feeding.

We will help you to protect your baby while you are recovering from the exciting and exhausting experience of new parenthood.

RISK FACTORS

- ☑ Just had a baby
- ☐ Breastfeeding
- ☐ Had a C/Section
- ☐ Second or third night after delivery (especially between midnight and the wee hours of the morning)
- ☐ Took narcotic pain medicine in the last 4 hours



Steps that will help prevent infant falls

Do not co-sleep with the baby in your bed

Place your baby in the crib anytime you are feeling drowsy

Siderails up while holding your baby

Our staff will quietly peek in on you periodically to be sure you haven't fallen asleep with the baby in your arms

Meeting Your New Baby: The First Few Hours

Photo Source: Roubinek.net

When the big moment finally arrives and your baby is born, it is a time of great excitement, celebration and many mixed and overwhelming emotions. Historically, babies were routinely weighed, measured, "cleaned up" and given medications soon after birth.

We now know that the best thing for babies and new moms is for the baby to be placed "skin to skin" on the mom's abdomen or chest, both of you covered for warmth, and left as undisturbed as possible.

This has been shown to help establish breastfeeding, enhances bonding, and reduces the mom's chance of having excessive bleeding. As your baby naturally snuggles with you, sometimes searching for your nipple, smelling or licking, the baby may latch on and suck, or may not… either way, this first "golden hour" or so is a precious, intimate time for you to get to know each other. For this reason, we usually hold off on administering meds, weighing, measuring and bathing. We can perform needed assessments to assure that you are both doing well during this important time with the baby right on you. This usually applies to Cesarean birth as well, as long as the baby is healthy and you are awake.

Inquiring Minds Will Want To Know…

Your family and friends will be anxious to know all of the baby's "vital statistics" – weight, length and so forth, and will be counting the moments until they can have a chance to hold him. **We strongly recommend that you hold off until after you have enjoyed that private first hour or so.** (A cell phone picture with the time of birth will usually satisfy the fans temporarily.)

Newborn Care During Your Hospital Stay

Following birth, one nurse will be coordinating the complete care of both you and your newborn infant. Other staff members (nurses, techs and ward clerks) will help with some aspects, but "your" nurse is orchestrating and making sure your needs are met. Sometimes called "Mother-Baby Nursing" or "Couplet-Care," we believe this method of nursing care provides you with the highest quality, individualized, family-centered care possible.

Assuming that the baby is healthy and stable, there is generally no need for you to be separated from your newborn. Our staff will care for both of you in your room. Certain procedures (hearing test, newborn screening, bilirubin check, etc.) are routinely done in our nursery, but you or your partner are always welcome to accompany the baby. If you would like us to supervise your baby while you shower or nap, just let us know.

Some of the questions we will be asking you during your hospital stay:

1. **Do you have a written birth plan, or can you tell us what, if anything, you would like us to do (or not do) to make the experience match your expectations?** *There is a sample written plan in this section of your notebook. If you are satisfied with our regular routines, there is no need to write a plan.*

2. **What care provider have you selected for your baby?** *If you haven't decided, we can describe your options, or we can assign your baby to the "on-call pediatrician". If you will be following up with a baby provider who does not provider in-hospital care, just let us know their name and office location.*

3. **Will you be breastfeeding your baby?** *Breastfeeding provides unique health benefits to both you and your baby. There are a number of health risks to your baby associated with* ***not*** *breastfeeding. There is more information about this, and about the steps we take at CMC to assure the best possible start to breastfeeding, on the following page. If you have questions, you can discuss them with your OB provider, your baby's intended doctor, or call us! Additional resources can be found in the Resource List at the end of the Breastfeeding section.*

4. **Do you plan to file parentage papers with the baby's birth certificate?** *There is specific information in this book (as well as in the birth certificate worksheet that is in the pocket or given to you at the hospital), about requirements for including the father/partner's information on the birth certificate.*

5. **Do you want to automatically apply for a Social Security number for your baby along with the birth certificate?** *There is an information sheet about this in the chapter "About Your Hospital Stay." If you want to apply, just indicate this on the baby's birth certificate worksheet in the section provided.*

6. **Will you give permission for your baby to have a hearing screening before discharge?** *There is an information booklet about this in the pocket of this book, and you will be asked to sign to accept or decline testing.*

7. **If you have a son, would you like him circumcised?** *There is more information about this option in the section "About Your Hospital Stay." If you do want one, you will have to sign a consent form.*

8. **Will you watch a video on Shaken Baby Syndrome with your partner while you are a patient here?** *This is highly recommended, especially for new parents. Your nurse will be talking with you about this. Some parents have already seen this film, if they have had another child recently, or if they are employed in the health care or childcare field.*

9. **Would you like us to give you a hand-held breast pump and/or a sitz bath to take home with you?** *Some insurance companies do not cover these items, so if this is a concern for you, or you don't have insurance, you may want to investigate your options.*

Breastfeeding Mothers' Bill of Rights

Choosing how to feed her new baby is one of the important decisions a mother can make in preparing for her infant's arrival. Doctors agree that for most women, breastfeeding is the safest and healthiest choice. It is your right to be informed about the benefits of breastfeeding, and to have your health care provider, maternal health care facility, and child day care facility encourage and support breastfeeding. You have the right to make your own choice about breastfeeding. Whether you choose to breastfeed or not, you have the rights listed below, regardless of your race, creed, national origin, sexual orientation, gender identity or expression, or source of payment for your health care. Maternal health care facilities have a responsibility to ensure that you understand these rights. They must provide this information clearly for you, and must provide an interpreter, if necessary. These rights may be limited only in cases where your health or the health of your baby requires it. If any of the following things are not medically right for you or your baby, you should be fully informed of the facts and be consulted.

(1) Before You Deliver:

If you attend prenatal childbirth education classes (those provided by the maternal health care facility and by all hospital clinics and diagnostic and treatment centers providing prenatal services in accordance with Article 28 of the Public Health Law), then you must receive the Breastfeeding Mothers' Bill of Rights. Each maternal health care facility shall provide the maternity information leaflet, including the Breastfeeding Mothers' Bill of Rights, to each patient or to the appointed personal representative at the time of prebooking or time of admission to a maternal health care facility.

You have the right to receive complete information about the benefits of breastfeeding for yourself and your baby. This will help you make an informed choice on how to feed your baby.

You have the right to receive information that is free of commercial interests and includes:

- How breastfeeding benefits you and your baby nutritionally, medically and emotionally;
- How to prepare yourself for breastfeeding;
- How to understand some of the problems you may face and how to solve them.

(2) In The Maternal Health Care Facility:

- You have the right to have your baby stay with you right after birth, whether you deliver vaginally or by cesarean section.
- You have the right to begin breastfeeding within one hour after birth.
- You have the right to get help from someone who is trained in breastfeeding.
- You have the right to have your baby not receive any bottle feeding or pacifiers.
- You have the right to know about and refuse any drugs that may dry up your milk.
- You have the right to have your baby in your room with you 24 hours a day.
- You have the right to breastfeed your baby at any time day or night.

- You have the right to know if your doctor or your baby's pediatrician is advising against breastfeeding before any feeding decisions are made.
- You have the right to have a sign on your baby's crib clearly stating that your baby is breastfeeding and that no bottle feeding of any type is to be offered.
- You have the right to receive full information about how you are doing with breastfeeding, and to get help on how to improve.
- You have the right to breastfeed your baby in the neonatal intensive care unit. If nursing is not possible, every attempt will be made to have your baby receive your pumped or expressed milk.
- If you – or your baby – are re-hospitalized in a maternal health care facility after the initial delivery stay, the hospital will make every effort to continue to support breastfeeding, and to provide hospital-grade electric pumps and rooming-in facilities.
- You have the right to get help from someone specially trained in breastfeeding support, if your baby has special needs.
- You have the right to have a family member or friend receive breastfeeding information from a staff member, if you request it.

(3) When You Leave The Maternal Health Care Facility:

- You have the right to printed breastfeeding information free of commercial material.
- You have the right, unless specifically requested by you, and available at the facility, to be discharged from the facility without discharge packs containing infant formula, or formula coupons unless ordered by your baby's health care provider.
- You have the right to get information about breastfeeding resources in your community, including information on availability of breastfeeding consultants, support groups, and breast pumps.
- You have the right to have the facility give you information to help you choose a medical provider for your baby, and to help you understand the importance of a follow-up appointment.
- You have the right to receive information about safely collecting and storing your breast milk.
- You have the right to breastfeed your baby in any location, public or private, where you are otherwise authorized to be. Complaints can be directed to the New York State Division of Human Rights.
- You have a right to breastfeed your baby at your place of employment or child day care center in an environment that does not discourage breastfeeding or the provision of breast milk.
- Under section 206-c of the Labor Law, for up to three years following childbirth, you have the right to take reasonable unpaid break time or to use paid break time or meal time each day, so that you can express breast milk at work. Your employer must make reasonable efforts to provide a room or another location, in close proximity to your work area, where you can express breast milk in private. Your employer may not discriminate against you based on your decision to express breast milk at work. Complaints can be directed to the New York State Department of Labor.

These are your rights. If the maternal health care facility does not honor these rights, you can seek help by contacting the New York State Department of Health, or by contacting the hospital complaint hotline at **1-800-804-5447**; or via email at **hospinfo@health.ny.gov**.

NEW YORK STATE | Department of Health

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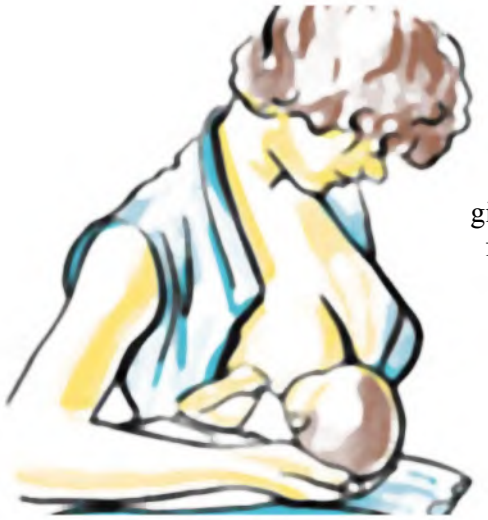
Exclusive Breastfeeding – Simply the Best

Why does the American Academy of Pediatrics recommend exclusive breastfeeding?

The American Academy of Pediatrics (AAP) believes that breastfeeding is the optimal source of nutrition through the first year of life. They recommend exclusively breastfeeding for about six months, and then gradually adding solid foods while continuing breastfeeding until at least the baby's first birthday. Thereafter, breastfeeding can be continued for as long as both mother and baby desire it.



Psychological Benefits of Breastfeeding

Your newborn benefits from the physical closeness of nursing. Thrust from the close, dark womb into an overwhelming experience of bright lights, loud noises, and new smells, your baby needs the reassurance of your continued physical presence. By holding him safe in your arms and giving nourishment from your body, you offer him a sense of continuity from pre- to post-birth life. Gazing into your eyes, your baby comes to understand that he is loved and protected and that you are there to provide for his needs as he adjusts to this new world. This emotional bond is as vital as the nutritional benefit he receives from you. Scientists now tell us that infants learn best in a context of emotional closeness with an adult. Breastfeeding promotes a growing attachment between the two of you that will continue to play an important role in your baby's development for years to come.

Benefits of Breastfeeding for Mom

Breastfeeding is a wonderful gift for both you and your baby. Many mothers feel fulfillment and joy from the physical and emotional communion they experience with their child while nursing. These feelings are augmented by the release of the hormones prolactin, which produces a peaceful, nurturing sensation that allows you to relax and focus on your child, and oxytocin, which promotes a strong sense of love and attachment between the two of you. These pleasant feelings may be one of the reasons so many women who have breastfed their first child choose to breastfeed the children who follow.

Breastfeeding provides health benefits for mothers in addition to emotional satisfaction. Right after delivery, breastfeeding decreases vaginal bleeding and reduces the time the uterus takes to return to its normal size. Continued breastfeeding leads to increased spacing between children. Some studies have noted an increase in postpartum depression in women who **don't** breastfeed, or who wean early.

Large studies have suggested that exclusive breastfeeding is associated with a more rapid return to pre-pregnancy weight. Similar studies have suggested that the mom's lifetime duration of breastfeeding may be helpful in preventing development of a number of diseases, although the balance of evidence is unclear. These conditions include rheumatoid arthritis, high blood pressure, high cholesterol, heart disease, and diabetes, along with a reduction in breast and ovarian cancer.

Short Term Health Risks to Babies Who Are NOT Breastfed

Increased risk of each of the following:

- Ear infections
- Diarrhea
- Upper respiratory illness

Long Term Health Risks to Babies Who Are NOT Breastfed

Increased risk of each of the following:

- Obesity
- Diabetes
- Certain Cancers

There are quite a few practical advantages to breastfeeding as well—bonuses the entire family can appreciate. For example, human milk is **much less expensive** than formula. Formula costs three or more dollars per day. At night, putting a baby to your breast is **much simpler and faster** than getting up to prepare or warm a bottle of formula. (Your partner can make night feedings even easier by changing the

baby and bringing her to you for nursing.) It's wonderful, too, to be able to pick up the baby and go out—whether around town or on longer trips—without having to carry a bag full of feeding equipment. Breastfeeding is also **good for the environment**, since there are no bottles to wash or formula cans to throw away.

As welcome as all of these benefits are, though, most mothers put the feeling of **maternal fulfillment** at the top of their list of reasons for breastfeeding. Breastfeeding provides a unique emotional experience for the nursing mother and the baby. Your partner, the baby's siblings, and other relatives can all appreciate the new member of the family being welcomed in such a loving way.

Breastfeeding is the best thing for your baby

Human milk has many benefits:

- It's easier for your baby to digest.
- It doesn't need to be prepared.

- It's always available.
- It has all the nutrients, calories, and fluids your baby needs to be healthy.
- It has growth factors that ensure the best development of your baby's organs.
- It has many substances that formulas don't have that protect your baby from many diseases and infections. In fact, breastfed babies are less likely to have:
  - Respiratory infections (risk reduced by 72% if exclusively breastfed for more than 4 months)
  - Ear infections (risk reduced by 50% if exclusively breastfed for more than 3 months)
  - Serious colds, ear & throat infections (reduced by 65% if exclusively breastfed for 6 months)
  - Any length of breastfeeding reduces incidence of gastrointestinal infections (diarrhea, vomiting) by 64%, and the effect lasts for 2 month after breastfeeding ends
  - Certain types of leukemia are less likely, connected to the length of breastfeeding
- Research also suggests that breastfeeding may help to protect against long term health problems such as obesity, diabetes, celiac disease, asthma, eczema, and sudden infant death syndrome (SIDS).

Myths & Misunderstandings

I'm not going to breastfeed because…

- My mom/sister/friend tried and didn't have enough milk, so I probably won't be able to either.
- My breasts are too small.
- My breasts are too large.
- I am going back to work soon after birth.
- I heard that it is painful.
- I take medications that you can't breastfeed with.
- I am too modest and wouldn't feel comfortable.
- Formula is just as good.

Actually, almost all women can breastfeed comfortably and will provide the perfect amount of milk for their babies. Even if you are going back to work, breastfeeding in the early weeks provides your baby with irreplaceable nutrients. There are VERY FEW medications that would keep you from breastfeeding.

We can help you learn to nurse your baby in a way that feels right to you. Why not give it a try?

Source: PEDIATRICS Volume 129, Number 3, March 2002: Breastfeeding and the Use of Human Milk

Commonly Asked Questions

Will I have to stay in bed during my labor?

Generally, no. Unless a particular concern has been discussed with you (such as high blood pressure or increased concern about the well being of the baby), you can expect to be encouraged to be up and around as much as you like.

Will you automatically start an IV on me when I come in for labor?

Again, the answer is generally no. There are, however, some situations when an IV would be recommended. For instance, the use of Pitocin to induce or help labor along is delivered through an IV. Some patients need IV antibiotics during labor to protect their newborns from infection. For patients who have had a prolonged, tiring, early labor, IV fluids are sometimes offered. Some women may be at higher risk for bleeding during or after birth and an IV device ("Saline lock") is needed. If an IV or Saline lock is indicated or recommended, this would be discussed with you... it is not "routine."

Do I have to be hooked up to a fetal monitor during my labor?

We do routinely listen to and record your baby's heartbeat when you first arrive. Most people find this a reassuring sound. By tracing both your contraction pattern and your baby's heartbeat, we can show you how your baby responds to "being squeezed" every few minutes. A healthy, well-rested fetus should have no trouble keeping its heart rate steady during and after a contraction. A healthy fetus will also have a brief increase in the heart rate during movement, much the same way as your own pulse goes up when you climb the stairs. Over a preliminary period of tracing for 15-30 minutes, most fetuses will display all of these "reassuring patterns." At that point, the monitor is usually taken off and mom can assume any activity or position that is comfortable for her. If we need to continue observing your baby's reaction to contractions, we will explain why.

Please let us know if you are uncomfortable while the fetal monitor is on. Many positions are available; you can usually be out of bed walking or in the rocking chair, shower or tub, if you choose. We have mobile fetal heart monitors in our labor rooms that are usually an option.

What about an episiotomy?

Generally, an episiotomy is done on an "if needed" basis. It is usually difficult to tell if one would be needed until the baby's head is nearly ready to be born. However, you should discuss your preference with your caregiver. (Some moms say that they would prefer to have an episiotomy if there is a good chance they will tear. Others feel exactly the opposite.)

You can also note your wishes on your "birth plan" (a list of your preferences and things that are most important to you and your family about the birth experience). We have included a birth plan questionnaire that you can complete and review with your caregiver, or you can use your own format.

Who can be with me during the delivery?

Most laboring patients find that having one or two people with them is helpful. We are very flexible. If you would like to include more support people, talk with your caregiver. In the event of a C/Section birth, your partner (or one support person) can accompany you to the operating room, unless "general anesthesia" is used (this is when you "go to sleep" for the surgery – which is rare).

Do I have to be separated from my baby at any time?

Generally, no, as long as mom and baby are medically stable. We sometimes take the baby to another room briefly to draw blood or to weigh the infant, but this can usually be done right in your room if you prefer. Please just let us know.

What about the Jacuzzi™ tub?

Most laboring moms have the option of using the whirlpool tub or shower for comfort. If you are interested in this, talk to your care provider.

What position will I be in for delivery? Do I have to be on my back, or use those stirrups?

You can expect to deliver in a birthing bed (unless you have a C/Section). Our birthing beds are quite versatile and enable you to assume all sorts of positions. Most caregivers are flexible. As long as the position you choose is safe for you and for the baby, and you are effectively moving the baby down and out, just about any position is okay. Some moms squat using the squat bar, others deliver on their sides. Most moms, however, tend to like a sitting position with their legs flexed and their feet braced against foot rests in a sitting/squatting position. Discuss your desires with your caregiver ahead of time, but remember that you won't really know what will **feel** best and will **work** best until the time comes.

Will I be able to nurse my baby right after delivery?

Absolutely, and we encourage it, as long as the baby is doing fine. Usually the baby is put onto mom's belly, is dried off, his or her mouth and nose are cleared and the umbilical cord is cut. As long as the baby is breathing well, as soon as you are ready, the baby can start nursing. We find it is best if the baby is placed naked, with the baby's skin right against yours, on your chest, between your breasts - then we cover you both up with a warm blanket. If left undisturbed, most babies will start nursing in the first hour after birth. This includes C/section deliveries, as long as the baby is stable.

I do <u>not</u> want my baby to get any bottles or pacifiers. How can I be sure this won't happen?

We don't routinely give breastfed infants anything to put in their mouths. If a supplement of some sort were recommended, we would discuss this with you, unless it was an emergency. (An example of an emergency might be a baby with a dangerously low blood sugar level - this is fairly unusual.) If your baby is "at risk" for low blood sugar, you can help by breastfeeding as often as the baby will, and keeping the baby skin-to-skin in between feedings (as long as you are awake).

Pacifiers are not recommended until breastfeeding is well established. If your baby had a medical need for a pacifier (for instance, in the intensive care nursery and not allowed to eat yet), we would be talking with you about this first.

I've heard that mothers <u>have</u> to keep their babies in their rooms. What if I want a break or am just too tired?

We use a model of nursing care called "mother-baby" or "couplet care." What this means is that the same nurse cares for you and for your baby together. It **does not** mean that your baby must stay with you all of the time, and it **does not** mean that you have to take care of the baby "all by yourself." To the contrary, your nurse will be very aware of your particular needs and desires, and will work with you and your family to strike a balance between her doing hands-on care for the baby **for you**, and helping you or your family members to learn how to care for your infant **with her guidance and encouragement.** You always have the option to have the baby taken out of your room for any period of time that you choose. In general, though, most moms find that keeping the baby at their bedside helps them feel more comfortable when taking the baby home, and it certainly helps to recognize hunger "cues" before the baby is frantic, which helps establish breastfeeding.

Please feel free to call us at 274-4408 if you have further questions, or would like to arrange a private or public tour. Group tours are offered twice weekly. Private tours are by appointment. Please call to sign up.

BIRTH PLAN

The following is a Birth Plan designed by

_____*(expectant parents)*

My physician or midwife is

_____

The following represents my **preferences** regarding my planned birth at Cayuga Birthplace.
I understand that my caregiver and I share the common goal of having a healthy mother and baby, and there may be times when the choices I have identified prior to labor may need to be reconsidered, and that we will discuss these should the situation arise.

Support Persons for Labor and Delivery:

- ☐ I am interested in having additional people (beyond the usual two) present to support me throughout my labor and delivery, and will discuss this with my caregiver.
- ☐ I am interested in having my baby's siblings present for labor and/or birth, and will discuss this with my caregiver. I understand that sometimes children may not be allowed on the OB unit at all, depending on statewide health advisories (such a flu outbreaks).
- ☐ I am planning on utilizing the services of a (privately contracted) doula.

Clothing:

- ☐ I prefer to wear my own clothing during my labor and/or birth.

Arrival & Preparation

Enemas are not routine, however, some patients may request them, and they are sometimes suggested by a caregiver. We do not shave perineal hair, except in the event of a C/Section. A 15-30 minute fetal monitor tracing on arrival IS routine. Providing that the baby seems to be healthy, most moms are then out of bed walking, rocking, showering, whatever feels best. Throughout your labor, we will listen to the baby's heartbeat about every 30 minutes for one or two minutes. We usually use the fetal monitor or doppler to do this, as it is quickest and doesn't require that you be still or quiet.

Comfort measures

You can usually assume whatever position or activity level that feels best to you in labor. Many moms find massage, counter-pressure, breathing, relaxation techniques as well as heat/cold therapy in the form of tub baths, showers and hot or ice packs, along with positioning to be very effective. We also have large bean bag chairs, rockers, a "birthing ball" and a "peanut ball" for your comfort.

Medications are available if desired, and should be discussed with your caregiver. Options include narcotics ("shots" or IV methods), inhaled nitrous oxide, a spinal injection called "intrathecal" and labor epidurals. We strongly urge you to discuss all of these choices with your physician or midwife so that you are able to make a decision that feels right to you. There is further information on CMC anesthesia services available within this chapter for your review.

Food & Drink for Labor

Since we discourage you from eating solids once you are in active labor, we will be offering you lots of choices of "clear liquids" to drink (tea, ginger ale, apple juice, ice chips and so on). If there is a particular clear drink, broth or Popsicle that you like, feel free to bring it. Also bring whatever snacks your support people will need to keep them going, and if you have special food or drinks that you'd like after you've delivered, we're happy to put them in our refrigerator for you. Champagne is fine, too, if you want to celebrate.

The Delivery:

- ☐ I would prefer NOT to have an episiotomy unless absolutely necessary.
- ☐ I WOULD prefer to have an episiotomy if my caregiver feels that I'm likely to tear.
- ☐ My partner or support person would like to cut the umbilical cord; we will remind our caregiver of this prior to delivery.
- ☐ I do NOT want to be separated from my baby at any time, providing that he/she is healthy.
- ☐ I request that required procedures for the baby such as eye ointment, Vitamin K injection, etc. be delayed until absolutely necessary.

Care of Myself after Delivery:

- ☐ I hope to be discharged sooner than usual and will ask my care provider about this.

My plans for the baby:

- ☐ I am planning on breastfeeding my baby.
  - ☐ I have had a good breastfeeding experience in the past.
  - ☐ I have never breastfed, or had an unsatisfactory experience in the past.
- ☐ I am planning on formula feeding my baby.

The caregiver (doctor) I have chosen to take care of my baby **after discharge** is:

_____

Financial Concerns:

- ☐ I have limited (or no) insurance and will be paying for expenses "out of pocket." Please check with me specifically before giving me optional supplies, such as a breast pump, a sitz bath or other charge items to take home with me.

Other things that are important to me about my birth and hospital stay:

_____

_____

_____

_____

_____

You may mail this to the hospital (Cayuga Medical Center, MCH, Attn. Birthplace, 101 Dates Drive, Ithaca, NY 14850) or give it to your prenatal care provider, or just bring it when you are coming for your birth.

Labor Analgesia

A detailed description of medical pain relief options available for labor and for C/Section birth

Each woman's labor is unique to her. The amount of labor pain you feel will differ from that felt by other women in labor. Medical decisions regarding control of your labor pain are dependent on many factors and are made on an individual basis with your care provider.

Some women achieve adequate comfort with the breathing and relaxation techniques learned at childbirth classes. Others may find these methods inadequate. Some mothers choose to have pain relief during labor and delivery to help them experience a more comfortable childbirth.

Pain relief can be achieved by many different techniques. Your wishes and the judgment of your care provider about your medical condition are important in selecting the type of pain relief that is right for you. If you choose to have medication during labor, consideration will be given as to what is best for your safety and the well being of your baby. Here are some of the possibilities that may be offered to you at Cayuga Medical Center:

- **Intramuscular ("I.M.") or Intravenous ("I.V.") medications**
  These are pain-relieving medications that are injected directly into your muscle, vein or through your I.V. tubing, and will help to decrease your pain. They may not relieve it completely, but partial pain relief can help you get through a difficult time.
- **Self-administered nitrous oxide**
  Commonly referred to as "laughing gas", this controlled mixture of oxygen and nitrous oxide gases delivers a specific amount (less than a dentist usually provides) when you hold a mask to your face and breathe in. This gas does not block pain, but often diminishes the intensity and helps moms to relax. It has been, and still is, widely used in Canada and Europe for labor, and only recently has become available in our area. The most common side effects are nausea and dizziness. There is a very brief period of monitoring needed when you first try the device, but no other interventions are needed (such as IV).
- **Regional blocks**
  Regional blocks can reduce the discomfort of labor and provide either analgesia (pain relief) or anesthesia (blockade of all sensations). Regional blocks for labor include intrathecal, epidural, and combined spinal-epidural blocks. They are administered in the lower back by an anesthesiologist. Local anesthetics are mixed with medications that specifically target and block transmission of *pain* (as opposed to touch, pressure, and other sensations) while you remain awake and alert.

When can a regional block for labor be administered?

The right time to administer labor analgesia will vary from woman to woman. Your care provider will discuss with you when a regional block would be appropriate during labor, and will call an anesthesiologist for you. The anesthesiologist will then evaluate you and your baby, taking into account your health, past anesthetic experiences, the progress of labor and your baby's status. After consultation with your obstetric provider, the anesthesiologist will explain your options and answer all of your questions. Following a discussion of the benefits and risks of labor analgesia, your consent will be obtained before proceeding.

How is a regional block performed?

Intrathecal injections, labor epidurals, and combined spinal-epidural blocks are administered in the lower back, below the level of the spinal cord. Your skin will be cleansed with an antiseptic solution. The anesthesiologist uses a local anesthetic to numb a spot in the middle of your lower back. You may feel a brief stinging or burning sensation at the site of injection. Next, the intrathecal or epidural needle is inserted through these layers. Most patients feel nothing at this time. Occasionally, the needle will touch a nerve in the spinal canal, and this can cause a brief tingling sensation down one leg. Please tell your anesthesiologist if this occurs.

Intrathecal Injection

When an **intrathecal injection** is performed, a mixture of local anesthetic and synthetic pain reliever is injected into the spinal fluid, and this provides rapid relief of most of the discomfort of uterine contractions. The pain relief typically lasts two or more hours. Depending on the duration of the first stage of labor, intrathecal injections may need to be repeated.

Labor Epidural

A **labor epidural** is placed in the same region of your back as an intrathecal injection. However instead of the medication going into the spinal fluid, a small catheter (soft tube) is threaded through the epidural needle into the space around the sac that contains the spinal fluid. After the needle is removed and the tube taped to your back, medication is administered through the epidural catheter. Because the medication has to spread and then diffuse into the nerves, larger doses of medication are required for epidural analgesia than for intrathecal analgesia, and more time is required for the block to take effect. Usually some pain relief is apparent within 5-10 minutes of injection, but the full effect of a labor epidural may take 20-30 minutes to develop.

Combined Spinal-Epidural

A **combined spinal-epidural** (CSE) block combines the rapid relief of the intrathecal injection with the extended duration of the labor epidural. An epidural catheter is inserted at the time of the intrathecal, and this tube is taped to your back and has a medication pump attached to it, similar to an I.V. Medication can be given at a steady rate or adjusted as needed to maintain your comfort.

What will I feel after the block takes effect?

With all of these techniques, significant pain relief will occur, but you still may be aware of pressure or other sensations during contractions. You will feel vaginal exams as labor progresses. With very strong contractions, you may experience some discomfort, but most women rate the level of pain as acceptable and greatly reduced compared to before the block. However, if you require greater degree of numbness to make you comfortable and a stronger medication is injected to accomplish this, then you might notice some temporary weakness in your legs. In general, we try to avoid producing extensive numbness and weakness because it can slow the progress of labor and interfere with your ability to "push" during the delivery.

How long will the block last?

In most cases, intrathecal injections last two or more hours. Epidural analgesia can be extended for as long as needed. Throughout your labor, your comfort and progress will be monitored

frequently and medication can be adjusted as needed. After delivery, if you have had a labor epidural, the epidural catheter will be removed. If some numbness or mild weakness is present, it will subside within a few hours.

Will the labor analgesia affect my baby?

Considerable research has shown that intrathecal injections and epidural analgesia are safe for both mother and baby, usually with little or no effect on the infant. However, medical judgment, skill, precautions and sometimes treatments are required. A more intensive level of monitoring of both you and your baby is needed during labor analgesia. Occasionally your baby's heart rate drops briefly following spinal or epidural medications. Generally, this is not serious and is treated with a medication in your IV or a change in your position. In very rare instances, emergency delivery of your baby could be necessary.

Will analgesia slow down my labor?

Each mother may respond differently to the various pain-relieving procedures. Some may have a period of decreased uterine contractions following a block. Many, however, are pleasantly surprised to learn that after the labor analgesia has made them more comfortable and relaxed, their labor may actually progress faster.

Can I "push" when needed?

Regional analgesia allows you to rest during the most intense part of labor. Then, when your cervix is completely dilated and it is time to "push", you will have energy in reserve. Thus regional blocks can reduce your pain while maintaining your strength to push when needed. If you have a labor epidural in place, the infusion rate may be decreased or stopped when it is time to push if your natural urge to bear down is blunted by the block.

What are the risks of a regional block?

Although not common, complications do occur occasionally. In addition, side effects may be produced by labor analgesia that might be troubling to some women. It is important for you to understand the benefits and risks of labor analgesia so that you can make an informed decision. Please be sure that your anesthesiologist has answered all of your questions before you decide whether or not you want to proceed.

The most common risks are easily managed. These are listed below and explained in greater detail in the paragraphs that follow:

- Decrease in blood pressure
- Headache
- Injection of medication into an unintended place
- Itching
- Difficulty with urination
- Nausea
- Decreased respirations

Decreased Blood Pressure: Because of the possibility that labor analgesia may change your **blood pressure**, intravenous fluids will be administered before a regional block, and automatic recording of your blood pressure will be done after a block has been performed. In addition, immediately after a block you will usually be positioned with a tilt to your left side. Both of these measures help to prevent an undesirable reduction of blood pressure. If your blood pressure falls in spite of these precautions, medication may be administered to restore it to the desired range.

Headache Although uncommon, a **headache** may develop following intrathecal or epidural injections. By holding as still as possible while the needle is placed, especially if you are having an epidural or combined spinal-epidural block, you help to decrease the likelihood of a headache. The discomfort, if it occurs, often disappears within a few days. If it does not subside within this time frame, or if it becomes severe, additional and effective treatment is available. Be sure to

inform your anesthesiologist if a troubling headache comes on within a few days after labor analgesia.

Injection of medication into an unintended place Because the veins located in the epidural space become swollen during pregnancy, there is a risk that the anesthetic medication could be injected into one of them when an epidural block is performed. Sometimes an epidural catheter can leave the epidural space when it is threaded, and this can result in the medication not reaching the intended nerves. Very rarely, an epidural catheter may penetrate into the spinal fluid sac. Each of these scenarios will produce different consequences, and therefore it is important to tell your care providers about any **unexpected symptoms**, lack of pain relief, or more intense block than expected.

Itching Itching is one of the most common side effects of pain medication placed in the spinal canal. The itching affects some people more than others, but almost everyone has it to some degree. It is not due to an allergic reaction and will go away when the pain-relieving property of the medication wears off. A cool cloth can be comforting, and most mothers are able to doze despite it.

Difficulty with urination Regional blocks occasionally may interfere with **your ability to urinate** during labor analgesia. If your bladder is full and you are unable to void, a urinary catheter can be inserted to make you more comfortable and to allow more room for the baby. Any urinary difficulties from the block will go away when the medication wears off.

Nausea Medications used for pain relief can produce **nausea** in some people. This is usually not a problem in the doses used for labor analgesia except in people especially sensitive to this side effect

Decreased respirations The pain-relieving medication given during intrathecal and epidural blocks can affect the signals your brain sends to tell you to breathe. In very rare cases, it **can slow down your breathing** enough so that your oxygen level drops. This can be easily detected with a pulse oximeter, a device that slips over one of your fingertips. Therefore a pulse oximeter may be used in some circumstances to look for any undesired effects on your breathing. If an effect is detected, oxygen will be administered and the respiratory effect of the pain medication will be counteracted by another medication.

Rare complications Very rarely, serious problems can occur after intrathecal or epidural blocks. **Nerve damage** is extremely rare but has been reported. Needles placed in the spinal canal can damage nerves directly or may initiate inflammatory reactions and infections affecting the membranes covering the spinal cord and brain. **Infections** can also arise in the skin, fat, muscles, and ligaments traversed by needles used for injections, and in the bone adjacent to these structures. **Bleeding** in the spinal canal can cause compression of vital structures and cause permanent nerve damage, even if the compression is promptly relieved by emergency surgery. These complications are extremely rare, and many precautions are taken to prevent them.

The side effects and complications listed above are not intended to include all possibilities. Your anesthesiologist carefully evaluates your condition, makes medical judgments, takes safety precautions, provides care, and will talk with you about any of your concerns. Please discuss the risks and benefits of labor analgesia with an anesthesiologist to put all of this into proper perspective.

ANESTHESIA for CESAREAN BIRTHS

Epidural, spinal, combined spinal-epidural or general anesthesia may be given safely for cesarean-section deliveries. Choices depend on several factors, including the medical conditions of you and your baby and, whenever possible, your preferences.

How is the epidural block given for a cesarean delivery?

An epidural anesthetic for cesarean section is like a labor epidural except that a stronger medication is administered. If you already have a labor epidural catheter in place, it is usually possible for your anesthesiologist to use the same catheter to administer the epidural anesthetic. This stronger medication is intended to produce numbness in the legs, the entire abdomen, and the lower portion of the chest (usually up to the nipples) for a couple of hours. When the block is at its peak, you may be unable to move your legs at all, but as it wears off the movement will come back before the feeling does.

What is spinal anesthesia?

Spinal anesthesia for cesarean section is like an intrathecal injection except, again, a stronger medication is used. The loss of sensation is rapid and will usually produce numbness below the mid-chest. You probably will not be able to move your legs for about an hour, then movement will gradually return before sensation. Your anesthesiologist may offer you a choice to have spinal morphine given with the anesthesia because it can be helpful in relieving pain for several hours after the operation.

When is general anesthesia used?

General anesthesia is recommended when a regional block is not possible or is not the best choice for medical or other reasons. When expediency is needed, general anesthesia is often the technique of choice. For this reason, it may be used when an urgent cesarean delivery is required.

Modern anesthesiology offers today's mothers a variety of choices for a more comfortable childbirth. Your anesthesiologist will answer your questions, address your concerns, and make your labor and delivery as safe as possible.

How can I contact an anesthesiologist?

If you would like to talk with an anesthesiologist by telephone before you go into labor, this can be arranged by calling (607) 274-4175 between 8 a.m. and 5 p.m., Monday through Friday. Ask to have a message given to the anesthesiologist who is on "OB call" for the day. You will be called back as soon as possible by the physician.

Who should I call if I have an anesthesia-related emergency after my hospital discharge?

Dial (607) 274-4175. Ask for the labor nurse and she will have the anesthesiologist who is on call phone you back in a short time.

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[*] Parts of this document were taken with permission from the pamphlet Anesthesia & You…Planning Your Childbirth published by the American Society of Anesthesiologists, 2001. It was amended to reflect current practice at the Cayuga Medical Center.

Patients' Bill of Rights in a Hospital

As a patient in a hospital in New York State, you have the right, consistent with law, to:

(1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

(2) Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age or source of payment.

(3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

(4) Receive emergency care if you need it.

(5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

(6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.

(7) Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.

(8) Receive complete information about your diagnosis, treatment and prognosis.

(9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

(10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care — A Guide for Patients and Families."

(11) Refuse treatment and be told what effect this may have on your health.

(12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

(13) Privacy while in the hospital and confidentiality of all information and records regarding your care.

(14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.

(15) Review your medical record without charge and, obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

(16) Receive an itemized bill and explanation of all charges.

(17) View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.

(18) Challenge an unexpected bill through the Independent Dispute Resolution process.

(19) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.

(20) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

(21) Make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as a health care proxy, will, donor card, or other signed paper). The health care proxy is available from the hospital.

Public Health Law(PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c)

NYS Department of Health Rev 2/2019

Notice for
Prenatal and Maternity Patients

This notice contains information that will be valuable to you if you are a victim of domestic violence.
If you are a victim of domestic violence you should request to speak with someone about your situation and be given this information in a private and confidential manner. Your rights as a patient will be violated if hospital staff asks you if you are a victim of domestic violence in front of any accompanying partner or family member.

ARE YOU AND YOUR BABY SAFE?

You might not be, if there is domestic violence in your life. Here are some questions to help you know if you're being abused:

Does your partner hurt you with words?

Does he insult you and make you feel worthless?

Does he put you down in front of other people?

Does he hurt you physically?

Does he push, slap, hit, punch, kick, choke or beat you?
Does he make you do sexual things you don't want to do or hurt you during sex?

Is he in charge of everything?

Does he tell you who you can and cannot see or talk to?

Do he control all of the family's money?

Does he scare you?

Does he lose his temper, get very jealous or break things?

Does he threaten to hurt you, the kids, pets or himself?

Victims of domestic abuse are not always physically hurt. If you answered "yes" to any of the questions above, you might be abused. You or your children could be in danger.

You are not alone.
You are not to blame.
You do not deserve to be abused.

Did you know that domestic violence sometimes *starts or gets worse during pregnancy?*

And you're not the only one getting hurt:

- A woman who is abused during pregnancy may be more likely to have a miscarriage, infections, bleeding, anemia and other health problems. These can affect both her and her baby.
- She is twice as likely to have a low birth weight baby.
- Most men who hit their partners also beat their children. Some also sexually abuse children.
- Kids whose fathers beat their mothers can suffer health problems, sleep problems, anger, guilt, fear and anxiety.
- Each year, more than 1,000 children in the U.S. die from injuries caused by their parents, guardians or others.

You and your baby do not deserve to be treated this way.

You have a right to be safe.

Help is available.

What type of help do you need? The services listed on reverse are available in most communities. Anything you say is confidential.

Hotlines: A Counselor will talk to you on the phone and give information, or just listen. She or he will also tell you places near you to call or go for more help, if you want it. Hotline phone numbers can be found at the end of this page.

Support groups: You can talk with other women who have gone through what you're going through (a support group). It can help you feel less alone and you can share ideas and information on safety.

Services for children: Many programs have counseling and support for kids to help them understand what is happening. It gives them a chance to talk about their feelings.

Advocacy and other support services: Someone can help you through the "system." This person is a domestic violence advocate. Advocacy services often include help finding legal advice, counseling, health care, housing, a job and social services.

Police and the courts: Police can help in many ways, such as getting you and your children to a safe place in an emergency. Family and criminal courts can help by issuing an order of protection or by deciding custody, visitation or child support.

Shelters: Most counties have shelters and safe homes where you and your children can stay. Shelters can help you get many of the services listed above.

You are important.

No woman deserves to be abused. No one "asks for it," and no one should have to live in fear. You owe it to your children to keep them – and yourself – safe.

You are not alone.

Help is available.

New York State Hotlines

Adult Domestic Violence: (24 hours, 7 days a week)	English **1-800-942-6906** Spanish **1-800-942-6908**
National Committee to Prevent Child Abuse:	**1-800-342-7472** Prevention information and parent help-line
Office of Children & Family Services	1-800-342-3720 To report child abuse

Public Health Law 2803-p Disclosure Information Concerning Family Violence

Resources in the Community for Pregnant Women

BirthFit **ithaca.birthfit.com**
Educating and empowering women during preconception, pregnancy, birth, and postpartum through classes, workshops and community events.

Childbirth Preparation Classes
Classes are offered by some obstetrical care offices, by Cayuga Medical Center, by the Public Health Department, by Cornell for their community, and privately by individuals in the area. For more information, contact your OB provider, call Cayuga Medical Center (274-4408), call the Health Department or refer to the doula list on the reverse of this page for class availability.

Department of Social Services 320 West State St. **274-5257**
Public assistance, Medicaid, Food Assistance - see more detailed services & phone number at the end of the section of this notebook called "Taking Care of Yourself".

Doula Services
A doula provides 1:1 labor support and after-delivery home assistance. Some doulas also provide breastfeeding support. There is a listing on the reverse of this page of area doula services (fee charged).

Domestic Violence Hotline *24 hours* **1-800-942-6906** *(English)* **1-800-942-6908** *(Spanish)*

Family & Children's Services 204 N. Cayuga St. **273-7494**
Adoption, family and individual counseling

Ithaca VBAC & Cesarean Support Group **www.facebook.com/groups/724458927670344**
(Previously ICAN) This is an online discussion group to provide information for those with questions about cesarean birth, VBAC, and postpartum support and recovery.

Jillian's Drawers 171 East State St. **www.Jilliansdrawers.com**... **272-1237**
Classes on topics related to mothering

MOMS Club of Ithaca ..... **www.momsclubofithaca.com**
Support group of moms from Ithaca and surrounding towns. Organized playgroups, mom's night out events, book club and other monthly activities. Also provide meals to members in the first weeks after birth. Contact via e-mail at ithacamomsclub@gmail.com.

MOMS Program, Tompkins County Health Department **274-6622**
Ongoing assistance after birth for Tompkins County moms, including breastfeeding support

Prevent Child Abuse NY 1 -800-CHILDREN **1-800-244-5373**
Parent help-line, available 24 hours – Prevention Information Resource Center (PIRC)

Quit Kit Smoking Cessation Program **800-231-0744**

Teen Pregnancy & Parenting Program 609 W. Clinton Street **273-0259**

Text4baby *Free service that sends 3 text messages each week with tips to help you through your pregnancy and your baby's first year* **To sign up, text BABY to 511411**

WIC (Women & Infant's Nutrition Program) **274-6630**

So... What is a Doula?

From the DONA International website: "In addition to medical care and the love and companionship provided by their partners, women need consistent, continuous reassurance, comfort, encouragement and respect. They need individualized care based on their circumstances and preferences. Doulas are educated and experienced in childbirth and the postpartum period. We are prepared to provide physical (non-medical), emotional and informational support to women and their partners during labor and birth, as well as to families in the weeks following childbirth. We offer a loving touch, positioning and comfort measures that make childbearing women and families feel nurtured and cared for."

For the most up-to-date Doula resources: www.IthacaDoulaCollective.com

Practicing Doulas

accessed 6/19/2023

Darcie Black- Sacred Seedlings
Birth and Postpartum
(607) 339-3233
e-mail to Darcie@SacredSeedlings.org
www.sacredseedlings.org

Melissa Ebner- Melissa Doula
Birth and Postpartum
(607)-272-9838
e-mail to melissa.doulacare@gmail.com
melissadoulacare.com

Alexas Esposito Red Blanket Birthing Services and Support
Holistic Birth /Postpartum
(716) 864-2869
e-mail to redblanketbirth@gmail.com

Lissa Farrell
Birth and Postpartum Care
(607) 592-5590
e-mail to lissadoula @gmail.com

Siedra Loeffler
Birth and Postpartum Care
(347) 702-2892
e-mail to siedra.loeffler@gmail.com
www.siedrathedoula.com

Kathleen McDonald- McDonald Doula Services
Birth and Postpartum
(607) 269-7544
e-mail to kathleenithaca@gmail.com

Hana Pandori- Wild Woman Botanicals & Birth Services
Birth and Postpartum Care
(607) 842-6359 or (607) 745-4492
e-mail to wildwomanapothecary@outlook.com
www.wildwomanapoth.com

Danielle Prizzi- Womb Tree
Birth and Postpartum
(201) 783-2361
e-mail to wombtreedoula@gmail.com

Allison Sidlauskas- Prism Birth – Doula Services
Birth and Postpartum Care
(585)-245-4964
e-mail to PrismBirthDoula@gmail.com

Natalie Strohm - With You: Doula and Infant Care
Birth and Postpartum Care
(650)339 3759
e-mail to nataliemstrohm@gmail.com

Heather Washburn Mindful Birthing Doula Care
Birth and Postpartum Care
(607) 382-7604
e-mail to hwashburndoula@gmail.com

Isa Witty- Supported Transitions
Birth and Postpartum Care
607-280-7672
e-mail to Izabellawitty@gmail.com

Birth Resources in the Greater Ithaca Area:

BirthNet of the Finger Lakes:
www.birthnetfl.org

Ithaca Birth Guide: www.ithacabirthguide.org

NOTE: The Doula Collective offers a limited number of scholarships to provide **free doula services to income eligible clients**. Contact *www.IthacaDoulaCollective.com*

About Your Hospital Stay

This chapter includes information about your hospital stay, about how we will care for you and your baby, and information that you will need to make decisions while here and prepare to go home.

Hospital Services

- **TV & Phone Service**
- **How to Use Your Phone**
- **The Nurse Call System**
- **Our Staff & Our Routines**
- **Meals & Snacks**
- **Keeping Your Baby With You**
- **Partner "Sleeping Over"**
- **About Visitors and Family**

About the Hospital Care of Your Baby

- **Safety Rules**
- **Infant Security & Abduction Prevention**
- **Nursery Routines:**

  ***What We Do For All Babies*:**

  Eye Treatment, Vitamin K, Footprints, ID Bands, Cord Care, PKU Test, Hearing Screen, Hepatitis B Vaccine, Jaundice Screen, Congenital Heart Disease Screen

  ***What We Do For Some Babies*:**

  Glucose Testing, Other Blood and Urine Tests, Antibiotics, X-rays, Circumcision

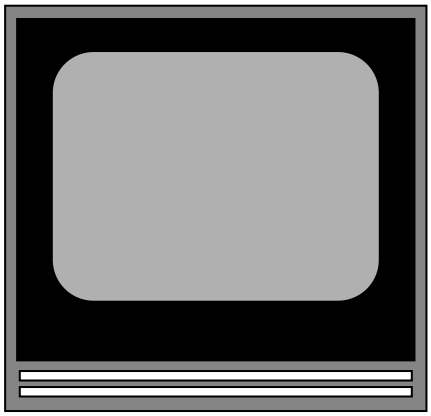
Decisions You Need to Make

- **Circumcision**
- **Preparing Your Pet for Baby's Homecoming**
- **Why Your Baby Needs the Hepatitis B Vaccine**
- **Naming Your Baby**
- **Getting a Social Security Number for Your Baby**
- **Vaccines & RhoGAM**

Getting Ready for Discharge

- **Learning Opportunities**
- **Resources in the Hospital**
- **Workshops at CMC**
- **What You Need For Going Home**
- **The Discharge Process**

NYS Provided Brochures



Television & Phone Service

Televisions are available at no charge in each patient room. Phone service for local calls is also provided.

If you have problems or concerns about your phone service, dial "O".

How To Use Your Hospital Phone

☎ To call out, local calls: Dial **79**, then the number.

☎ Tell your friends and family to dial **277-1600** to reach you by phone, between 9 a.m. and 9 p.m. They will need to ask for you by the **name you are registered under, not your room number**.
You may dial **out** at anytime.

☎ For some undisturbed time, ask the operator to hold your calls for you, then call back when you are ready to receive calls again.

Note: These directions may change from time to time. Refer to the direction sheet under your phone or dial "0" for help.

About Your Bed & Call System

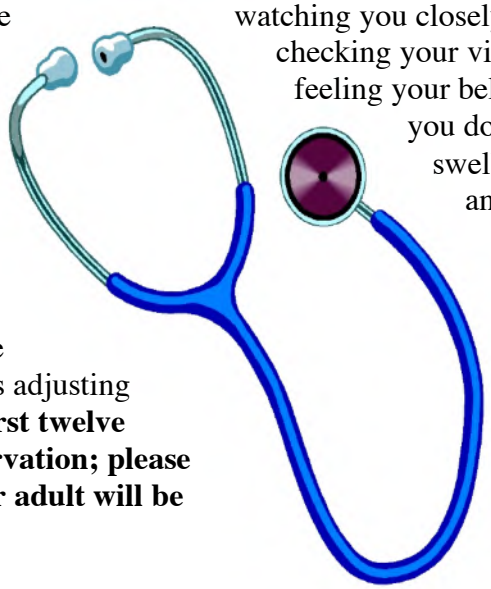
The side rails on your bed are raised for your safety until you are confident walking and getting in & out of bed by yourself. Use your call bell to have a member of our staff assist you; don't try getting out of bed by yourself the first few times up. You'd be surprised how even the most hardy among us can get light-headed after having a baby! There is a call bell in your bathroom also. In case of emergency, just pull the cord.

About Us

We have quite a large staff that includes nurses, labor techs and ward clerks (secretaries). In addition, you may meet other members of the medical center staff, such as the housekeepers, nutrition & dining staff, Social Worker, and so on. **ALL** CMC staff, doctors and midwives are required to wear a photo ID badge identifying who they are and what their title is. *Always put on your call bell if you have any doubt about someone who is entering your room.*

About Our Routines-

Your nurse will be watching you closely for the first several hours after your baby's birth, checking your vital signs (blood pressure, pulse, temperature), feeling your belly to be sure your uterus is staying well contracted so you don't have too much bleeding, checking your bottom for swelling, excessive pain, amount of flow, hemorrhoids, and so on. Once everything seems to be stabilized, a nurse will routinely check these same things about every 8-12 hours.



Your baby will be observed in a similar fashion, to assure he or she is adjusting normally to being outside of your womb. **For his first twelve hours of life, your baby needs fairly close observation; please alert your nurse if you plan to nap and no other adult will be caring for the baby during this time.**

Most of the doctors and midwives make "rounds" every morning, usually between 7 a.m. and 11 a.m. This will be the time you should discuss any questions or concerns you might have about your own or your baby's progress. Many moms find it helpful to jot down their questions as they come up... it's very easy to forget what you meant to ask when your doctor or midwife comes in.

About Meals & Snacks-

- Our meals times are at 8 a.m., noon and 6 p.m. In addition, snacks are available in between and we encourage you to partake.
- Never hesitate to ask for food or drink; your body needs calories and fluids to restore supplies used during birth and adjust to the changes that follow pregnancy. We regularly have a wide variety of juices, tea, coffee, milk, and crackers stocked in our pantry, and usually fruit and ice cream, too. We have food available if you deliver during the night. Please ask.
- You will be offered a special meal for you and your partner, which is usually provided at dinnertime, but can be arranged for lunch instead, if you prefer. Please order the day before.
- You are welcome to have family or friends bring in any special food or drink for you. Our staff will label and place in our pantry fridge.
- We have a microwave available, too - please let one of us assist you. Some couples share a celebration glass of champagne after the birth... this is generally fine and should not interfere with breastfeeding or pain medication.
- The hospital dietitian is available if you have special dietary needs or concerns.
- The hospital's Garden Café is open from the wee hours of the morning until early evening, for your family and friends' convenience. There is a coffee shop on the second floor ("Café Express") with gourmet coffee, pastries and light sandwiches. Vending machines are also available.

A Family Together ...

Keeping Your Baby With You

Your time in the hospital is a wonderful opportunity for you to learn how to care for your infant in a supportive, safe atmosphere. We encourage you to participate in all of your newborn's care, and to keep your baby in your room as much as possible. Our staff will assist you as needed in caring for your infant and will help you to settle him so you can both rest.

- **Contrary to popular belief, studies show that you will rest better with the infant in your room, since you won't be wondering if that crying baby down the hall is yours. Try it!**
- Keeping the baby with you definitely helps establish breastfeeding.
- Parents who have kept their babies at the bedside tell us that they feel much more comfortable when they get home; that they felt more confident in their own ability to know what their infant needs and are able to recognize what is "normal" for their own child.
- Moms who have several children at home have told us how much they treasure the time they have with their new baby in the hospital. "It's the only time in his whole life that I'll have him all to myself, or that he'll have my undivided attention."

Partners Can "Sleep Over"

Your partner (or other adult support person) can stay overnight with you in your room.

This provides a great chance for the partner to get supported "practice" at helping mom and baby before going home.

For safety reasons, siblings and other visitors are not able to spend the night.

Also note that one "special meal" is provided for your partner. Other meals for your partner can be purchased from the cafeteria, or brought from home.

About Visitors & Family

One of the most rewarding and important aspects about the time following birth is sharing your birth experience and showing off your newborn to your family and friends, who have long-awaited a look at this baby. ***We encourage you to celebrate and enjoy this time with those closest to you, and would suggest you consider your own and your baby's needs in planning your visits and phone calls.*** *Specifically:*

Don't neglect your own needs

The elation frequently experienced right after birth may give way to true exhaustion. While you need to spend time with loved ones, you also need to rest, drink and eat. Remember that there may be frequent, unavoidable interruptions to your rest, just as a result of being in a hospital, and by the demands of a new, sometimes hungry, sometimes fussy newborn. You'll need to nap when your baby naps; this may mean closing your door and requesting "No Visitors Now" at times, and asking visitors to keep their stays brief.

Newborns need to eat frequently... if you are breastfeeding, we encourage you to offer your breast or bottle if formula feeding every 2-3 hours, or more often as you see your baby's feeding cues.
No matter how you're feeding your baby, feeding is an important time for cuddling and interacting with your baby.

Don't neglect your baby's needs

You need to feel relaxed and unrushed; both you and your baby will need time to learn exactly how to "get it right." You will find everything will go smoother when you pick up on your baby's cues that he is ready to feed (when you see rooting around or sucking on fists) rather than waiting until he is very hungry and crying to be fed.
Don't be afraid to ask visitors or family members to leave you alone for a while so you can feed your baby if that feels more comfortable to you.

Don't put your newborn's health at risk

While newborns do have protection against <u>some</u> illnesses at birth, there are many infections that only cause mild symptoms in an older child or adult, but <u>could</u> cause serious or even life threatening illness in a newborn. To be safe, please follow our visiting policy. If you have any question about whether someone should visit or handle your baby, talk to your baby's doctor.

Our Visitor Policy

✦ ✦ ✦

No one who is ill, or has been sick in the past 48 hours should visit.
When in doubt, consult your baby's doctor.

✦ ✦ ✦ ✦ ✦

We suggest that children under age 12 visit only if they will be living in the household with the new baby, and then only if they are well and haven't been exposed to chicken pox, measles, mumps or rubella in the **past three weeks**.

Please note that we sometimes have restrictions on visits by siblings, based on local health conditions and statewide health advisories (such as flu outbreaks). We will review our current policy with you when you are admitted.

Any time that children are visiting, they need to have an adult with them who is responsible for them (this cannot be the patient). **Children MAY NOT spend the night.**

✦ ✦ ✦ ✦ ✦

Anyone with a **"cold sore"** should refrain from kissing the baby or having any contact their face. The virus that causes a cold sore can be very dangerous to babies.

✦ ✦ ✦ ✦ ✦

All visitors should wash their hands upon arrival. There is disinfectant foam inside of the room for this purpose**.** Just take a small dollop and massage it in, unless your hands are visibly soiled. If they are, please use soap and warm, running water.
Making sure that everybody washes their hands is one of the MOST IMPORTANT things you can do to protect your baby's health, at the hospital and at home!

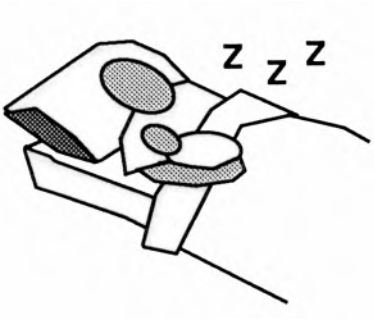
During labor, we will ask your friends and family to **wait in our main lounge or in the public area just outside the unit** unless they are providing support to you in the labor room. Our "mini" waiting room, which is located in the labor area, is reserved for your support persons when they are asked to momentarily step out.

Please note: If you have a c/section delivery, your visitors will not be able to see you or the baby until you leave the recovery room (usually one and a half to two and a half hours after the time of birth). This is because the recovery area is immediately adjacent to our operating room, which must have severely limited traffic to reduce the possibility of infection in our surgical patients. We are very family friendly, but must limit the O.R. and recovery area to the patient's one support person. Most families use their cell phones to give waiting visitors an update and first look at the baby, or the support person steps out of recovery briefly to fill them in on all the details.

A Few Rules For Safety

In order to provide a safe environment for you and your infant, we are quite strict about a few things

No smoking is allowed at all, anywhere in or outside the building or on the grounds, including the parking lots, by anyone.



Please don't sleep with the baby in your bed.

Our hospital beds are too narrow for this to be done safely. Please place your infant on his back in his crib whenever you are not going to be awake.

When you shower, either roll the baby's crib into the bathroom so that you can keep an eye on her, or ask the nursing staff to supervise the baby until you are done. If you are napping, you are welcome to keep the baby in your room, just close your door.

Never leave your baby unattended.

Babies need to ride in cribs in the halls, not in your arms.

Always compare your bracelet information to your baby's, at every reunion. We will NOT release a baby from the nursery to ANYONE if they are not wearing a bracelet with matching information. If at any time you notice that your baby is missing a bracelet or the security device, let the staff know immediately.

Infant Security & Abduction Prevention

Safety and security for you and your infant is foremost in our minds. Your nurse will be reviewing security measures with you that we take to ensure a safe stay for you and for your baby.

- All nursing staff wear photo ID tags with a special feature that indicates they work in the Birthplace. Your nurse will show you this feature.
- When your baby is born, we will put bracelets on you and on the baby that have matching data. You may also identify a support person to receive a band with this information. These bands must stay on until you leave the hospital with your baby.
- A person with a matching band must be with the baby at all times, unless our staff is directly caring for and supervising him or her.
- We will be checking identification bands anytime you are separated from, and then reunited with, your baby.
- **Never give your baby to anyone except our staff, who you recognize**. Make sure you are clear about the identity of anyone that enters your room and offers to take the baby for you. ***Do not assume that a person is a staff member by the way they are dressed.*** Insist on seeing the employee's name badge with photo ID, and if you have any doubt, put on your call bell and our staff will assist you.
- Please remember to keep your door closed if you are sleeping with the baby in your room, and never leave your baby unattended, even for a minute. Just put your call bell on and one of our staff members will be happy to supervise the baby for you.

Infant abduction by a stranger is an extremely rare crime, but is a largely preventable tragedy. We encourage you to be cautious and never hesitate to double check with us if something does not seem right.

Safety concerns when you go home: The Center for Missing and Exploited Children makes the following recommendations for reducing risk of infant abduction at home:

- Outdoor decorations announcing your newborn's arrival (such as stork signs, balloons, wreaths and so on) may not be a safe practice.
- Never allow anyone into your home that you do not know and were not expecting without proper identification. When in doubt, do not allow the person in. Be wary of new acquaintances who have befriended you near the time of your baby's birth.
- Having the baby's birth announced in the local media does present a risk.
- Do not give out your address or phone number to strangers.
- Never leave your baby unattended.

If you are interested in more information, contact the National Bureau of Missing and Exploited Children at 1-800-The Lost (1-800-843-5678) or on the web at **www.ncmec.org**.

NURSERY ROUTINES

What We Do With All Babies:

In addition to a bath and a thorough exam soon after birth, all babies are routinely given:

◆ Ilotycin (Erythromycin) Eye Ointment*

This antibiotic eye treatment prevents transmission of a venereal disease to your baby during delivery. It is clear and does not sting or irritate; it is probably blurry to look through for a few minutes. It is applied soon after birth.

◆ Vitamin K Injection*

This shot in the baby's thigh helps him clot his blood. Babies are born Vitamin K deficient, and if not replaced at birth, could lead to severe bleeding episodes. The medication is given in the first two hours or so after birth, and is required by New York State Health Law to be given by age six hours, at the latest.

◆ Footprints

We make two sets: one for you and one for baby's permanent medical record. Let us know if you have a baby book you want us to "stamp," too.

◆ Umbilical Cord Care

Your baby's umbilical cord will have a plastic clamp on the end of it, which will be removed before discharge. It is important to keep the umbilical cord dry. There is more information about this later in this notebook in the infant care section.

◆ Identity Bands

At delivery, your baby is banded with two bracelets, which have information that matches the mom's band. This is done before the baby is removed from your presence. If, at any time during your stay, you notice that your baby has slipped out of one or both of his bracelets, please let the staff know right away.

Also, at delivery, we will be offering your partner (or other one person that you designate) the opportunity to be banded with a matching bracelet also. Wearing this bracelet allows him or her pick up your baby at the nursery to bring it to your room. We will not release your baby to anyone who is not wearing this identification. If he or she chooses to have the band, it must be KEPT ON the whole time you're here... it can't be cut it off and carried it around in a wallet, for example. This is for your protection.

◆ Critical Congenital Heart Disease Screening- "CCHD"

This very simple test is performed after your baby turns 24 hours old, and involves a painless small red light sensor placed on a hand, and then on a foot. The comparison of the two measurements obtained show how much oxygen is in the blood in the two locations- differences may indicate a possible heart defect and further testing would be ordered.

◆ PKU/T4/HIV Blood Test

Between 24 and 36 hours of age, we draw a small sample of blood from your baby's heel. You will notice a round Band-Aid at the site... this can be removed once you are home. We send the sample to Albany for screening for many rare diseases and HIV antibodies. You will find further information on the test later in this notebook which explains the specific tests which are included. Please look it over and discuss any questions about it with your caregiver. Your baby's doctor will be giving you the results of this test at an office visit in the next several weeks. *Note that this test is required by NYS Health Law.*

◆ Newborn Hearing Screening

We will be providing you with information on the newborn hearing screening program at Cayuga Medical Center. This is a painless, computer-assisted test to identify babies who MAY have a hearing loss.

◆ Hepatitis B Immunization

Your baby will receive the first Hepatitis B vaccination soon after birth. You will be asked to sign a consent form for this. Before infants were routinely given this vaccine in the United States, an estimated 30-40% of patients with chronic Hepatitis B were the result of perinatal (birth) or early childhood transmission. As a result of maternal screening and infant vaccination, that number has declined by 91% (during 1990-2004). There is further information about this vaccine later in this chapter. Please talk to your baby's care provider if you have questions or concerns.

◆ Jaundice Screening

We use a little light meter, pressed against the baby's skin, to screen for jaundice. If needed, this screening test may be followed up by a blood test for bilirubin levels. There is a whole page of questions and answers about jaundice later in this chapter.

What We Do for SOME Babies

The following section explains some of the tests and procedures that are done "only if indicated."

If your baby needs any of these tests, we will let you know.

"Glucose" or "Blood Sugar Testing"

All newborns have a limited supply of glucose at birth, which they need for energy and to stay healthy. Some babies are at risk for "low blood sugar" at or soon after birth, either because they are using up too much of the sugar they had (because of increased demands), or because they were used to having very high levels before birth (as when the mom has any type of diabetes).

This is a very important test since babies with extremely low blood sugar levels can have seizures and other serious complications. If we need to check your baby for this, we will be explaining the reason to you and will estimate how often it will be repeated. The test is done by a prick to his heel (usually) or is drawn out of the arm. Nurses often refer to these checks as "chemstrips".

If your baby is considered "at risk" for low blood sugar, you can help by putting the baby to breast as soon as possible after birth, and keeping the baby skin-to-skin between feedings (as long as you are awake).

◆ Blood, Urine and Stool Studies

Sometimes we need to do other tests on your baby, particularly if you have had a recent illness, had prolonged rupture of your membranes, took certain legal and illegal medications during your pregnancy, are Group B Strep positive, if you develop a fever, or if your infant appears or acts ill. These tests help identify infection and other abnormalities in your baby. Blood is drawn by a prick in the heel or drawn from the arm or occasionally the top of the foot. Urine is obtained by placing a plastic collection bag on the baby or by inserting a tiny catheter into the bladder. Stool is collected from the diaper.

◆ Antibiotics

Some babies are at risk for particular infections, others display symptoms of possible illness after birth. If your baby needs these medicines, we will explain the reason to you.

◆ X-ray and Ultrasound Exams

Here are the most common reasons we do x-rays or ultrasounds on newborns:

1) If a "click" is heard or abnormal motion is detected when the hips and legs are examined, an ultrasound is done to determine the cause.
2) Occasionally, large infants or infants born during difficult (or very fast) labors fracture their "collarbone" on the way out. An x-ray would be ordered if this were suspected.
3) Babies who have a heart murmur or have some trouble breathing (or who simply breathe too fast) often have their chest x-rayed and/or their hearts examined by ultrasound to help diagnose the reason.
4) Other x-rays and sonograms are done when problems are suspected, often when babies fail to eat, urinate or have bowel movements as expected.

◆ Circumcision

If you have a son, we will be asking you whether or not you would like to have him circumcised.

If you haven't decided yet, or haven't ever thought about it before, please discuss this procedure with your baby's doctor before you make any decision. He or she can provide you with the latest information available on the risks and possible benefits of this surgical procedure. If you DO choose to have it done, you need to know:

1) The procedure is usually performed by your obstetrician or the obstetrician who works with your midwife.
2) It can be done while you are here after birth, or as an outpatient, by appointment. As an outpatient, this usually takes about three hours, which includes time before the procedure for evaluation and medication, and time afterwards for post-op observation. The actual surgery takes only 5-10 minutes, most of the time.
3) Some insurance companies do not pay for circumcision, as it may be considered a cosmetic procedure.
4) Talk to the person who will do the circumcision about pain relief options for your baby. Routinely, a topical anesthetic cream called EMLA is used. Some practitioners also use an injectable local anesthetic. In addition, a few drops of sugar water are given to the baby during the procedure. Combined with sucking, this has been shown to reduce pain in neonates.

The Circumcision Question

Here are the answers to some commonly asked questions:

What is Circumcision?

Circumcision is the removal of the foreskin of the penis. This can be done surgically using a special clamp, or non-surgically using a plastic device that places pressure on the foreskin, causing it to fall off in several days. Which method is used is up to the doctor performing the procedure.

Does It Hurt?

Yes... "How much?" is harder to answer. The procedure takes about ten minutes. We use medications and techniques to reduce pain, but most babies do still cry during some or all of the procedure; many seem tender at the site with diaper changes until the site heals.

If I Want It Done, When Will You Do It?

Sometime after the baby has stabilized... that usually means not before twelve hours old. Generally they are done in the morning, before the first (8 a.m. or so) feeding. The baby's mother must sign a special consent form first. We will bring your baby to you for comforting as soon as the procedure is over.

If We Don't Have It Done, How Will I Know How To Take Care of An Uncircumcised Penis? I've Never Even Seen One!

Don't worry... it's easy! You don't need to do anything different until the foreskin retracts easily on its own, which is probably several years away. Once it does, you'll just teach your son to gently pull it back and wash under it when bathing. Until then, you'll just keep all exposed areas clean.

Why Do Some People Chose Circumcision?

People of the Jewish and Muslim faiths circumcise their sons for religious reasons. Others have chosen circumcision over the years for a variety of reasons, based on beliefs that it prevented certain diseases, such as penile and prostate cancer, and cervical cancer in the man's partner. In general, non-religious circumcision is done in the U.S. for cultural and sociological reasons, such as wanting the son to be like his father.

If I Do Have My Son Circumcised, How Do I Take Care of It?

There are instructions in the chapter called "Caring for Your Baby" on how to take care of the newly-circumcised baby.

Should You or Shouldn't You?

The following is the latest posting of information for parents from the American Academy of Pediatrics:

Circumcision is a surgical procedure in which the skin covering the end of the penis is removed. Scientific studies show a number of medical benefits of circumcision. Parents may also want their sons circumcised for religious, social, or cultural reasons. Because circumcision is not essential to a child's health, parents should choose what is best for their child by looking at the benefits and risks.

REASONS PARENTS MAY CHOOSE CIRCUMCISION

There are a variety of reasons why parents choose circumcision.

Medical benefits, including:

- A lower risk of acquiring HIV (in areas of high HIV prevalence), the virus that causes AIDS.
- A significantly lower risk of acquiring a number of other sexually transmitted infections (STIs), including genital herpes (HSV), human papilloma virus (HPV), and syphilis.
- A slightly lower risk of urinary tract infections (UTIs). A circumcised infant boy has about a 1 in 1,000 chance of developing a UTI in the first year of life; an uncircumcised infant boy has about a 1 in 100 chance of developing a UTI in the first year of life.
- A lower risk of getting cancer of the penis. However, this type of cancer is very rare in all males.
- Prevention of foreskin infections.
- Prevention of phimosis, a condition in uncircumcised males that makes foreskin retraction impossible.
- Easier genital hygiene.

Social reasons:

- Many parents choose to have it done because "all the other men in the family" had it done or because they do not want their sons to feel "different."
- Religious or cultural reasons:
- Some groups, such as followers of the Jewish and Islamic faiths, practice circumcision for religious and cultural reasons.

REASONS PARENTS MAY CHOOSE NOT TO CIRCUMCISE

The following are reasons why parents may choose NOT to have their son circumcised:

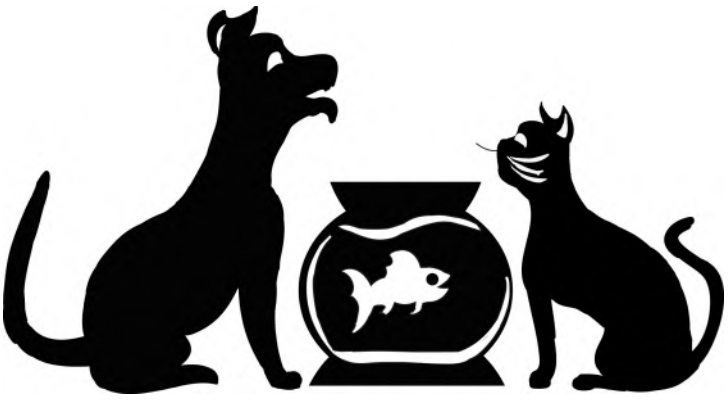
- Fear of the risks. Complications are rare and usually minor but may include bleeding, infection, cutting the foreskin too short or too long, and improper healing.
- Belief that the foreskin is needed. Some people feel the foreskin is needed to protect the tip of the penis. Without it, the tip of the penis may become irritated and cause the opening of the penis to become too small. This can cause urination problems that may need to be surgically corrected.
- Belief it can affect **sex**. Some feel that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life.
- Belief that proper hygiene can lower health risks. Boys can be taught proper hygiene that can lower their chances of getting infections, cancer of the penis, and STIs.

What If I Choose Not to Have My Son Circumcised?

If you choose not to have your son circumcised, talk with your pediatrician about **how to keep your son's penis clean**. Keep in mind that the foreskin will not fully retract for several years and should never be forced. When your son is old enough, he can learn how to keep his penis clean just as he will learn to keep other parts of his body clean.

Last Updated 11/8/2016

Source Circumcision: Information for Parents (Copyright © 2007 American Academy of Pediatrics, Accessed 2/2020)



Plan Ahead: Introducing Your New Baby To Your Pets

If you have pets in your household, you might want to plan ahead to ease the transition of bringing a new baby home. Let your nurse know if you would like to save the baby's first hat (put on right after birth, before the bath is given), which will have the baby's scent and can be used to introduce the newborn's smell to the pet.

The following article appeared in The Ithaca Journal in a feature, "Ask CU Vets"

Question: My dog and cat won't go near our new baby. What is the best way to get them acclimated?

Answer: Avoiding the baby is in the best interest of both the dog and the baby. The baby has many years to become friends with the animals. Most dogs become friendly toward the baby when he or she begins to eat solid food and the dogs learn a lot of that food ends up on the floor.

Dogs pose a threat to babies at two periods in the baby's life -when she first comes home and when she is a toddler. Some dogs, fortunately very few, treat a baby like prey and will be extremely focused on the baby and will even jump into a bassinette. These dogs should be removed from the household. The majority of dogs are not a problem until the baby begins to crawl. At that point the baby may approach the dog's food or toys or may poke or prod him. When she walks she will look the dog right in the eye, which is threatening to many dogs. Baby bouncers put the baby in the same position long before they can stand themselves, and babies have been bitten in that situation.

The best thing to do when introducing a baby to a dog is to first introduce the baby's smell by bringing soiled garments home from the hospital for the dog to sniff.

Try to introduce the baby and the dog out of the dog's territory or have the dog outside the house when the baby arrives home. To introduce them, have the dog on a leash and sitting. Let the dog sniff the baby, but not lick her. Keep an arm around the baby's head to protect her. Do obedience training while holding the baby so the dog learns he can be rewarded for doing the right things in the presence of the baby.

Cats pose less of a danger because they are smaller and usually don't guard their food or toys. Cats should be discouraged from approaching the newborn because the baby has a grasp reflex and will grab a tail and hang on. The cat may turn around and scratch or even bite the baby.

This Cornell Vets column was written by Dr. Katherine A. *Houpt, VMD, PhD, Diplomate -American College of Veterinary Behaviorists and James Law Professor of Behavior Medicine.*

Why Your Baby Needs the Hepatitis B Vaccine

The Disease

Hepatitis B is a disease of the liver caused by the hepatitis B virus. Some people who are infected never feel sick. Others have symptoms that might last for weeks. Those symptoms can include:

- Loss of appetite and tiredness
- Pain in muscles, joints or stomach
- Diarrhea or vomiting
- Yellow skin or eyes

Some people do not recover from hepatitis B. These people are called "carriers" and will probably carry the hepatitis B virus in their blood for the rest of their lives. They may not look or feel sick, but they can spread the disease to other people. They can also get serious health problems, such as cirrhosis (scarring of the liver) or liver cancer. In fact, hepatitis B virus causes most of the liver cancer in the world. In the United States alone, there are more than 1 million carriers of the hepatitis B virus who can spread it to other people.

A person can catch hepatitis B by having sex, sharing drug needles, or sharing personal items, like razors or toothbrushes, with someone who has the disease.

So why do we immunize infants when they don't do any of these things? Most importantly, if a mother has hepatitis B, she can pass the disease along to her child while giving birth. If these babies are not immunized and become infected with hepatitis B virus, many of them will become carriers. One out of 4 of these infected babies will eventually die from cirrhosis or liver cancer. Health experts have also found that if we wait to immunize people until they are having sex or sharing drug needles, many will not get immunized. By immunizing everyone when they are young, we are protecting them from getting the disease later.

Hepatitis B Immunization

You can protect children from hepatitis B by getting them vaccinated with three doses of hepatitis B vaccine. Children who are born to mothers infected with the hepatitis B virus should get their first dose within 12 hours of birth (and also received a dose of Immune Globulin soon after birth). The state health department and your baby's doctor both recommend that **all** newborns get vaccinated after birth. In New York State, hepatitis B vaccine is required for school entry.

Your nurse will be providing information and having you sign a consent form for this vaccine. Please discuss any questions or concerns about this with your baby's care provider.

Naming Your Baby

In the pocket of this notebook, you will find the forms you need to complete to officially name your baby. Please note:

- **You do not** have to decide your baby's first and middle name before you leave the hospital. These can be added easily within the next year, for no charge. **However, if you are undecided about the middle name, you must leave BOTH the first and middle name BLANK.** Otherwise, you will have to go to court (and pay a fee) to add the middle name later.

- **You DO** have to decide the baby's **last name**, and you need to provide all of the required information about **you** (your name, place of birth, etc.) You may select ANY last name for your baby (does not have to be yours or your partner's, and does not depend on filing parentage forms). We are required by NYS to electronically file the birth certificate within 5 business days.

- **Please be extremely careful that you write (PRINT, please!) very clearly, and that you spell things exactly as you want them to appear.** We strive for 100% error free birth certificates. If we make a mistake because we misread your handwriting, the certificate can be amended with the correction, but it will NEVER be flawless… there is no way to print a "new one" that would be pristine. This is very disappointing and frustrating for new parents, and for us, too. If you discover an error, please contact Vital Records at the County Health Department at 274-6642.

- Note that the birth certificate packet you will complete contains the most up to date information on whether or not your partner's name and information can legally be included on the birth certificate. This will depend on several factors, including your MARITAL STATUS and whether or not you used ASSISTED REPRODUCTION to become pregnant. Please read it carefully and ask us for help.

- It is easy to get a Social Security number for your baby… just say YES on the consent section of the birth certificate packet, and we will automatically process the necessary information. **However, note that you must decide on the baby's first and middle name before you leave the hospital if you want to <u>automatically</u> apply for the Social Security number.**

  <u>If you need the number very quickly</u>, you should call the local office of the Social Security Administration (866) 706-8289 and they can advise you as to which method will be quicker. Applying for it automatically with the birth certificate is definitely the easiest for you, **<u>unless you are planning to move in the next two months</u>**.

- **<u>If you do plan a move (or will be out of the country soon after the baby's birth),</u> we recommend you wait until you are settled at your permanent address and then apply in person for a Social Security card for your baby at your closest Social Security office.**

- Never respond to official-looking mail offers to obtain a Social Security number for your baby for a small "handling fee". **This is a scam.**

If You Need a Passport for Your Newborn

*If you need to apply for a passport as soon as possible, please let our WARD CLERK (front desk) know and we will expedite your birth certificate. Most often parents opt to pick up the birth certificate at the Tompkins County Health Department, Vital Records office. They are located near the Tompkins County airport on Brown Road. The Registrar of Birth will let you know when it will be ready. Also, the Warren Road location of the US Post Office (also near the airport) can take the required newborn portrait, on <u>weekdays</u> only. Please **proof read** the birth certificate very carefully before applying for a passport!*

SOCIAL SECURITY NUMBERS FOR CHILDREN

A Message from the Social Security Administration:

When you have a baby, one of the things that should be on your "to do" list is getting a Social Security number for your baby. The easiest time to do this is when you give information for your child's birth certificate. If you wait to apply for a number at a Social Security office, there may be delays while we verify your child's birth certificate.

Why Should I Get A Number For My Child?

You need a Social Security number to claim your child as a dependent on your income tax return. Your child also may need a number if you plan to:

- Open a bank account for the child;
- Buy savings bonds for the child;
- Obtain medical coverage for the child; or
- Apply for government services for the child.

Must My Child Have A Social Security Number?

No. Getting a Social Security number for your newborn is voluntary. But, it is a good idea to get a number when your child is born. You can apply for a Social Security number for your baby when you apply for your baby's birth certificate. The state agency that issues birth certificates will share your child's information with us and we will mail the Social Security card to you.

If you wait to apply at a Social Security office, you must show us proof of your child's U.S. citizenship, age and identity, as well as proof of your own identity. We must verify your child's birth record, which can add up to 12 weeks to the time it takes to issue a card. To verify a birth certificate, Social Security will contact the office that issued it. We do this verification to prevent people from using fraudulent birth records to obtain Social Security numbers to establish false identities.

How Do I Apply?

At the hospital: When you give information for your baby's birth certificate, you'll be asked whether you want to apply for a Social Security number for your baby. If you say "yes," you need to provide both parents' Social Security numbers if you can. Even if you do not know both parents' Social Security numbers, you can still apply for a number for your child.

At a Social Security office: If you wait to apply for your child's number, you must complete an Application For A Social Security Card (Form SS-5); and

- Show us original documents proving you child's:
- U.S. citizenship
- Age; and
- Identity
- Show us documents proving your identity.

NOTE: In some localities, the post office will not deliver your child's card unless the child's name is on your mailbox.
Children age 12 or older: Anyone age 12 or older requesting an original Social Security number must appear for an interview at the Social Security office, even if a parent or guardian signs the application on the child's behalf.

Citizenship

We can accept only certain documents as proof of U.S. citizenship. These include a U.S. birth certificate, U.S. consular report of birth, U.S. passport, Certificate of Naturalization or Certificate of Citizenship. Noncitizens should see *Social Security Numbers For Noncitizens* (Publication No. 05-10096) for more information.

Age

You must show us your child's birth certificate if you have it or can easily obtain it. If not, we may consider other documents, such as your child's passport, to prove age.

Identity

Your child: We can accept only certain documents as proof of your child's identity. An acceptable document must be current (not expired) and show your child's name, identifying information and preferably a recent photograph. We generally can accept a non-photo identity document if it has enough information to identify the child (such as the child's name and age, date of birth or parent's names). We prefer to see the child's U.S. passport. If that document is not available, we may accept the child's:

- Adoption decree;
- Doctor, clinic or hospital record;
- Religious record (e.g. baptismal record);
- Daycare center or school record; or
- School identification card. (Your child may need to be present if a picture ID, such as a student ID, is presented as proof of identity.)

You:
If you are a U.S. citizen, Social Security will ask to see your U.S. driver's license, state-issued nondriver identification card or U.S. passport as proof of your identity. If you do not have these specific documents, we will ask to see other documents that may be available, such as:

- Employee ID card;
- School ID card;
- Marriage document;
- Health insurance card (not a Medicare card);
- U.S. military ID card; or
- Life insurance policy.

All documents must be either originals or copies certified by the issuing agency. We cannot accept photocopies or notarized copies of documents. We may use one document for two purposes. For example, we may use your child's passport as proof of both citizenship and identity. Or, we may use your child's birth certificate as proof of age and citizenship. **However, you must provide at least two separate documents.**

We will mail your child's number and card as soon as we have all of your child's information and have verified your child's documents.

What if my child is adopted?

We can assign your adopted child a Social Security number before the adoption is complete, but you may want to wait. Then, you can apply for the number using your child's new name, with your name as the parent. If you want to claim your child for tax purposes while the adoption is still pending, you need to contact the Internal Revenue Service for Form W-7A, *Application for Taxpayer Identification Number for Pending U.S. Adoptions*.

What Does It Cost?

There is no charge for a Social Security card and number. If someone contacts you and wants to charge you for getting a number or card, or for any Social Security service, please remember that Social Security services are free. You can report anyone attempting to charge you by calling our Office of the Inspector General hotline at **1-800-269-0271**.

What If I Lose The Card?

You can replace your Social Security card if it is lost or stolen. You now are limited to three replacement cards in a year and 10 during your lifetime. Legal name changes and other exceptions do not count toward these limits. For example, changes in noncitizen status that require card updates may not count toward these limits. Also, you may not be affected by these limits if you can prove you need a card to prevent significant hardship.

We recommend that you keep you child's Social Security card in a safe place. It is an important document. **Do not** carry it with you.

Social Security number misuse

If you think someone is using your child's Social Security number fraudulently, you should file a complaint with the Federal Trade Commission by:

Internet: **www.consumer.gov/idtheft–**
Telephone – **1-877-IDTHEFT (1-877-438-4338); or TTY – 1-866-653-4261**.

It's against the law to:
* Use someone else's Social Security number;
* Give false information when applying for a number; or
* Alter, buy or sell Social Security cards

Contacting Social Security

For more information and to find copies of our publications, visit our website at www.socialsecurity.gov or call, toll-free, 1-800-772-1213 (for the deaf or hard of hearing, call our TTY number, 1-866-653-4261). We treat all calls confidentially. We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide automated phone service 24 hours a day. **The Ithaca office of Social Security can be reached at 866-706-8289.**

We also want to make sure you receive accurate and courteous service. That is why we have a Social Security representative monitor some telephone calls.

May 2009 **ICN 454925** SSA Publication No. 05-10023

Do You Need Any Vaccines?

Before you go home, your care provider will evaluate whether or not you need any vaccines. If you do, your nurse will be offering them to you before discharge.

What vaccines might I need?
Vaccines that are routinely offered include MMR (measles, mumps and rubella), TdaP (tetanus and pertussis), flu vaccine (seasonally) and varicella (chicken pox). Some patients may benefit from the pneumococcal vaccine as well.

Is it safe to get vaccines if I am breastfeeding?
Yes, all of the vaccines we offer after delivery are considered safe to take while breastfeeding.

Why shouldn't I wait to get it later?
Although usually unintended, it is possible to get pregnant soon after delivery, even before your first "period" resumes. This would result in your next baby being at risk during your pregnancy, if you were to contract any of the illnesses yourself. This is especially dangerous if you are not immune to rubella (German measles), as it can lead to deafness in your baby.

It is much more convenient for you, as the patient, to get the vaccine here, as not all MD offices have a supply of all vaccines at all times. And, adult immunizations are frequently not covered by insurance when given at the office, and some of them are <u>VERY expensive (over $300 a dose)</u>.

Will You Need RhoGAM®?

If you are blood type "Rh negative", the blood from the baby's umbilical cord will be tested as soon as he is born. If the baby is a negative blood type (like you), you will **not** need the RhoGAM® shot. If the baby is a positive blood type, you **will** need RhoGAM® after delivery.

This shot basically tricks your body into not making antibodies against this baby's "foreign" blood type, which could cause problems in a future pregnancy. Even if you are having a tubal, you still need the shot to protect yourself, in the event that you ever need to receive a blood transfusion in the future.

Vaccines for Household Members

In order to provide the safest environment for your newborn, we encourage you to take advantage of our **immunization option for family members**. We can provide the TdaP vaccine (and the influenza vaccine too, in season) if needed to any adult in your household, if they are not up to date on their immunization. Talk to your nurse about this process. We will bill the family member's insurance, however, companies vary in whether or how much they may pay. We encourage you to talk to your insurance provider. Getting the vaccines at a retail pharmacy is an option even **before your hospital stay** – no order is needed.

IMPORTANT NOTE: Please check with your family member's own INSURANCE as to whether the cost of getting the vaccine will be covered. While we strongly recommend them, we do not provide them for free.

Learning Opportunities

During your stay, you will be given lots of information about care of yourself and your newborn.

One-to-one Teaching

Your nurse will be reviewing what you need to know to get you started for your first few weeks at home. Throughout your stay, we will be encouraging you and your family to do as much of your infant's care as you can, with our help. We don't want you to get home and feel uncomfortable handling or caring for your infant. By spending maximum time with your infant while here, you will already know what is "normal" for your unique baby. Please DO ask questions and ask for help. Everyone feels awkward at first... we all did, too. With a little practice, you'll be a pro in no time!

Workshops Offered at CMC

If you are unable to attend one of our workshops on infant care prior to delivery, do consider attending at some point in the next few weeks. There is information on these classes in the first chapter of this notebook. We also offer private group sessions called "CPR Just For You," which includes infant and child emergency techniques. Why not register for a class to be given in the next few months, before you leave the hospital? **You can bring the baby with you to class.**

Films

We have a number of films that you may find helpful on parenting, feeding and self-care issues. We encourage you to watch at your convenience… include your partner, too. Let us know when you are ready to view a film, or if you want a recommendation on which ones are best suited to your particular needs.

Some of our films are available "on-demand" on your patient television, including films on breastfeeding, safety and infant massage. **Just dial 1-2-3-4 on your patient phone, and follow the voice instructions to tune in!**

Your room's TV also has a DVD player. Ask the staff to borrow "Surviving Infancy" – this is an excellent series of discussions by two emergency room physicians about a variety of topics in down to earth, conversational, real world advice.

Resources In the Hospital

During your stay, if you have any questions or concerns about the care you or your baby are receiving, please let us know. Ask to speak to the Division Director, Unit Manager, Team Leader or charge nurse. Someone is available 24 hours a day to address any issues of importance to you. In addition, the hospital offers a variety of services that you might need. Let your nurse know and she can contact any of the following for you:

- **Dietitian**
- **Chaplain**
- **Social Worker**
- **Discharge Planner**
- **Financial Services Representative**

Why is my baby tested?

To help make sure your baby will be as healthy as possible. The blood test provides important information about your baby's health that you and your doctor might not otherwise know. The Newborn Screening Program identifies infants who may have one of several rare, but treatable diseases that don't show symptoms right away. With early diagnosis and medical treatment, serious illness, and even death, can often be prevented, so it is very important for us to test your baby's sample and report the results to your baby's doctor. Ask your baby's doctor for your baby's results.

Is newborn screening new?

No. Every state has a newborn screening program. The New York State program is mandated by Public Health Law, and it began in 1965. Some diseases can affect a child very early in life – even within the first few days. Timely testing and diagnosis are important for treatments to work the best.

How many diseases are tested for?

The number has increased from one in 1965 to more than 45 today. They are listed in this booklet.

Although these diseases are rare, **1 in 300 babies born in New York every day has one of these diseases**. Most of the diseases are serious and can even be fatal. Some may slow down a baby's development, cause intellectual disabilities, increase a baby's risk for infection, or cause other problems if undetected and untreated.

That is why EARLY TREATMENT IS VERY IMPORTANT!

But my baby seems very healthy. Are these tests still needed?

Yes. Most infants with a disease identified by the Newborn Screening Program show no signs of the disease right after birth and look healthy. With these special laboratory tests, we can identify a baby who may have one of these diseases and tell the baby's doctor of the need for more tests and special care. Most of the time, it is very important to start treatment before your baby shows symptoms or becomes sick. Many of the diseases are genetic, and they are inherited from the baby's parents.

Every baby has two sets of genes – one from their mother and the other from their father. Sometimes only one set of the genes has a problem, but because the other set doesn't, the baby is not sick. These babies are called carriers. Although these babies are not sick, this means that at least one or sometimes even both of their parents are also carriers. Newborn screening tests can identify carriers for some genetic diseases some of the time, but the program is not designed to find **all** carriers. *It is important to get genetic counseling if your baby has a carrier result because most parents who are carriers do not know. Counselors can help you understand this information.*

But children in our family have never had any of those health problems.

Parents who have already had healthy children do not expect any problems, and they are almost always right. But there is still a chance your new baby may have one of these diseases. Each of these diseases is very rare, and the chances are excellent that your child will not have one of them, but altogether 1 in 300 babies born in New York every day does have one of them. A negative newborn screen for your new baby does not guarantee that your future children will be negative too. Some babies and parents can be

carriers for diseases even if no one in your family has a disease. Many families go for genetic counseling to better understand these risks to their future children and other family members. *It is also important to remember that newborn screening does NOT find all babies who are carriers for these genetic diseases.* The tests are designed to find most babies with these genetic diseases.

How is my baby tested?

All the tests are performed on a tiny sample of blood taken by pricking the baby's heel. The blood is put on a special filter paper. The sample is usually taken when the baby is one or two days old. The sample is sent for testing to the laboratory at the State Health Department in Albany.

Will I get the test results?

Be sure to tell the nurse at the hospital the name and office information for your baby's doctor or clinic. This doctor will be told of the results and will contact you immediately if anything is wrong. To be sure, ask about the result when you bring your baby to the doctor or clinic for his or her first check-up. The hospital nurse should give you a pink form, which will tell you how to get the test results from your baby's doctor.

1 in 300 babies born in New York State every year will have one of these diseases!

If all the tests are screen-negative, does that mean my baby will be healthy?

The Newborn Screening Program only looks for a few of many diseases a baby could have. In addition, some babies with these diseases may not be identified for several reasons. You should bring your baby to the doctor or clinic for all their check-ups. Always watch your baby for unexpected symptoms or behavior, and call the doctor immediately if things don't seem right.

A negative newborn screen for your new baby does not guarantee that your future children will not have a disease. Also, newborn screening does NOT find all babies who are carriers for these genetic diseases. Carriers have one gene mutation but are healthy. Babies and their parents can be carriers without any family history of a disease. Many families go to genetic counseling to better understand disease and carrier risks to their future children and other family members.

Does a "repeat test" mean my baby may have a disease?

Not necessarily. Repeat testing may be needed for a number of reasons. The most common is that the blood was put on the special filter paper incorrectly. Usually this does not mean there is anything wrong with your baby. It simply means that another blood sample must be taken as soon as possible.

When the first test results suggest a problem, the results are not considered final until the screening tests are done again. This requires a new blood sample. In general, a doctor will discuss the need for further diagnostic testing only after a baby's second screen is also abnormal. On very rare occasions, because a disease may cause a baby to become very sick quickly, the doctor will treat the baby immediately while waiting for the results of the second series of tests. If you are asked to have your baby retested, please bring in your baby as soon as possible, so the repeat test can be done immediately, to determine if your baby needs treatment.

What if my baby has one of these diseases?

The tested diseases all have treatments that can lessen the effects of the disease.

Sometimes the symptoms can be completely prevented if a special diet or other medical treatment is started early. Most of these diseases are very complicated to treat, and medical care should be coordinated by a doctor who specializes in the specific disease.

If my new baby has a disease, will my future children have it?

That depends on the disease. Most of these diseases are genetic and inherited by children from their parents. A negative newborn screen does not guarantee that future children will not have the disease. Also, newborn screening does NOT find all babies who are carriers for these genetic diseases. Carriers have one gene mutation and are healthy. Babies and their parents can be carriers without any family history of the disease. Many families seek genetic counseling to better understand how their child got the disease, and to understand disease and carrier risks to their future children and other family members. Some diseases are not inherited. For example, congenital hypothyroidism has many causes, while HIV infection is caused by a virus, not a gene mutation.

Why is my baby tested for HIV?

We test the baby for HIV antibodies. If the test is positive, that means the mother has the virus and we want to be sure the baby is not infected with the virus. HIV can be transmitted by an infected mother to her baby before it is born, during delivery or from breastfeeding. In NYS, most pregnant women are tested for HIV before the baby is born. Ideally, the mother should get medicine during pregnancy and labor to protect the baby from the HIV infection.

How much will these tests cost me?

Nothing. These tests are done at no cost to families.

How can I make it easier for the doctor to help my baby?

First, be sure you tell the nurse at the hospital where your baby was born the name of your baby's doctor so we can contact the doctor if we need to. If you change your doctor, let us know by emailing or calling us (see back of this booklet). If your doctor asks you to bring your baby in for a repeat test, do so as soon as you can. If your baby ***does*** have a disease, quick action is very important.

If you do not have a telephone, give your doctor the phone number of someone who can contact you immediately. If you move soon after your baby is born, tell your doctor or clinic your new address and phone number right away. Then your doctor will know where to reach you if your child needs more tests or treatment.

Remember, time is very important. As a parent, you can help the Newborn Screening Program make sure that your baby is as healthy as possible by making sure your baby's doctor knows how to reach you.

Be Informed: Get your baby's newborn screening results from his or her doctor!

Important: Questions about newborn screening?
Need to let us know information about your baby's doctor? Write, call or visit our website:

Newborn Screening Program Wadsworth Center
New York State Department of Health
P.O. Box 22002
Albany NY 12201- 2002 Email: nbsinfo@health.ny.gov www.wadsworth.org/programs/newborn

Diseases Identified by the New York State Newborn Screening Program

Group		Diseases
Inborn Errors of Metabolism	Organic Acid Diseases	Glutaric acidemia type I (GA-I)
		3-Hydroxy-3-methylglutaryl-CoA lyase deficiency (HMG)
		Isobutyryl-CoA dehydrogenase deficiency (IBCD)
		Isovaleric acidemia (IVA)
		Malonic acidemia (MA)
		2-Methylbutyryl-CoA dehydrogenase deficiency (2-MBCD)
		3-Methylcrotonyl-CoA carboxylase deficiency (3-MCC)
		3-Methylglutaconic acidemia (3-MGA)
		2-Methyl-3-hydroxybutyryl-CoA dehydrogenase deficiency (MHBD)
		Methylmalonyl-CoA mutase deficiency (MUT), Cobalamin A,B (Cbl A,B) and Cobalamin C,D (Cbl C,D) cofactor deficiencies and other Methylmalonic acidemias (MMA)
		Mitochondrial acetoacetyl-CoA thiolase deficiency (Beta-ketothiolase deficiency) (BKT)
		Multiple carboxylase deficiency (MCD)
		Propionic acidemia (PA)
	Urea Cycle Diseases	Argininemia (ARG)
		Argininosuccinic acidemia (ASA)
		Citrullinemia (CIT)
Other Genetic Diseases		Adrenoleukodystrophy (X-linked)
		Biotinidase deficiency (BIOT)
		Cystic Fibrosis (CF)
		Galactosemia (GALT)
		Krabbe Disease
		Pompe Disease
		Severe Combined Immunodeficiency Disease (SCID)

For more information on the New York State Newborn Screening Program and the diseases in the panel please visit our webpage at **www.wadsworth.org/programs/newborn**

Group		Diseases
Endocrinology		Congenital adrenal hyperplasia (CAH)
		Congenital hypothyroidism (CH)
Hematology, Hemoglobinopathies		Hb SS disease (Sickle cell anemia)
		Hb SC disease
		Hb CC disease
		Other hemoglobinopathies
Infectious Disease		HIV exposure
Inborn Errors of Metabolism	Amino Acid Diseases	Homocystinuria (HCY)
		Hypermethioninemia (HMET)
		Maple syrup urine disease (MSUD)
		Phenylketonuria (PKU) and Hyperphenylalaninemia (HyperPhe)
		Tyrosinemia (TYR-I, TYR-II, TYR-III)
	Fatty Acid Oxidation Diseases	Carnitine-acylcarnitine translocase deficiency (CAT)
		Carnitine palmitoyltransferase I (CPT-I) and II (CPT-II) deficiencies
		Carnitine uptake defect (CUD)
		2,4-Dienoyl-CoA reductase deficiency (2,4Di)
		Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)
		Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)
		Medium-chain ketoacyl-CoA thiolase deficiency (MCKAT)
		Medium/short-chain hydroxyacyl-CoA dehydrogenase deficiency (M/SCHAD)
		Mitochondrial trifunctional protein deficiency (TFP)
		Multiple acyl-CoA dehydrogenase deficiency (MADD) (also known as Glutaric acidemia type II (GA-II))
		Short-chain acyl-CoA dehydrogenase deficiency (SCAD)
		Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)

The New York State Newborn Screening Program is a service provided by the State Health Department to families with newborn babies.

Dear Parents,

Your child's specimen(s) will be stored by the Newborn Screening Program for up to 27 years under secure conditions where access is strictly controlled. Should the need arise, the specimen(s) may be used for diagnostic purposes for your child with your consent. A portion of the specimen will also be stripped of all information that might identify your child and may be used in public health research that has been reviewed and approved by a Board charged with overseeing compliance with all applicable laws and ethical guidelines. You may arrange to have your child's specimen(s) destroyed or prevented from being used in public health research by calling (518) 473-7552 for instructions. You may visit our website for more information or to download a copy of the form we need to honor your written request. Note: Upon request, we will completely destroy specimens. We cannot do this until 8 weeks after you give birth.

New York State Department of Health Publication 0503 12/17

Parents' Bill of Rights

As a parent, legal guardian or person with decision-making authority for a pediatric patient receiving care in this hospital, you have the right, consistent with the law, to the following:

1) To inform the hospital of the name of your child's primary care provider, if known, and have this information documented in your child's medical record.

2) To be assured our hospital will only admit pediatric patients to the extent consistent with our hospital's ability to provide qualified staff, space and size appropriate equipment necessary for the unique needs of pediatric patients.

3) To allow at least one parent or guardian to remain with your child at all times, to the extent possible given your child's health and safety needs.

4) That all test results completed during your child's admission or emergency room visit be reviewed by a physician, physician assistant, or nurse practitioner who is familiar with your child's presenting condition.

5) For your child not to be discharged from our hospital or emergency room until any tests that could reasonably be expected to yield critical value results are reviewed by a physician, physician assistant, and/or nurse practitioner and communicated to you or other decision makers, and your child, if appropriate. Critical value results are results that suggest a life-threatening or otherwise significant condition that requires immediate medical attention.

6) For your child not to be discharged from our hospital or emergency room until you or your child, if appropriate, receives a written discharge plan, which will also be verbally communicated to you and your child or other medical decision makers. The written discharge plan will specifically identify any critical results of laboratory or other diagnostic tests ordered during your child's stay and will identify any other tests that have not yet been concluded.

7) To be provided critical value results and the discharge plan for your child in a manner that reasonably ensures that you, your child (if appropriate), or other medical decision makers understand the health information provided in order to make appropriate health decisions.

8) For your child's primary care provider, if known, to be provided all laboratory results of this hospitalization or emergency room visit.

9) To request information about the diagnosis or possible diagnoses that were considered during this episode of care and complications that could develop as well as information about any contact that was made with your child's primary care provider.

10) To be provided, upon discharge of your child from the hospital or emergency department, with a phone number that you can call for advice in the event that complications or questions arise concerning your child's condition.

Public Health Law (PHL) 2803(i)(g) Patients' Rights 10NYCRR, Section 405.7

NEW YORK STATE | Department of Health

Important News

For New Mothers About Your Baby's HIV Test

Soon after your baby is born, he or she will be tested for HIV, the virus that causes AIDS.

Why Is The Test Important?

New York State requires that all newborn babies be tested for HIV and many other disorders through the Newborn Screening Program. There is medicine your doctor can give your baby right after birth to prevent her/him from getting HIV.

How Could My Baby Have HIV?

There's only one way, and that is if you have HIV. HIV can be passed to your baby during pregnancy or delivery or through breastfeeding. You should not breastfeed if you have HIV.

When Will I Get My Baby's Test Results?

If you were tested for HIV during your pregnancy and **do not** have HIV...

you will get your baby's HIV test result along with all of the other newborn screening test results during your baby's first doctor visit. Make sure you ask for all your baby's test results.

If you were tested for HIV during labor **OR** your baby was tested at birth...

you will get a preliminary (not final) test result within 12 hours, hopefully while you are still in the hospital. This test result will help you make choices about breastfeeding, treatment for your baby, and treatment for yourself. This preliminary test result must be confirmed.

What does it mean if my baby's test shows HIV?

It means you have HIV and your baby has been exposed to HIV. But, this does not always mean that your baby has HIV. To be sure, your baby's blood has to be tested using a test called PCR. By using the PCR test, the baby's doctor will usually know if your baby has HIV by the time he or she is four months old. That's why it is so important that you talk to your baby's doctor about PCR testing and bring your baby in when your doctor says it is time for PCR testing.

What Will Happen If I Have HIV?

New treatments are available for people with HIV. You can begin treatment right away. You can stay healthy longer. And you can be there for your baby. Talk with your doctor about getting treatment.

What Will Happen If My Baby Has HIV?

With the help of your doctor, you can decide on the best treatment for your baby. You and your doctor can talk about who should know your baby has HIV. And you will learn how to care for your baby, and what to do if your baby gets sick.

Your Baby's HIV Test Results Are Confidential!

Your doctor can only share your baby's HIV information with others who provide health care for your baby. If your baby's PCR test is positive, this will be confidentially reported to the State Health Department.

Talk To Your Doctor.

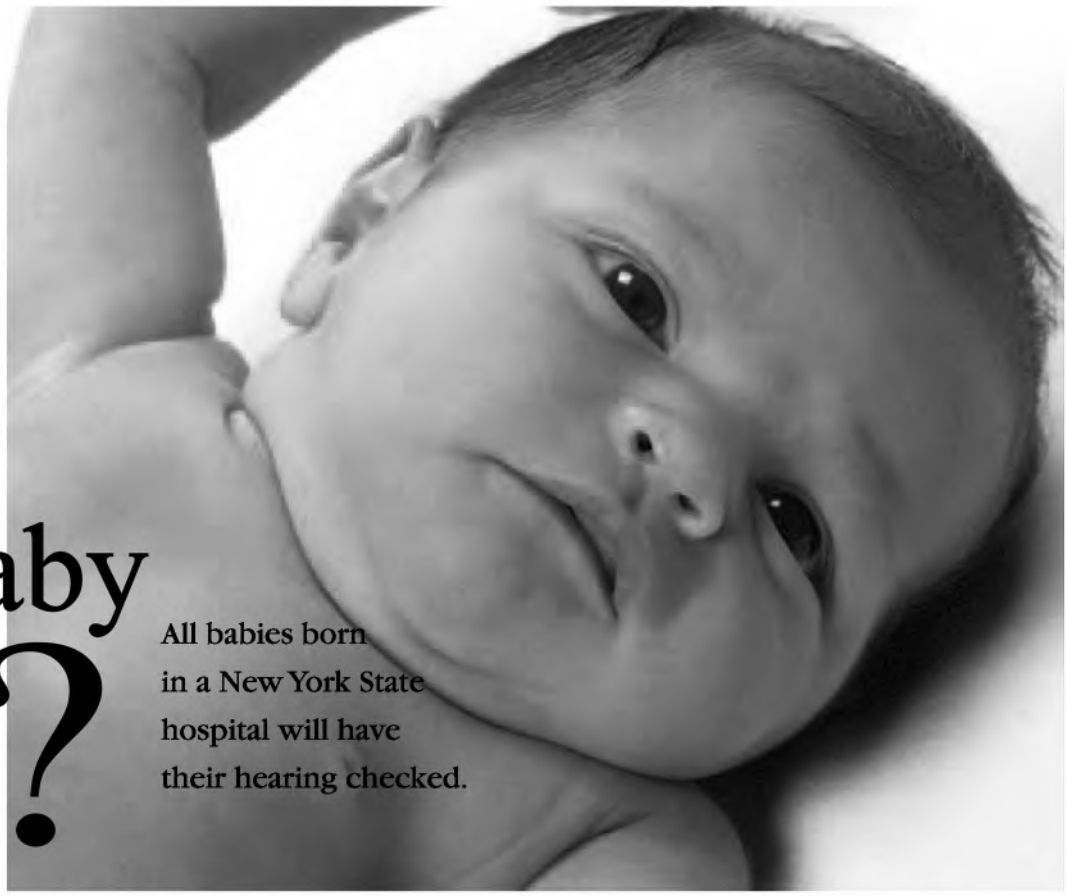
Your doctor and your baby's doctor can answer your questions so you can decide what is best for you and your baby.

If you have concerns or complaints about the HIV counseling and testing program, please call (877) 249-5155. ***This is a free call.***

This publication was supported by grant number 5 X07 HA 00025-13 from the U.S. Health Resources and Services Administration (HRSA). This grant is funded through Title II of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, as amended by the Ryan White CARE Act Amendments of 2000. Its contents are solely the responsibility of Health Research, Inc. and do not necessarily represent the official view of the funders.

State of New York
George E. Pataki, Governor
New York State Department of Health
Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner
9257 Rev. 12/04

Can Your Baby Hear You?



All babies born in a New York State hospital will have their hearing checked.

Hearing is very important. Your baby needs to hear sounds to learn how to talk and learn about the world. Hearing is very important in the early months to prevent possible problems with language or schoolwork later on.

A screening is a quick check to see if your baby hears. Either:

- Your baby's hearing may be screened before you leave the hospital, or,
- You will be told how to have your baby's hearing screened close to your home.

If your baby is not born in a hospital, you should ask your doctor or clinic how to have your baby's hearing checked.

Every baby's hearing should be checked as soon after birth as possible. If your baby has a hearing loss, the sooner you know it, the better. Out of 1,000 babies, about two to four will have a serious hearing loss.

What Causes Hearing Loss?

Sometimes we don't know
And sometimes it is caused by:

- Deafness that runs in families
- Ear infections
- Meningitis
- Other serious infections

Talk to your baby's doctor or clinic if you have any questions or concerns.

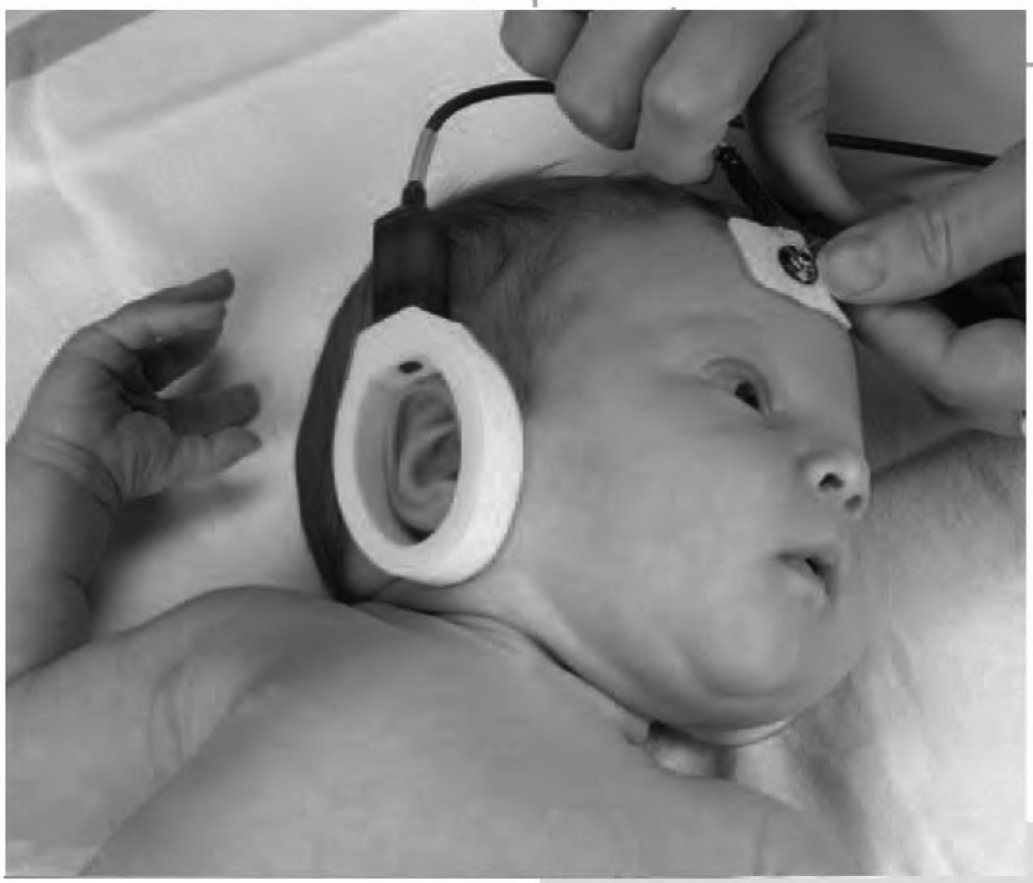
How Your Baby's Hearing Will Be Checked

A trained person will check your baby's hearing. The screening takes only a short time. It is okay if your baby is asleep while this is done. To screen your baby, either:

- A tiny microphone may be placed in your baby's ear, or
- Your baby may wear special earphones and have tiny pads placed on his or her head.

Then, soft sounds will be played and your baby's hearing will be measured.

You will be given a brochure telling you what your baby's screening results mean. Your baby may need a second screening to be sure he or she hears. Your baby's movements, noise in the room, or fluid in the ear after birth may lead to false results. If your baby needs to be checked again, you will be told how to have this done.



Check Your Child's Hearing and Speech

Most babies will "pass" the hearing screening. This means that your baby is hearing **now**. Even if your baby "passes" the screening, it is still important to check your baby's hearing often. The following checklist will help you keep track of your baby's hearing as he or she grows. Good hearing helps babies do the things on this checklist. If you have any concerns about your child's hearing, at any age, call your baby's doctor or clinic.

* GOOD HEARING CHECKLIST

Birth to 3 Months	• Becomes quiet when around everyday voices or sounds • Reacts to loud sounds: baby startles, blinks, stops sucking, cries, or wakes up • Makes soft sounds when awake: baby gurgles
3 to 6 Months	• Turns eyes or head toward sounds: voices, toys that make noise, a barking dog • Starts to make speech-like sounds: "ga," "ooh," "ba," and p, b, m sounds • Reacts to a change in your tone of voice
6 to 9 Months	• Responds to soft sounds, especially talking • Responds to own name and looks when called • Understands simple words: "no," "bye-bye," "juice" • Babbles: "da da da," "ma ma ma," "ba ba ba"
9 to 12 Months	• Consistently responds to both soft and loud sounds • Repeats single words and copies animal sounds • Points to favorite toys or foods when asked
12 to 18 Months	• Uses 10 or more words • Follows simple spoken directions: "get the ball" • Points to people, body parts or toys when asked • "Bounces" to music
18 to 24 Months	• Uses 20 or more words • Combines two or more words: "more juice," "what's that?" • Uses many different consonant sounds at the beginning of words: b, g, m • Listens to simple stories and songs
2 to 3 Years	• Uses sentences with two or three words • At 2 years, the child's speech is understood some of the time (25%-50%) • At 3 years, the child's speech is understood most of the time (50%-75%) • Follows two-step instructions: "get the ball and put it in the box"

More Help For Your Baby

Your child's hearing can and should be checked at any age.

** Adapted from the California Department of Health Services' checklist.*

If your baby has a hearing loss, or may have a hearing loss, you might need more help. Infants, toddlers with special needs, and their families may get help from the New York State Health Department's Early Intervention Program (EIP). EIP offers hearing screening and testing, and support for you, your baby, and your family. To learn more, call your doctor, clinic or the EIP in your county or borough.

To learn more about newborn hearing screening or EIP, please call (518) 473-7016.

Visit the Early Intervention Program web page at: www.health.ny.gov/community/infants_children/early_intervention

To reach your local EIP, call Growing Up Healthy 24 Hour Hotline 1-800-522-5006.
TTY: 1-800-655-1789 In NYC, call 311.

NYS FDOH Publication 10/11

Thinking About Going Home -
Do You Have Everything You Need?

For the first few weeks, you don't need too much. Do you have:

- ✓A car seat
- ✓A baby thermometer
- ✓Diapers
- ✓Formula and bottles, if you're not nursing
- ✓Basic clothing and blankets
- ✓A safe, firm place for baby to sleep
- ✓Someone who will be able to help at l
- ✓Transportation and money to get groceries and to get to & from doctor appointments

If you anticipate having a problem with any of these needs, please talk with the nursing staff as soon as possible.

Remember that **you'll need diapers** and/or diaper covers for your baby, in addition to clothes and a blanket for going home. All hospital linens are hospital property and must be counted and monitored by our staff. We appreciate your cooperation in helping us control our baby linen supply.

lon't have a car seat already, remember that ***er*** *safe to travel with an infant or child in a ehicle without one, even for short distances. We strongly recommend that you make an appointment and have your car seat checked to see how it should be installed in your particular car, BEFORE you have the baby.*

There is a list of certified Child Passenger ifety Technicians in this notebook at the end hapter titled, "Taking Care of Your Baby".

New York State, it's the law.

You will need to have an infant car seat to take the baby home in.

When You're Ready To Go Home

1. Both your own caregiver, and your baby's will visit and write discharge orders.
2. You will meet with your nurse and review your discharge instructions for care of yourself and for your infant, and you will sign discharge papers for both of you. **(This notebook contains your discharge instructions.)**
3. **Please make sure you have handed in the birth certificate packet before you leave!**
4. Put on your call bell when you are dressed and ready to go.
5. You will be escorted by a hospital staff member after the baby's security device is removed.

Discharge time is generally around 11 a.m.
Discuss your particular needs with your nurse.

Taking Care of Yourself after Birth

This section contains information on:

- **Instructions from Your Caregiver**
- **Peri-Care**
- **Cramps**
- **Bowel & Bladder Function**
- **Breast Care & Self Exam**
- **Pain Control & Preventing Complications after C/section**
- **Incision Care**
- **Nutrition & Fluids**
- **Are You Getting Enough Iron?**
- **Are You Anemic?**
- **Iron Content in Foods, Increasing Your Iron Intake**
- **Are You Getting Enough Calcium?**
- **Calcium Sources**
- **Healthy Eating Guidelines**
- **Exercise & Rest**
- **Resuming Sexual Activities**
- **"The Blues"**
- **Community Resource Listing**

Instructions from your doctor or midwife

Congratulations on your new baby!

This handbook will provide you with basic information on caring for yourself after delivery. **In the first few days after getting home, please call your caregiver's office to make your follow-up appointment.** How soon you should be seen will depend on the type of delivery you had and whether or not you had a tubal ligation. The office staff will assist you.

Please call the office during regular office hours if you have non-emergent questions or problems (mornings are best). A message will be taken and conveyed to your caregiver. Someone will return your call as promptly as possible, between seeing patients. **When calling, please specify whether you are a physician or midwife patient.**

If you have an emergency at any time, call the office at the number listed on reverse. There is always an answering service available when the office is closed. They will take your message and give it to your caregiver, who will then call you back. Providing specific information on what the problem is, as well a phone number where you can be reached will help your doctor or midwife contact you in a timely manner.

Please Call Us If:

Your flow suddenly increases (you saturate more than 1 maxi-pad per hour for more than 2 hours)

You pass clots bigger than your fist

You notice a foul smelling vaginal discharge

You have a fever of over 100°F

Your calf becomes tender, red, warm or swollen

Your stitches or hemorrhoids become very painful or if the area becomes very red, hot or swollen, or you have an incision that is not healing

---

You develop a painful breast, see redness or red streaks or have a fever higher than 100°F and/or chills, muscle aches or other "flu-like" symptoms

---

Have persistent "Warning Signs" of postpartum depression
(See list at the end of this chapter)

Have a persistent headache not relieved, or have changes in your vision

EMERGENCY – CALL 911 if you have:

-Pain in your chest

Obstructed breathing or shortness of breath

Seizures

Thoughts of hurting yourself or the baby

OB-GYN & Midwifery

Associates of Ithaca

20 Arrowwood Drive Ithaca

www.ithacaobgyn.com

607-266-7800

Please refer to the practice's website to view the most up to date information about their current providers.

Your in-hospital provider will give you contact information for their office with your discharge instructions.

Taking Care of YOU After Delivery

A quick reference on how to care for yourself in the first few weeks following birth

Peri-Care

- **Always wipe from front to back** (this prevents the spread of bacteria from the rectum to the vagina or urethra). Remember to **wash your hands,** too!

- **Use a squeeze bottle** filled with warm water to gently cleanse your bottom until stitches heal, dab lightly with a towel to dry. Air dry when possible.

- If you have a sore bottom, **a sitz bath** can be soothing and the warmth can promote healing. Fill the basin and sit in it for 10-15 minutes at a time, as often as you'd like. If cool water feels better to you, that is fine also. At home, if you don't have a sitz bath, sitting in the tub will also be effective.

- If you have hemorrhoids, using a **witch hazel compress** (like Tucks) can provide some relief. In addition, making sure you drink plenty of fluids and increasing the fiber in your diet will prevent constipation, which can aggravate hemorrhoids**.**

If your stitches or hemorrhoids become very painful or if the area becomes very red, hot or swollen, call your doctor or midwife.

- **Your vaginal flow** should be similar to a moderate to heavy menstrual period at first. You may pass some small blood clots as well. The flow will decrease and the color will change to a lightish pink, white or yellow discharge over the next few weeks. It will probably not be completely gone for up to six weeks.

At home, if your flow suddenly increases (you saturate more than one maxi-pad per hour for more than two hours), if you pass clots bigger than your fist, or if you notice a foul smelling discharge, call your doctor or midwife.

- **Do not use tampons** (or douches) until your flow has disappeared. Use pads.

- **When your period will resume** is extremely varied. If you are breastfeeding, it may not return for several months or possibly not until after you stop breastfeeding. (This does NOT mean that you don't need birth control until then! Refer to section on resuming sexual activity.) If you are formula feeding, it will probably start again in four to eight weeks.

Cramps

◆ You may notice uterine cramping ("afterbirth pains"), especially during infant feedings if you are nursing. The more babies you've had, the more difficult these can be... this is your body's way of helping your uterus to return to its pre-pregnant size and making sure you don't have too much bleeding. **Keeping your bladder empty and frequently changing your position sometimes helps**. You may take an over-the-counter pain medication (such as Tylenol or Motrin) if needed.

Bowel and Bladder Function

◆ Even after you've gone home, constipation can be a problem. Drinking at least 8 glasses of fluid a day and increasing fiber (whole grain cereal, bran, prunes, raisins, raw vegetables) in your diet should help. In addition, you may take over-the-counter stool softeners (such as Colace) or a bulk laxative (such as Metamucil) if needed. Occasional use of a laxative (such as Milk of Magnesia) is O.K. too. **Consult your doctor or midwife if you have severe constipation.**

◆ Drinking fluids and always wiping from front to back will also help prevent a bladder infection. **Notify your doctor or midwife if you have trouble or pain with urination, or if you go in frequent, tiny amounts.**

◆ If you have had many stitches in your bottom, you may be afraid to have your first bowel movement after your baby's birth. You're not alone. While in the hospital, we are probably giving you a stool softener and can usually provide a glycerin suppository, too, to make things easier. Most moms report that "It was not nearly as bad as I thought it'd be."

Breast Care

◆ Avoid using soap or any creams or ointments on your nipples, as they can cause irritation. Refer to the section on Feeding Your Baby for further details.

◆ While you are breastfeeding, you may notice some "lumpiness" in your breast tissue. This is most commonly from milk filling, but could be a sign of inflammation. Call your provider if a lump or thickening is uncomfortable, or if it persists for several days and does not change in size or location after feedings.

Remember to notify your doctor or midwife if you develop a painful breast, see redness or red streaks or have a fever higher than 100° and/or chills, muscle aches or other "flu-like" symptoms.

Pain Control following a C/Section

While you are in the hospital, we will be providing you with medications and techniques to control the normal discomforts that accompany a Cesarean Section. Some things to bear in mind:

- Our goal in providing pain control after surgery is to provide a level of comfort that you feel is acceptable, where you are able to move around and begin to care for yourself and baby, and you are able to get adequate rest. We will ask you to rate your pain on a scale from one to ten**. If you are not getting adequate relief, please let your nurse know right away. We have many alternatives.**
- Your recovery will be quickest if you **get up and move around early, frequently and for short periods**. We encourage you to take enough pain medication to be comfortable doing this.
- Remember that we don't automatically bring you pain medication. You need to ask for it. **It's best to take it before the pain becomes severe**; it will work more quickly and you'll end up taking less in the long run. Some nursing moms find it helpful to take some one half an hour or so before nursing, since the uterine cramps which are stimulated during the feeding are particularly uncomfortable after surgery.
- Although all pain medications do cross into breast milk, the amount is so little that it shouldn't affect your infant. If anything, it *might* make the baby slightly sleepier than usual. However, **it is more important that you are *comfortable* while nursing**; this will help your milk to "let down." If you are particularly concerned about this, try taking your pills right after nursing, to minimize the amount in your milk at the next feeding.
- **Why are your waking me?** Please note that if we have given you certain narcotics for pain, we do need to check in on you when the medication has its peak effect, because although rare, some patients become over-sedated and may not breathe effectively. This check is for your safety, and we apologize in advance for the inconvenience and disturbance to your rest!

Preventing Complications

- The nursing staff will also be reminding you to **take nice deep breaths, splint your incision and cough every few hours,** and to **move your legs around and wiggle your feet.** These are particularly important if you've had a "general" anesthesia (if you "went to sleep" for your surgery) and if you're a smoker. Any place that fluid can pool from inactivity is a potential place for infection (i.e. your lungs, the veins in your legs, your bladder), so it is important to keep things moving. Remember to get up and walk often, for short distances.

At home, if you develop a cough, or pain, swelling, heat or redness in one or both of your calves, call your doctor.

Call 911 if you have trouble breathing, seizures, or pain in your chest.

Incision Care after C/Section

- If staples were used to hold the skin edges together, they are usually removed before you go home. Underneath, there are stitches which hold together your muscles and other layers of tissue. These will dissolve after many months. **You may notice a pulling or burning sensation, frequently worse on one side than the other**, as the incision heals. This is normal.

- **Keep the incision clean**. You can use soap and water on it from your very first shower. No covering is necessary unless the staples are catching on your clothes. At home, you may find that bikini or hip hugger type panties irritate the incision line. Try full sized briefs if this is a problem.

- Your incisional tenderness and abdominal **discomfort will gradually subside**. If your doctor has not sent you home with a prescription pain reliever, you may use an over-the-counter remedy (such as Tylenol or Motrin). Call your doctor if this does not relieve adequately.

Notify your doctor if you notice firmness, redness, swelling, warmth or drainage at the incision, or if you develop a fever.

Nutrition & Fluids

- **Continuing a well balanced, nutritious diet** is just as important after delivery as it was during your pregnancy, to help your body repair tissue and restore tone. If you are anxious to lose those extra pounds that came with pregnancy, do so gradually by choosing lots of fresh fruits and vegetables, whole grain breads and cereals, low fat sources of protein (such as beans, fish, chicken and turkey) and avoiding high calorie/high fat methods of cooking. Try fruit, yogurt, whole grain crackers or unbuttered popcorn as an alternative snack to chips, cookies or cakes. Drink plenty of fluids to maintain hydration.

- **Eating a variety of foods from all of the basic food groups** will help you get the nutrients you need to stay healthy. The chart later in this chapter shows the number of servings from each group you should have daily if you are targeting approximately 2,000 calories per day, which is a good estimate for most people. Talk to your care provider or a dietitian if you have special needs.

- **This is NOT the time for "crash diets"** or powdered meal substitutes! Your body needs a reasonable, healthy diet during those first few months when you are operating on less sleep and coping with many demands. Please consult our hospital's dietitian if you'd like some help planning safe weight loss after delivery.

- **Continue taking your prenatal vitamins** after you go home if you still have some left. Your doctor or midwife will direct you at your first office visit as to when to stop taking them. In general, if you are breastfeeding, you will continue taking your vitamins until weaning. If you are formula feeding, it is a good idea to continue taking them for 4 to 8 weeks.

Are You Getting Enough Iron?

- Iron is an essential mineral that plays a role in a variety of body functions. Its primary role is to carry oxygen throughout the body. If our dietary intake of iron is inadequate, oxygen is not available to our cells and we become tired, irritable and weak.

- Women require 15 mg of iron per day, due to monthly losses during menstruation. After menopause, requirements drop to 10 mgs per day. During pregnancy, the mother's requirement doubles to 30 mg per day. During lactation, there are NOT increased needs (beyond usual) because the menses is usually absent.

- We absorb, on average, only about 10% of the iron from the foods we consume. Iron from animal sources like meat, poultry and fish is called heme iron. Iron from plant sources like kale, nuts and whole grains is called non-heme iron. Heme iron is better absorbed than non-heme iron. Vitamin C can help increase the absorption of non-heme iron when eaten at the same meal, while coffee and tea can decrease iron absorption.

Are You Anemic?

If you have been told you are anemic ("have low iron") and are advised to take iron pills:

You can purchase iron without a prescription in any pharmacy or drug store. Please note the following information about iron supplements:

- Iron pills are **better absorbed on an empty stomach**, but may be taken with food if they upset your stomach. Store this medicine at room temperature, in a tightly closed container, away from heat and light. If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take two doses at once.

- **Side effects**: Possible side effects include nausea, constipation, diarrhea, or stomach pain. If they continue or are bothersome, check with your care provider. While you are taking iron, you may notice some darkening of bowel movements. This is normal. Check with your doctor as soon as possible if you develop a rash, itching or vomiting with continuing stomach pain and black or green bowel movements. If you notice other effects not listed here, contact your doctor or midwife.

- Note: Accidental poisoning of iron-containing medicines is a leading cause of fatal poisoning in children under 6. **Keep this medicine out of reach of children.** This medicine may cause false test results with kits used to test for blood in the stool or blood cholesterol. Check with your doctor or midwife at least three days before having any of these tests. If you have diabetes, iron may cause false test results with some urine test kits. Check with your doctor before adjusting medications.

Iron Content of Various Foods

***New mothers should aim for 15 mg/day of iron**, even if you are taking iron pills. If you are unable to take the pills and were told you're anemic, you should try to get even more in your diet.*

Iron, mg	Milk & Milk Products
0	1 cup milk
0	1 ounce cheese

Iron, mg	Meat & Legumes
	3 1/2 ounces, unless specified
13.10	Kidney, beef
6.5	Liver, beef
4.4	Pork loin, cooked
3.6	Veal roast, cooked rump
1.8	Beef roast, cooked
1.8	Turkey
1.59	Lentils, 1/2 cup cooked
1.04	Egg, 1 whole

Iron, mg	Fruits & Vegetables
2.11	Peaches, 4 halves, dried
2.0	Spinach, 1/2 cup cooked
1.58	Raisins, 1/2 cup
0.83	Prunes, 4 dried
0.96	Dates, 10
0.66	Apricots, 4 halves, dried

Iron, mg	Grains
18.0	Kellogg's Product 19, 3/4 cup
13.5	General Mills Total, 3/4 cup
10.4	Infant Rice with Mixed Fruit, 1 jar
8.1	40% Bran Flakes, 3/4 cup
8.1	Quaker Instant Oatmeal, 3/4 cup cooked
7.6	Cream of Wheat, 3/4 cup cooked
4.5	Quaker's Cap'n Crunch, 3/4 cup
2.6	Brewer's Yeast, 2 tablespoons
1.8	Infant rice cereal, 1 tablespoon dry
1.2	Rye flour, 2 tablespoons
0.86	Bread, 1 slice whole wheat
0.74	Shredded wheat, 1 large biscuit
0.7	Regular oatmeal, 1/2 cup cooked
0.5	Whole wheat flour, 2 tablespoons
0.44	All-purpose flour, 2 tablespoons

	Other
2.0	Bitter baking chocolate, 1 ounce
0.9	Light molasses, 1 tablespoon
0.8	Cocoa, 1/3 cup
0.8	Syrup, 1 tablespoon
0.7	Almonds, 12-15
0.6	Cashews, 6-8

Recommendations for Increasing Dietary Iron

- Do not drink tea or coffee with your meals; have them one hour later, as they may interfere with iron absorption
- Include Vitamin C sources with your meals, such as: citrus fruits and juices, broccoli, green pepper, tomatoes, strawberries and cantaloupe
- Avoid antacids, since they interfere with iron absorption
- Use cast iron cookware to increase the iron in your food
- Choose lean cuts of beef, veal, lamb, chicken or fish, to provide good sources of iron. Liver and other organ meats are very high in iron, but should be limited due to their high cholesterol content
- Choose iron fortified breakfast cereals and bread products

Are You Getting Enough Calcium?

- All women need to be sure they are getting enough calcium in their diet, which helps prevent osteoporosis (an excessive loss of bone density) later in life. If you don't take in enough calcium in your diet now, you body takes what it needs from your "reserves," which may put you at higher risk for fractures later.
- **Whether or not you are breastfeeding, it is recommended that you take in about 1200 milligrams of calcium a day. See the chart that follows.** You will notice that it is difficult to get the recommended amount without taking in a lot of fat. Our hospital dietitian can help you plan your diet if you'd like.

Best Sources of Calcium

Dairy Products	Calcium (mg)	% Fat calories
Milk, skim 1 cup	316	5%
Milk, 1% 1 cup	313	26%
Milk, 2% 1 cup	313	36%
Milk, Whole 1 cup	291	48%
Yogurt, plain low-fat 1 cup	415	25%
Yogurt, plain, nonfat 1 cup	452	3%
Yogurt, fruit, low-fat 1 cup	314-383	18%
Blue Cheese 1 oz.	150	72%
Brie 1 oz.	52	70%
Cheddar 1 oz.	204	74%
Feta 1 oz.	140	72%
Mozzarella 1 oz.	207	56%
Provolone 1 oz.	214	72%
Ricotta, part skim ¼ cup	167	53%
Swiss 1 oz.	272	72%
American 1 oz.	174	74%

Vegetables	Calcium (mg)	% Fat calories
Beet Greens, cooked 1 cup	164	0%
Broccoli, cooked 1 cup	178	0%
Swiss Chard, cooked 1 cup	102	0%
Collards, cooked, 1 cup	148	0%
Dandelion greens, cooked, 1 cup	147	26%
Kale, cooked, 1 cup	94	22%
Mustard greens, cooked, 1 cup	103	0%
Turnip greens, cooked, 1 cup	249	0%
Spinach, cooked, 1 cup	244	0%
Canned Fish		
Salmon, canned, with bones, 3 oz.	237	38%
Sardines, canned in water, w/bones, 3 oz.	240	72%
Miscellaneous		
Almonds, 1 oz.	75	79%
Figs, 3 figs	81	0%
Rhubarb, cooked, with sugar, ½ cup	174	0%
Soybeans, cooked, ½ cup	66	38%
Tofu, 3 oz.	90	56%

NOTE:

The most plentiful sources of calcium are dairy products, which can also be very high in fat. Choose low fat products, and select a variety of sources daily to limit fat intake.

A Basic Guide to Healthy Eating

Grains ***Make half your grains whole***	Substitute whole- grain choices for refined-grain breads, bagels, rolls, break- fast cereals, crackers, rice, and pasta. Check the ingredients list on product labels for the words "whole" or "whole grain" before the grain ingredient name. Choose products that name a whole grain first on the ingredients list.	**Eat 6 oz. daily** What counts as an ounce? • 1 slice of bread • 1⁄2 cup of cooked rice, cereal, or pasta; • 1 ounce of ready-to- eat cereal
Vegetables ***Vary your veggies*** ***Make half your plate fruits and vegetables.***	Eat more red, orange, and dark-green veggies like tomatoes, sweet potatoes, and broccoli in main dishes. Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish. Fresh, frozen, and canned vegetables all count. Choose "reduced sodium" or "no-salt-added" canned veggies.	**Eat 2 1⁄2 cups daily** What counts as a cup? • 1 cup of raw or cooked vegetables or vegetable juice • 2 cups of leafy salad greens
Fruits ***Focus on fruits***	Use fruits as snacks, salads, and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes. Buy fruits that are dried, frozen, and canned (in water or 100% juice), as well as fresh fruits. Select 100% fruit juice when choosing juices.	**Eat 2 cups daily** What counts as a cup? • 1 cup of raw or cooked fruit • 1 cup 100% fruit juice • 1⁄2 cup dried fruit
Dairy ***Switch to skim or 1% milk***	Choose skim (fat- free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories. Top fruit salads and baked potatoes with low-fat yogurt. If you are lactose intolerant, try lactose-free milk or fortified soymilk (soy beverage).	**Get 3 cups daily** What counts as a cup? • 1 cup of milk, yogurt, or fortified soymilk • 1 1⁄2 ounces natural or 2 ounces processed cheese
Protein Foods ***Vary your protein food choices***	Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry, and eggs. Twice a week, make seafood the protein on your plate. Choose lean meats and ground beef that are at least 90% lean. Trim or drain fat from meat and remove skin from poultry to cut fat and calories.	**Eat 5 1⁄2 ounces daily** What counts as an ounce? • 1 ounce of lean meat, poultry, or fish • 1 egg • 1 Tbsp peanut butter • 1⁄2 ounce nuts or seeds • 1⁄4 cup beans or peas

For a 2,000 calorie diet, you need the amounts listed above from each food group.
To find amounts personalized for you, go to Choose**MyPlate**.gov.

Cut back on sodium and empty calories from solid fats and added sugars	Be physically active your way
Look out for salt (sodium) in foods you buy. Compare sodium in foods and choose those with a lower number. Drink water instead of sugary drinks. Eat sugary desserts less often. Make foods that are high in solid fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not every day foods. Limit empty calories to less than 260 per day, based on a 2,000 calorie diet.	Pick activities you like and do each for at least 10 minutes at a time. Every bit adds up, and health benefits increase as you spend more time being active. **Children and adolescents:** get 60 minutes or more a day. **Adults:** get 2 hours and 30 minutes or more a week of activity that requires moderate effort, such as brisk walking.

Source: US Dept. of Agriculture Center for Nutrition Policy and Promotion August 2011 ChooseMyPlate.gov

Exercise & Rest

◆ At home, **at first, your activity should be limited to care of yourself and the baby**. Don't hesitate to let someone else take care of meals, laundry, cleaning and the care of older children. Gradually increase your activity as tolerated. Try to rest when your baby does... the more rest you can get in the beginning, the faster you will heal and begin to feel better.

◆ If your have stairs, plan your activities the first week or so to limit the number of times up and down each day. **For the first few weeks, don't lift anything heavier than the baby**. If you have a sudden increase in the amount of vaginal flow you're having, you are probably overdoing... put your feet up for a while.

◆ It is best to **avoid driving for about two weeks**, if possible. Riding in the car for short trips is fine. If you have had a C/section, put off driving until you feel that you can comfortably make the sudden moves that are needed to safely operate a vehicle when something unexpected happens.

◆ **Resume the Kegel and abdominal tightening** exercises as soon as possible after delivery. Start slowly and gradually increase. (See diagrams on following page.)

◆ Walking is one of the best exercises. Swimming is also beneficial (once your vaginal flow is minimal). More vigorous activities such as jogging, bicycling, aerobics and so on, can usually be resumed in three or four weeks... just start slowly and back off if you experience pain, stiffness or soreness.

Curl Ups

Lay on you back with your knees slightly bent. Cross your arms across your chest. Curl your head and shoulders up, reaching your chin toward your chest. Hold for five seconds and release.

Start slowly and build up to ten repetitions, 4-5 times a day.

The Pelvic Rock

Get down on all fours with your knees slightly apart and your elbows and back straight. While inhaling, arch your back using the muscles in your lower abdomen. As you exhale, slowly relax, allowing your back to sag. Return to the original position. Repeat several times, 4-5 times per day.

Kegels

◆ The Kegel exercises you learned before delivery are important to continue after birth to restore tone to the pelvic floor muscles.

◆ To do these, practice starting and stopping when you are urinating, letting a smaller and smaller flow pass each time. Imagine riding in an elevator… as you go up to each floor, tighten the perineal muscles a little more. When you have tightened them as much as you can, don't just let go. Slowly release, "floor by floor."

◆ These "private exercises" can be done anytime, anywhere. Practice them often. To further challenge yourself, try tightening these muscles when you are in a deep squatting position.

Getting Enough Rest

◆ Though certainly a challenge in the early days of parenthood, getting enough rest really is important. The best advice we can give is **WHEN THE BABY SLEEPS, SO SHOULD YOU**.

◆ It is very hard to fight the urge to "try to get things done" while the baby naps… just remember that you can't count on the baby sleeping LATER, so take a nap NOW! And learn to say YES to offers of help. Be specific, and you'll find that others are glad to help out with the household tasks.

Resuming Sexual Activity

- Women vary greatly with respect to when sexual activity is resumed after delivery. For some it is weeks, and others it may be months. Physical discomfort, fatigue, mild depression and decreased desire may contribute; be assured that this is normal and not permanent!

- **After your vaginal bleeding has subsided** (yellow or white discharge is O.K.) and your bottom feels well enough, it is safe to resume sexual activity. When you do, be sure to use a barrier method of contraception (condoms plus foam) until you've had your six week exam and resumed another method of birth control. Diaphragms and cervical caps must be refitted after delivery; **do not** start using yours again until your visit. Your caregiver will be providing you with information on your various options at that time.

  Remember, it IS possible to get pregnant the very first time after having a baby, and breastfeeding does NOT reliably protect you!

- If intercourse is uncomfortable at first, extra lubrication can make a big difference. (Breastfeeding moms may find vaginal dryness to be a continuing concern, sometimes until weaning.) Be sure to use only "water-soluble lubricants" (such as K-Y Jelly or Astroglide), not Vaseline, as this can damage condoms. Trying different positions may also decrease discomfort as stitches heal.

How To Use Condoms and Foam

Using condoms and foam together will provide you with the best protection from unintentional pregnancy until you can resume your usual method. Follow these directions carefully.

How to Use Contraceptive Foam

Must be inserted prior to ANY contact between the penis and the vagina. Shake the container well prior to use.

Fill the applicator with foam. Lie down and insert it deep into the vagina, no more than 30 minutes before intercourse.

Insert an additional applicator full of foam each time intercourse is repeated.

Douching is not generally recommended at all, but if you choose to, you must wait at least 8 hours after the last act of intercourse.

If you develop itching or burning, try a different brand or consult your doctor or midwife.

How To Use A Condom

To be effective, the condom must be put on before the penis has any contact with the vagina.

Place the condom on the erect penis and slowly roll it down to the base, leaving about 1/2 inch of space at the tip. This helps prevent breakage.

Use adequate lubrication, or purchase lubricated condoms. You can use a water-based lubricant (such as K-Y Jelly), but never use petroleum based products such as Vaseline, baby oil, cold cream, etc. These can break down the condom material.

After ejaculation, the penis should be withdrawn before it relaxes completely, holding the rim carefully to prevent slippage and spilling of the contents.

Condoms are for single use only. Use a fresh condom for each additional act.

Breastfeeding moms may notice milk leaking from their breasts during sexual activity.

This is completely normal.

"The BLUES"

More than half of all new mothers experience a mild, short term depression in the first few days after birth. This is caused by a rapid and sudden drop in your hormone levels and is probably exaggerated by fatigue and all of the other physical and emotional changes going on in your life. You will know it's "The Blues" when you find yourself suddenly crying for little or no apparent reason, you may feel confused, forgetful, anxious, irritable or lethargic. Your family's patience, understanding and a little sense of humor can go a long way towards weathering this normal and temporary (though somewhat disconcerting) situation.

A fairly rare condition, known as postpartum depression, can begin at anytime during the first year after birth. This can become a serious problem and requires professional assistance.

WARNING SIGNS

Call your doctor or midwife if you have persistent symptoms:

Inability to sleep for days, or sleeping for extended periods with difficulty waking up

Having very little energy or excessive nervous energy

Fear of harming or being alone with the baby

Crying for 15-20 minutes daily for 2-3 days in a row

General fear of not wanting the baby

Frightening fantasies or religious preoccupations that are not normally experienced

Feeling out of control or emotionally "numb"

Feeling unable to respond to the baby's needs

CALL 911 if you have thoughts of harming yourself or the baby

If you feel unable to discuss your feelings with your doctor or midwife, there are support groups in the area. See the listings at the end of this chapter titled "Resources in the Community for Care of Yourself at Home."

Resources in the Community
For Care of Yourself at Home

If you have questions about self-care after birth, remember that your physician or midwife, or your childbirth educator are good sources to start with. If you have specific concerns, this list of resources may be helpful:

BirthFit **ithaca.birthfit.com**
Educating and empowering women during preconception, pregnancy, birth, and postpartum through classes, workshops and community events.

Community Postpartum Support Group
A facilitated community peer group for parents who are struggling with emotions or stress in the postpartum period.
Child Development Council **273-0259**
609 W. Clinton Ave.

Department of Social Services
320 West State St. **274-5257**

Cash & Emergency Assistance - **274-5345**
Housing Assistance - **274-5644**
Domestic Violence - **274-5293**
Food Assistance/SNAP- **274-5201**
Medicaid Programs - Information - **274-5244**
New York State of Health - **1-855-355-5777**
or *https://nystateofhealth.ny.gov*
Medicaid Transportation - **1-866-753-4543**
Medicaid Managed Care - **274-5330**
Home Energy Assistance Program (HEAP) **274-5264**

Doulas *A doula provides 1:1 labor support and after-delivery home assistance. See listing at the end of the first chapter of this book. Note: The doulas have a limited amount of scholarships available for income eligible clients. Contact them for more info.*

Domestic Violence Hotline
24 hours, 7 days a week
1-800-942-6906 *(English)* **-6908** *(Spanish)*

Family & Children's Services
204 N. Cayuga St. **273-7494**
Adoption, family and individual counseling

Ithaca VBAC & Cesarean Support Group
(Previously ICAN) This is an online discussion group to provide information for those with questions about cesarean birth, VBAC, and postpartum support and recovery.
www.facebook.com/groups/724458927670344

The Mama's Comfort Camp Ithaca Real Life Support & Events Group *Provides a local support structure for moms via an online forum and opportunities for moms to help each other "in real life."* **www.facebook.com/groups/312077432234576**

MOMS Club of Ithaca
www.momsclubofithaca.com
Support group of moms from Ithaca and surrounding towns. Organized playgroups, mom's night out events, book club and other monthly activities. Also provides meals to members in the first weeks after birth. Contact via e-mail at ithacamomsclub@gmail.com.

MOMS Program, Tompkins Co. Health Dept.
Ongoing assistance after birth for Tompkins County residents **274-6622**

Mothers & Babies Perinatal Network
Smoking cessation, parenting info & support **772-0517**

Prevent Child Abuse NY
Parent help-line 24 hours **1-800-CHILDREN**
Resource Center **1-800-342-7472**

Planned Parenthood of Tompkins County
620 West Seneca Street **273-1513**
Contraception counseling and supplies

Postpartum Group **387-5925**
Postpartum depression, postpartum mood disorder, stress reduction, prenatal counseling. Fee charged. Contact Gail Zussman, CSW

Postpartum Resource Center of New York
e-mail postpartum@aol.com **855-631-0001**
www.postpartumNY.org

Postpartum Support International
www.postpartum.net **1-800-944-4PPD**

Quit Kit Smoking Cessation Program for Pregnant and Parenting Women & Families **800-231-0744**

Teen Pregnancy & Parenting Program
609 W. Clinton Ave **273-0259**

WIC (Women & Infant's Nutrition Program) **274-6630**

Caring for Your Baby

This section contains:

A Message from Your Baby's Doctor

- How to Reach The Doctor, When to Call
- Follow-up Instructions

Infant Care

- Clothing Your Baby
- Sleep Positions, Safe Sleep
- Diapering
- Wetting & Stooling
- Circumcision Care
- Bathing
- Nail Care
- Cord Care
- SIDS: Important Info for Parents
- Jaundice
- Crying, Crying! Why?
- If Your Baby's Sick
- Taking a Temperature

Helping Your Baby to Be Healthy & Happy

- Infant Growth & Development
- Read to Your Baby
- Developmental Milestones
- Well Visits & Immunizations

Safety Concerns

- Smoking
- Car Seat Use
- Preventing Burns
- Lead Exposure
- Choking Hazards
- Preventing Falls
- CPR & Choking
- Preventing Drowning
- Never Shake a Baby
- Emergency Help
- Rule of Thumb
- Car Seat Safety

Help After Discharge

- Community Resources on Parenting

Instructions from Your Baby's Doctor

We welcome you and your infant to our practice. The following section on infant care will provide you with some of the basic information you will need in caring for your newborn.

Call the office your first day home to make an appointment for your baby's first office visit, if this has not been set up before you leave.

If you will be transferring to a different provider office than the one you used during your hospital stay, the baby's discharging doctor will give you specific instructions as to the recommended timing of your first after-hospital visit. It is very important to make sure your baby is seen by the new provider within this time frame.

If you have questions concerning the care of your baby that you feel should not wait until your next appointment, call the doctor's office. **If you feel your problem is urgent or an emergency**, please make certain that you make this clear. Otherwise, someone will call you back either between patients, at noon or at the end of the day.

For emergency concerns when the office is closed, just call the office number. The answering service will contact the physician who is on call and he/she will call you back. Providing a clear description of your concern, as well as a phone number where you can be reached, will enable the doctor to respond promptly.

Please Call If:

Your newborn is not wetting 6-8 diapers a day

◇◇◇

Has not had a bowel movement in 24 hours

◇◇◇

Has warmth, redness, drainage or foul smell from umbilical cord site or circumcision

◇◇◇

Refuses to eat for more than 8 hours

◇◇◇

Has a temperature of less than 97°F or more than 100°F

◇◇◇

Has vomiting or diarrhea

◇◇◇

Just isn't "acting right"
(is either very drowsy and lethargic, or is very irritable)

◇◇◇

Has poor color or trouble breathing

◇◇◇

Any signs of worsening jaundice since your baby was last seen by the healthcare provider

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

In-Hospital Care Providers for your Newborn

Northeast Pediatrics & Adolescent Medicine

www.northeastpeds.com

We begin answering phones to the office Monday through Friday at 7:00 a.m. Call us anytime for emergencies.

Main Office 257-2188
10 Graham Road West, Ithaca

West Office 319-5211
1290 Trumansburg Road (Rt. 96), Ithaca

Well-being Pediatrics & Adolescent Medicine

www.wellbeingpeds.com

Office 607-602-2083 (call or text)
402 3rd Street, Ithaca

Please visit the pediatric practices' websites to view the most current information about their providers

Care of High Risk Newborns

(In-hospital Only)

Neonatologists:

Satish Devapatla, MD **Ramesh Vidavalur, MD**
274-4408

Taking Care of Your Newborn

Here are the basic things you need to know about caring for your new baby in the first few weeks

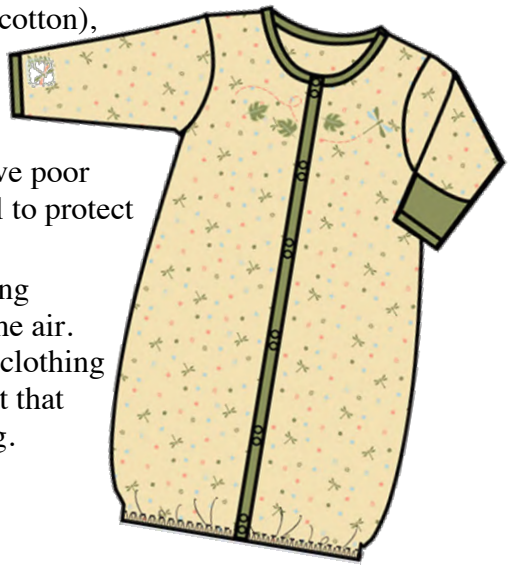
Feeding Your Baby

We have provided you with a whole chapter on the ins & outs of the feeding method you've chosen. Regardless of how you choose to feed your baby, there are a few things to keep in mind:

- Feeding time is much more to your infant than taking in calories and filling his belly. This is his special time to spend cuddling with you, staring at your face, listening to your voice, being reassured by your heartbeat. This is very important for his growth and health.
- Always hold your baby during feedings, talk to her, look at her. Not only is propping up bottles a choking hazard, it deprives your baby of some very special times with you!
- Consult your baby's doctor if you have concerns about how much or how often your baby is eating. Try not to be swayed by the "friendly advice" of others who always seem to know better than you that your baby is eating too much or too little or too often or not often enough...

Clothing Your Baby

- **Don't overdress your baby.** He only needs about the same amount and type of clothing you are wearing, plus a lightweight blanket for bundling (swaddling), if your baby seems to like that. Clothing which is stretchy, non-binding and free of scratchy tags or decorations will be most useful; articles made of natural fibers (like cotton), which "breathe" best are helpful next to baby's skin.
- In winter, protect your baby well from cold, wind and snow when outdoors. Be sure to cover his head and ears, and to protect his hands and feet (which tend to have poor circulation). In very warm weather, be especially careful to protect baby's head with a light sun hat.
- Don't be alarmed if your baby doesn't seem to like getting dressed- most babies hate having their skin exposed to the air. You'll learn how to dress her piece-by-piece, stretching clothing over the head and reaching into the sleeve opening to get that little hand out. Soon you will do it without even thinking.



Sleep Positions

- The American Academy of Pediatrics advises that healthy, full term infants be put down to sleep on their **backs**, because of a higher risk of SIDS (Sudden Infant Death Syndrome) in infants who sleep on their tummies. Remember: **BACK TO SLEEP for every sleep.**
- Refer to the full page later in this chapter on Preventing SIDS for more information on keeping your baby safe during sleep**.**

◆ The latest findings on SIDS also recommend that parents have the baby sleep in the same room with them, but not in the same bed. **BABIES SLEEP SAFEST ALONE.** There are a variety of bassinets and bed-side sleepers which can be used so that you don't even have to get out of bed to put your baby into its own space after nursing. When selecting one, be sure it adheres to the safety rules of no bumpers or fluffy items, no positioners or wedges – just a plain, firm flat surface (and make sure there is no gap between your mattress and the "side car", if that is the style you choose).

DANGER ◆ Falling asleep with your baby on a **couch** or in an **armchair** is extremely dangerous. Tragic deaths have occurred when babies have become trapped down the sides or between the cushions.

Should You Share a Bed with Your Baby?

The following is the most current response to this question from the American Academy of Pediatrics Policy Statement:

The safest place for an infant to sleep is on a separate sleep surface designed for infants close to the parents' bed. However, the AAP acknowledges that parents frequently fall asleep while feeding the infant. Evidence suggests that it is less hazardous to fall asleep with the infant in the adult bed than on a sofa or armchair, should the parent fall asleep. It is important to note that a large percentage of infants who die of SIDS are found with their head covered by bedding. Therefore, no pillows, sheets, blankets, or any other items that could obstruct infant breathing or cause overheating should be in the bed. Parents should also follow safe sleep recommendations outlined elsewhere in this statement.

Because there is evidence that the risk of bed-sharing is higher with longer duration, if the parent falls asleep while feeding the infant in bed, the infant should be placed back on a separate sleep surface as soon as the parent awakens.

There are specific circumstances that have been shown to substantially increase the risk of SIDS or unintentional injury or death while bed-sharing, and **these should be avoided at all times**:

- Bed-sharing with a term normal-weight infant younger than 4 months and infants born preterm and/or with low birth weight, regardless of parental smoking status. **Even for breastfed infants, there is an increased risk of SIDS when bed-sharing if younger than 4 months**. This appears to be a particularly vulnerable time, so if parents choose to feed their infants younger than 4 months in bed, they should be especially vigilant to not fall asleep.

- Bed-sharing with a current smoker (even if he or she does not smoke in bed) or if the mother smoked during pregnancy.

- Bed-sharing with someone who is impaired in his or her alertness or ability to arouse because of fatigue or use of sedating medications (e.g. certain antidepressants, pain medications) or substances (e.g. alcohol, illicit drugs).

- Bed-sharing with anyone who is not the infant's parent, including non-parental caregivers and other children.

- Bed-sharing on a soft surface, such as a waterbed, old mattress, sofa, couch, or armchair.

- Bed-sharing with soft bedding accessories, such as pillows or blankets.

(Source: PEDIATRICS, October 2016, American Academy of Pediatrics Policy Statement. SIDS and Other Sleep-related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment)

DIAPER CHANGING IN A NUTSHELL

What's Normal?

How Many? 1 wet diaper per day of life, then at least 6-8 wet diapers daily after a week of life

How Often? Stool at least daily, or as often as every feeding, (in breast fed babies)

Color & Consistency: Urine should be light to colorless, stool is tan to yellow or green, soft & pasty, curdled or very loose

...Diapers, Diapers Everywhere...

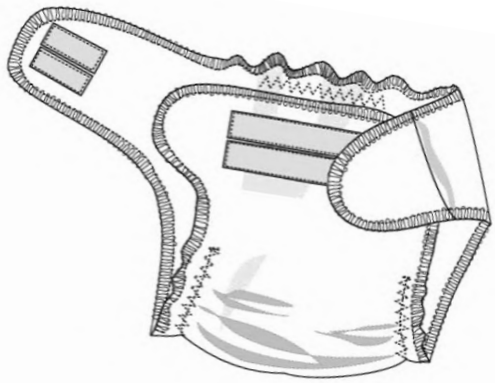
Diapering: Cloth or Disposables?

There are convincing arguments on both sides of the issue, and debate abounds over which type is less damaging to the environment (since laundering cloth diapers causes its own "pollution" to ground water supplies due to the detergents and uses water and electricity, too) and which ones are better for baby's skin. In deciding what's best for you, you should know that:

- The annual cost is roughly the same if you buy disposables or use a diaper service.
- The annual cost is less if you buy and launder your own cloth diapers.
- Remember that the cost of disposing of disposables is subject to changes in our county's dumping fees, trash tags and the like.

Whatever you use, keeping your infant's skin dry and changing the diaper frequently is of greatest importance. Some of the new "Ultra-Absorbent" variety of disposables hold so much fluid without leaking and prevent air circulation that they can cause skin irritation, and so need to be checked and changed frequently.

A baby who is feeding adequately will have at least 6-8 wet diapers a day, and may have a stool (bowel movement) as often as every feeding or as little as once a day or so. If you are unsure if your baby's wetting enough, pour about 2 tablespoons of water onto whatever type of diaper you use and see how it feels.



How Often to Change Baby's Diaper

- Usually you will need to change your baby's diaper before (and often after) every feeding, and any other time you discover the diaper is wet or dirty.

Cleaning the Diaper Area

- Always clean the genital area from front to back (as you would for yourself), using warm water and a soft washcloth. Disposable wipes may contain irritating ingredients. It's a good idea to use a mild soap once a day in the diaper area, but is not necessary with every change.

About Bowel Movements

- Newborn stools should always be soft, even loose. The first few will be sticky, greenish-brown "meconium." Over the next few days, this changes to brownish-yellow to soft pasty or curdly mustard colored stool. Breastfed infants' stools may change color and consistency with mother's diet; this is not cause for alarm. Check with the baby's doctor if stools are hard or formed, if he has no stool for more than 24 hours at first, or if the baby has diarrhea. (Diarrhea in a newborn will be mostly watery stool with very little consistency, and will be more frequent than your baby's normal pattern.)

Special Considerations for Girls

- If you have a girl, you may notice some vaginal mucus (clear or milky looking fluid which may have a streak of blood in it). This is normal, a result of Mom's hormones... no treatment is necessary and there is no need for concern. These same hormones may cause baby's breast tissue to be swollen. This is also normal.

Special Considerations for Boys

- If you have a boy, some redness and swelling of the genitals and breast tissue is normal, too, as a result of Mom's hormones.

Care of the Uncircumcised Penis

- If your son is uncircumcised, no special care is needed. Do not try to retract the foreskin. It will usually free up on its own by age 5. **If you notice deep redness, swelling or irritation, notify your baby's doctor.**

Care of the Newly Circumcised Penis

If your son is circumcised, follow these guidelines:

Be sure get a good look at his penis and change a diaper by yourself (under our supervision) before you go home, so you'll know how it's "supposed" to look.

For the first 24 hours, apply Vaseline and cover the penis with a gauze square. A small amount of bloody oozing may be noted on the gauze. If you see active bleeding, apply new gauze with Vaseline and put firm but gentle pressure for several minutes. If the bleeding hasn't stopped, place a folded cloth diaper or washcloth over the gauze and then fasten the diaper snugly. **Recheck in 30 minutes; if the bleeding has not stopped, call your baby's doctor.**

Your baby should urinate within 8-12 hours after the circumcision. If he doesn't, call your baby's doctor.

After 24 hours, you no longer need to put gauze on. Continue to lightly cover the tip of the penis with a small dab of Vaseline until it is healed... this will keep it from sticking to the diaper and prevent an skin from creeping up or adhering to the newly exposed tip of the penis.

Keep the area clean by gently wiping with warm soapy water on a cloth. Do not scrub the circumcision. The ring around the tip is healing; a small amount of yellowish drainage is normal. **If you notice a foul odor, sudden swelling, redness or oozing, call your baby's doctor.**

Call the doctor if your infant's stools are hard or formed, if he goes longer than 24 hours without a bowel movement in the first few weeks, if he is wetting less than 6 diapers a day, or if he has diarrhea.

Bath Time

BATHING IN A NUTSHELL

What do I do?

Hold safely, in warm shallow water

Avoid most soaps, lotions and powders

Start at head and finish with bottom

When: After the cord falls off and heals

How Often: A few times per week

How and When To Bathe Your Baby

- Until the stump of the umbilical cord falls off and heals underneath, all you need to do is keep your baby's face and bottom clean. A "sponge bath" is fine a few times a week.

How to Do a "Sponge Bath"

- While bathing is commonly a major source of anxiety for new parents, in reality, this can be kept very simple. Just wipe the baby off with a warm washcloth, concentrating on the little creases and folds where irritants can collect (especially under the neck where milk trickles down). Start with the cleanest part (baby's face and eyes) and finish with the dirtiest (his bottom). You don't even need to do it all at once; you could wash his chest and underarms the next time you're changing his shirt, and wash his bottom with the next diaper change.

To Soap or Not To Soap?

- It isn't usually necessary to use soap; in fact, it can dry and crack baby's sensitive skin, especially in the wintertime. If you do use soap, be sure it's mild.

Cleaning Ears

- **Don't** use Q-Tip type swabs to clean ears or eyes. Nothing smaller than your fingertip or washcloth is necessary or advised.

Washing Head & Hair

- **Do** wash your baby's hair and scalp a few times a week. Bundle baby in a towel or blanket and wipe off her head with a damp washcloth. Use a dab of baby shampoo and scrub gently all over with a soft brush. Wipe the soap off with a damp cloth and towel dry. Don't be afraid to clean over the "soft spot." You won't injure your baby, and the scalp stimulation is needed to prevent "cradle cap"(a build up of waxy flakes on baby's scalp).

Avoid Lotions, Powder & Creams

- We strongly recommend that you use as few products as possible on your baby's skin, especially in the first few weeks, as they are not necessary and may cause sensitivity or allergic reactions. Avoid creams, oils, lotions, talcum powder and disposable wipes, except as advised by your baby's doctor. Also, do not use any type of sunscreen or insect repellent on your newborn; instead, protect your baby from situations where these would be needed.

- Products that are generally well tolerated are mild soap, mild baby shampoo (no conditioner), and a little petroleum jelly (such as Vaseline) for very dry, irritated cracks in baby's skin or on baby's bottom.

Tub Bathing

- When the umbilical cord has fallen off, you can give your baby a tub bath if you like, but there really isn't any need to rush into it, as long as you are keeping your baby clean with sponge bathing. To give a tub bath, safety is of the utmost importance. Make sure the water is not too warm, and always keep a good hold on the baby - they're quite slippery when wet!

- **Never leave your baby, even for an instant, unattended in the tub!** (This rule will remain true well into toddlerhood.) Doorbells and telephones have to wait, or take the baby with you.

Nail Care

- A "smoothie" nail file (a finisher that has an ultra-fine grit) is perfect for use on your baby, and is much safer than clippers or scissors. If you do want to trim your baby's nails, wait until you are at home. You might try sneaking up on her while she's dozing, she'll be more cooperative.

- Socks will serve as fine "mitts" to cover hands if you have a baby intent on scratching up her skin.

Umbilical Cord Care

Your baby's umbilical cord stump will change from bluish white to black as it dries out and eventually falls off — usually within three weeks after birth. It is important that you keep the umbilical cord stump and surrounding skin clean and dry**.**

- When the umbilical cord becomes wet with urine, gently clean the base of the umbilical cord with plain warm water. Rinse the area and pat it dry, or fan it with a piece of paper.

- Keep the belly button area dry and expose it to air as much as possible to help the cord dry. You may need to fold the top of the diaper down. In warm weather, dress your baby in a diaper and T-shirt to improve air circulation.

- Change your baby's diaper frequently, with every feeding. A wet diaper on the cord keeps the cord from drying and increases the risk of infection.

- **Stick with sponge baths.** Do not bathe your baby in a tub or sink until the cord falls off. You may give your baby a sponge bath until then.

- Most of the time the cord falls off within two weeks. When this happens you might notice a small pink area in the bottom of the belly button. This is expected, and normal skin will grow over it. A small amount of fluid (sometimes tinged with blood) may ooze out of the navel area. It is normal for this to last up to 2 weeks after the stump falls off. If it doesn't heal or dry completely within 2 weeks, call the baby's doctor.

- **Let the stump fall off on its own.** Do not pull the cord off yourself, even if it is hanging on just by a thread.

- If your baby has an umbilical cord infection, prompt treatment is needed to stop the infection from spreading.

Call your baby's doctor if you notice any signs of infection, including pus (yellowish fluid) around the base and smells bad, red, tender skin around the base and warm to touch, your baby cries when you touch the skin or area around the stump, or you see active bleeding from the cord site.

A Parent's Guide to Safe Sleep

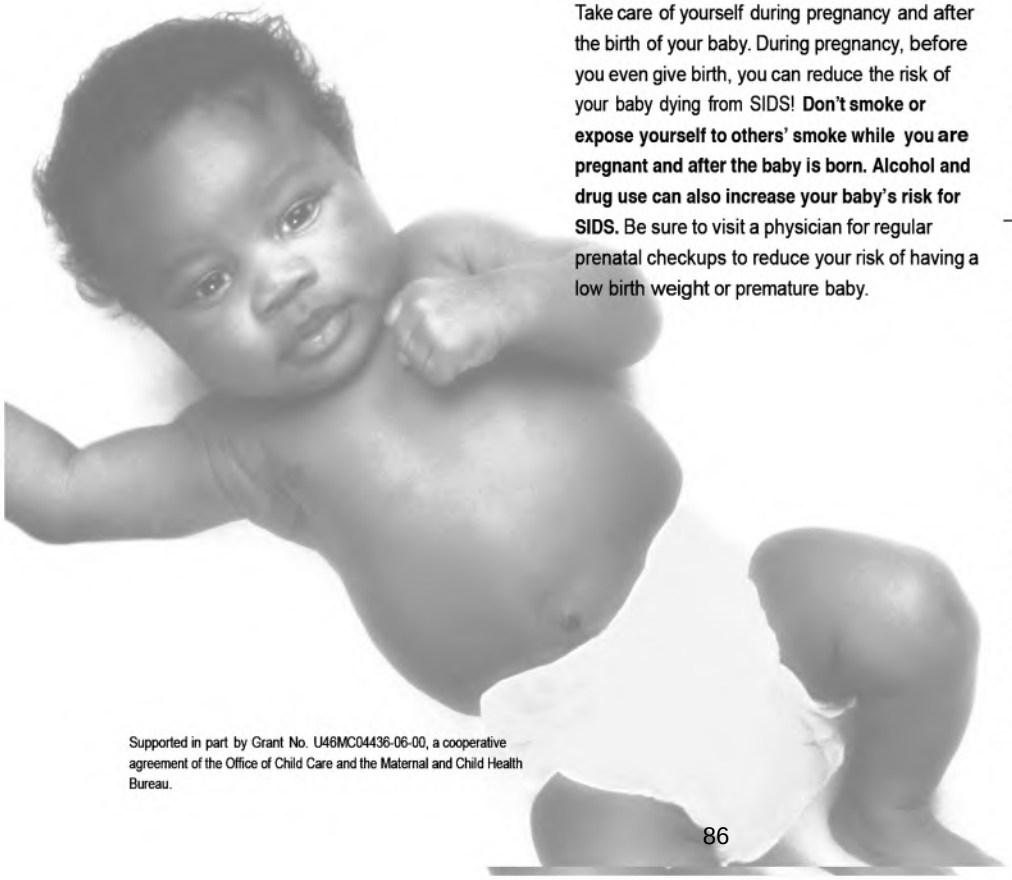
Helping you to reduce the risk of SIDS

Did You Know?

• About one in five sudden infant death syndrome (SIDS) deaths occur while an infant is in the care of someone other than a parent. Many of these deaths occur when babies who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."

• Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.

You can reduce your baby's risk of dying from SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back during naps and at night.



Who Is At Risk For SIDS?

• SIDS is the leading cause of death for infants between 1 month and 12 months of age.

• SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.

Know The Truth... SIDS Is Not Caused By:

• Immunizations

• Vomiting or choking

What Can I Do Before My Baby Is Born To Reduce The Risk of SIDS?

Take care of yourself during pregnancy and after the birth of your baby. During pregnancy, before you even give birth, you can reduce the risk of your baby dying from SIDS! **Don't smoke or expose yourself to others' smoke while you are pregnant and after the baby is born. Alcohol and drug use can also increase your baby's risk for SIDS.** Be sure to visit a physician for regular prenatal checkups to reduce your risk of having a low birth weight or premature baby.

Supported in part by Grant No. U46MC04436-06-00, a cooperative agreement of the Office of Child Care and the Maternal and Child Health Bureau.

More Ways To Protect Your Baby

Do your best to follow the guidelines on these pages. This way, you will know that you are doing all that you can to keep your baby healthy and safe.

• Breastfeed your baby. Experts recommend that mothers feed their children human milk for as long and as much as possible, and for at least the first 6 months of life, if possible.

• It is important for your baby to be up to date on her immunizations and well-baby check-ups.

Where Is The Safest Place For My Baby To Sleep?

The safest place for your baby to sleep is in the room where you sleep, but not in your bed. Place the baby's crib or bassinet near your bed (within arm's reach). This makes it easier to breastfeed and to bond with your baby.

The crib or bassinet should be free from toys, soft bedding, blankets, and pillows. (See picture on next page.)

Talk About Safe Sleep Practices With Everyone Who Cares For Your Baby!

When looking for someone to take care of your baby, including a child care provider, a family member, or a friend, make sure that you talk with this person about safe sleep practices.
Bring this fact sheet along to help, if needed. If a caregiver does not know the best safe sleep practices, respectfully try to teach the caregiver what you have learned about safe sleep practices and the importance of following these rules when caring for infants. Before leaving your baby with anyone, be sure that person agrees that the safe sleep practices explained in this brochure will be followed all of the time.

Face up to wake up – healthy babies sleep safest on their backs.

Do not place pillows, quilts, toys, or anything in the crib.

Supervised, daily tummy time during play is important to baby's healthy development.

What Else Can I Do To Reduce My Baby's Risk?

Follow these easy and free steps to help you reduce your baby's risk of dying from SIDS.

Safe Sleep Practices

• Always place babies to sleep on their backs during naps and at nighttime. Because babies sleeping on their sides are more likely to accidentally roll onto their stomach, the side position is just as dangerous as the stomach position.

• Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.

• Consider using a pacifier at nap time and bed time. The pacifier should not have cords or clips that might be a strangulation risk.

Safe Sleep Environment

• Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. For more about crib safety standards, visit the Consumer Product Safety Commission's Web site at http://www.cspc.gov.

• Place the crib in an area that is always smoke free.

• Don't place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.

• Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. Loose bedding, such as sheets and blankets, should not be used as these items can impair the infant's ability to breathe if they are close to his face. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives to blankets.

Is It Ever Safe To Have Babies On Their Tummies?

Yes! You should talk to your child care provider about making tummy time a part of your baby's daily activities. Your baby needs plenty of tummy time while supervised and awake to help build strong neck and shoulder muscles. Remember to make sure that your baby is having tummy time at home with you.

Tummy To Play And Back To Sleep

• Place babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.

• "Tummy time" is playtime when infants are awake and placed on their tummies while someone is watching them. Have tummy time to allow babies to develop normally.

What Can I Do To Help Spread The Word About Back To Sleep?

• Be aware of safe sleep practices and how they can be made a part of our everyday lives.

• When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs in this way.

• Monitor the media. When you see an ad or a picture in the paper that shows a baby sleeping on her tummy, write a letter to the editor.

• If you know teenagers who take care of babies, talk with them. They may need help with following the proper safe sleep practices.

• Set a good example – realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep. When placing babies to sleep, be sure to always place them on their backs.

If you have questions about safe sleep practices please contact Healthy Child Care America at the American Academy of Pediatrics at **childcare@aap.org** or 888/227-5409. Remember, if you have a question about the health and safety of your child, talk to your baby's doctor.

Resources:

American Academy of Pediatrics
http://www.aappolicy.org
SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;128/5/e1341.pdf

Healthy Child Care America
http://www.healthychildcare.org

National Resource Center for Health and Safety in Child Care and Early Education
http://nrc.uchsc.edu

Healthy Kids, Healthy Care: A Parent Friendly Tool on Health and Safety Issues in Child Care **http://www.healthykids.us**

National Institute for Child and Human Development Back to Sleep Campaign (Order free educational materials)
http://www.nichd.nih.gov/sids/sids.cfm

First Candle/SIDS Alliance
http://www.firstcandle.org

Association of SIDS and Infant Mortality Programs **http://www.asip1.org**

CJ Foundation for SIDS
http://www.cjsids.com

National SIDS and Infant Death Resource Center **http://www.sidscenter.org/**

The Juvenile Products Manufacturers Association **http://www.jpma.org/**

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Revised 2012

JAUNDICE
What You Need to Know

Jaundice *is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color.*

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

1. Your baby is checked for jaundice in the hospital.
2. If you are breastfeeding, you get the help you need to make sure it is going well.
3. Your baby is seen by a doctor or nurse at 3 to 5 days of age, or sooner if you are instructed to do so.

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

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

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

How should my baby be checked for jaundice?
Your baby's nurse may use a skin test or blood test to check your baby's bilirubin level. All babies are checked for jaundice prior to leaving the hospital. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

Does breastfeeding affect jaundice?
Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in infants who are not nursing well. If you are breastfeeding, you should nurse your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help to keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor, nurse or a lactation specialist for help. Breast milk is the ideal food for your baby.

When should my newborn get checked after leaving the hospital?
It is important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old, because this is usually when a baby's bilirubin level is highest. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

Which babies require more attention for jaundice?

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following:

* A high bilirubin before leaving the hospital
* Early birth (more than 2 weeks before the due date)
* Jaundice in the first 24 hours after birth
* Breastfeeding that is not going well
* A lot of bruising or bleeding under the scalp related to labor and delivery
* A parent or sibling who had high bilirubin and received light therapy
* Conditions that cause increased bilirubin like a positive antibody test or G6PD

When should I call my baby's doctor?

Call your baby's doctor if:

* Your baby's skin turns more yellow.
* Your baby's abdomen, arms, or legs are yellow.
* The whites of your baby's eyes are yellow.
* Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

How is harmful jaundice prevented?

Most jaundice requires no treatment. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. Treatment can prevent the harmful effects of jaundice.

When treatment is necessary, your baby is placed under special lights while he or she is undressed to lower the bilirubin level. The baby is placed in a warmed isolette so that the maximum amount of the baby's skin can be exposed to the light. This is usually done right in your hospital room. If an overhead light is used, the baby's eyes are covered to protect them. Your nurse will show you how to safely take your baby in and out of the isolette for feedings.

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

When does jaundice go away?

In breastfed infants, jaundice often lasts for more than 2 to 3 weeks. In formula-fed infants, most jaundice goes away by 2 weeks. If your baby is jaundiced for more than 3 weeks, see your baby's doctor.

What is G6PD Deficiency and who needs to be tested for it?

G6PD is an inherited disorder causing a deficit in red blood cells that increases jaundice and anemia risk. Later in life, people with G6PD need to avoid certain foods and medications. G6PD is most common in those of African, Asian, Mediterranean, and Middle Eastern ancestry. New York state requires that we test all babies with this ancestry and any other risk factors for G6PD deficiency. Other risk factors include hemolytic jaundice, anemia, and jaundice worsening after the first week of life or needing readmission to the hospital for jaundice after discharge.

Source: Adapted from the American Academy of Pediatrics website, "Questions and Answers: Jaundice and Your Newborn," www.aap.org. (6/25/04) The information contained on this page should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Crying, Crying! What's Wrong?

After the birth of his first child, humorist Dave Barry remarked that babies have three states:

Crying
Just Finished Crying
Getting Ready to Cry

Some days, it sure feels that way! Don't be surprised if your "little angel," who never made a peep in the hospital, shows you that he does, indeed, know how to cry... a lot. You're probably not doing anything wrong, so don't fret; newborns only have one way of communicating their needs to you, and crying is it.

Responding quickly to your infant's cries will build his trust that you will attend to him when he needs you, and in the long run, he will cry ***less****. You're* ***not*** *"spoiling" him by paying attention to him and finding out what he needs.*

Some reasons babies cry:

- He's **hungry**.
- She's **wet** or otherwise uncomfortable.
- He's **tired** and needs help to fall asleep.
- She's **too hot** or **too cold.**
- He's in **pain**. Look for an open diaper pin, constricting clothing, a sharp label's edge.
- She **needs you** for cuddling and attention.

SOOTHING IDEAS

Constant Motion: Rocking, swaying, walking, riding in a stroller or car seat. Try laying him on his tummy over your knees when you are seated, then rub his back and jiggle your knees side-to-side. The hum and vibration of electrical appliances can lull some little ones off to sleep... try setting (safely secured, of course) in an infant seat, on top of the dryer, or other gently vibrating surface (like the dishwasher, dehumidifier, etc.) Do not leave the baby unattended.

Singing, humming, soft music: Your baby won't care if you can't carry a tune.

Swaddling: Wrapping the baby snugly or carrying him against your body in an infant carrier is frequently successful. Baby probably likes hearing your heartbeat, as well as being cuddled in close.

Sucking: On his fist, finger, your pinkie or a pacifier.

A Change of Scenery: If you're inside, go to another part of the house or go outside.

If you are becoming frustrated with your crying baby, it is better to put the baby safely down in her crib and let her cry, while you take a few minutes for yourself to regain your perspective... you'll be better able to comfort her when you return.

NEVER SHAKE A BABY!

Call the doctor if your baby has sudden or prolonged periods of inconsolable crying

What to Do If Your Baby is Sick

If you suspect that your newborn is ill, consult your baby's doctor

DO NOT give your newborn **any** medication or home remedies, not even Tylenol, without first checking with your doctor. Before calling, make sure you have as much information at your fingertips as possible.

- ◇ **Get your thoughts together.** It is likely the doctor will want to know:

  What symptoms does the baby have?

  How long has it been going on?

  What have you tried so far?

  Has it helped or not?

  How has the baby been eating, wetting, having bowel movements, and acting?

- ◇ If you haven't already taken the **baby's temperature,** do it before you call.

- ◇ Have the name and phone number of the **pharmacy** you use on hand.

- ◇ Have a **pencil and paper** ready to write down the doctor's instructions.

When you do call, if you don't reach the doctor directly, be very specific when giving information to the nurse or answering service. Tell how old your infant is and why you are concerned. If you don't get a call back in a reasonable period of time, or if the infant's condition suddenly worsens, call again.

Call the doctor if:

- Baby's temperature is less than 97°F or greater than 100°F, **a rectal temperature of 100.4F is an emergency**
- Baby refuses to eat for more than 8 hours
- Baby is vomiting or has diarrhea
- Baby hasn't had a bowel movement in 24 hours
- Baby "just isn't acting right" (is extremely drowsy or is very distressed)
- You are concerned. Trust your instincts.

Taking Your Baby's Temperature

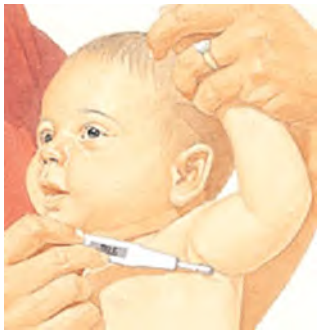
There are three commonly used methods to take a temperature on an infant at home: "axillary" (under the arm), "temporal" (across the forehead) and rectally. In addition, there are several types of thermometers available, from the traditional glass thermometer to the new digital electronic models. Refer to the manufacturer's directions for specific instructions.

Ask your baby's doctor about what products are recommended for taking your baby's temperature. Not all new technologies are well suited for newborns. At this time, our local pediatricians would like you to know the following:

- **Do not use tympanic ("ear") thermometers until at least 3 months of age**
- **Do not use "fever strip" disposable temperature indicators**
- **Do not use "pacifier" type thermometers**
- **If your baby feels feverish, a <u>rectal</u> temp is the preferred method to report to the doctor**
- **Glass thermometers can be a safety hazard (see warning below) and are <u>not recommended</u>**

How to Take an Axillary Temperature

- Make sure the armpit is dry. Remove any clothing in the area.
- Place the tip of the thermometer high up into the armpit.
- Hold baby's arm tightly against her body. Leave it in place until the signal sounds (digital) or for 4-5 minutes (glass – make sure the mercury has stopped moving).
- Remove and read immediately.



Taking a Rectal Temperature

- Lubricate the tip of the thermometer with petroleum jelly (Vaseline).

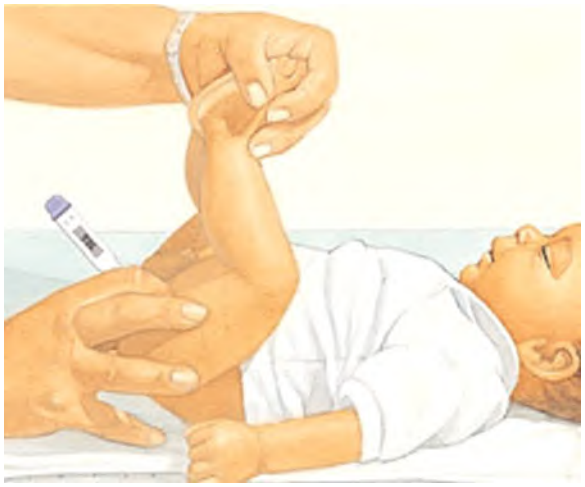


Illustration source: Mountnittany.org

- With the baby on its back, hold the feet up and gently insert the thermometer into the anus (rectum), pushing the tip in about an inch.
- Hold the thermometer in place to prevent injury in the event of the baby squirming.
- Keep it in place until the signal sounds (digital).
- Remove and read immediately.

Glass thermometers are not recommended. If you are using one, you need to "shake it down" first. This is best done over a bed or other soft surface, in case you drop it. Shake it briskly from your wrist, until the mercury falls below 96°F. Clean it with alcohol after each use. **SAFETY NOTE: If a glass thermometer breaks, the mercury ("silver ball") that escapes is <u>POISON</u>. DO NOT TOUCH IT**.

Infant Growth & Development:

Providing a Rich Environment

The first year of life is an amazing period of rapid change and growth. You will be surprised how much your baby changes from week to week, especially in these first few months.

It will be very helpful for you to have a general idea of what babies "do" at any given age... this will guide you in providing experiences which will support your infant's natural abilities, curiosity and newly learned skills.

Helping Your Baby to Be Healthy & Happy

Your baby's doctor will be providing guidance to you at your regular check ups about what to expect from your infant until your next visit. In addition, there are many books on infant development available at your local library or bookstore. Ask your doctor for recommendations.

In these first few weeks, your infant can:

See

They focus best on objects 8-12 inches away... and their favorite "object" is YOU! Newborns love to study faces. Holding your baby face-to-face, talking, singing and making faces will keep him interested and alert. They also tend to prefer bold patterns with sharp edges to soft, pastel designs. Try placing pictures with bold stripes, circles or plaids near your infant, and change them frequently, so he doesn't get bored.

Hear

Your baby already knows your voice, and will sometimes turn his head towards it. Talk to your baby often; he won't care about the content... talk about anything. Singing, humming and playing soft music are great, too.

Smell

Did you know your baby could probably already pick you out of a line up of other moms, just by smell?

Interact

Your baby's ability to react to you, imitate your expressions, to make sounds in response to your sounds and so on is just beginning... it will expand by leaps and bounds in the first two months. Before you know it, you'll be treated to your baby's first "real" smile.

Welcome to the FAMILY!

Family Reading Partnership
www.familyreading.org

Family Reading Partnership (FRP) is a local not-for-profit organization whose mission is to create a culture of literacy in which all children have early, frequent, and pleasurable experiences with books as part of everyday family life.

Through FRP, your baby will receive a *Book at Birth* in a red book bag when you go home from the hospital. Your baby will continue to receive books through Family Reading Partnership's *Books to Grow On* program at eight of their well-child check-ups!

EVERY BABY! EVERY DAY! TALK. SING. READ. PLAY. is a community-wide initiative lead by FRP to ensure that every baby born in our community is surrounded by words, songs, stories, and playful interactions right from the start.

TALK. *Talking to your baby from birth enriches brain development and it's the best way to help your baby understand and learn to use language.*

SING. *Music wakes up your baby's brain! Babies enjoy the rhyme and rhythm of the words and melody in a song and love watching your face as you sing.*

READ. *Listening to you read gives your baby the words he will say one day. Reading together now will start a loving tradition of sharing books every day for years to come!*

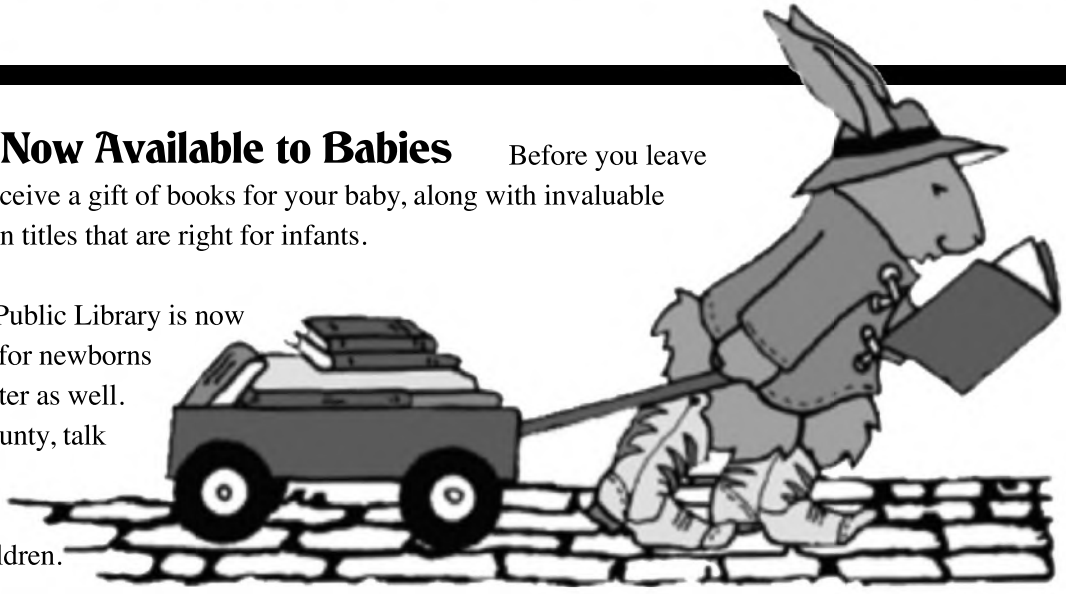
PLAY. *Your baby is curious about everything! When you play together you are teaching your little one about the great big world, but more importantly you are showing your baby that you love spending time together.*

Research shows that it's never too early to start; in fact, the more loving, playful words your baby hears, the better! More tips for **TALK. SING. READ. PLAY.** are included in the book bag you will receive with your baby's *Book at Birth*. Visit Family Reading Partnership's website for more information: www.familyreading.org.

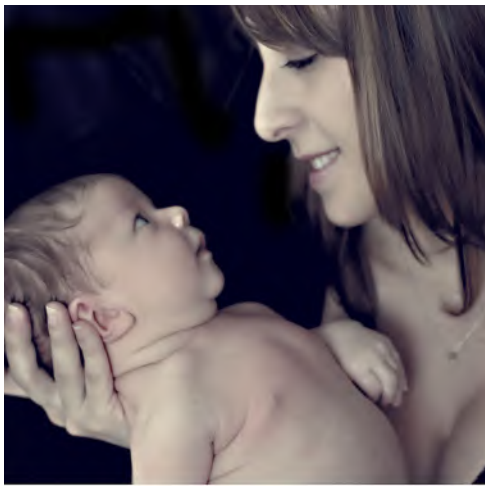
Library Cards Now Available to Babies

Before you leave the hospital, you will receive a gift of books for your baby, along with invaluable information and ideas on titles that are right for infants.

The Tompkins County Public Library is now providing library cards for newborns at Cayuga Medical Center as well. If you live out of the county, talk to your own library about their process for library cards for children.



Look At Me When I Talk To You



Your baby is programmed to begin to learn language from the very earliest days of infancy. As your baby gazes into your eyes and studies your face, she watches your mouth and facial expressions and listens intently to your words and sounds. One day very soon, your baby will make a noise in response to you. If you are paying attention and say something back, the baby will make another sound and wait for you to "reply." These "conversations" back and forth, well before your baby can actually talk, are the foundation of language development, and are one of many precious moments to come to you as a parent.

It is important that your baby gets feedback when she attempts to "talk" to you – having undisturbed time together provides a world of benefits in language development, bonding and trust. Sometimes just the simple act of turning off the phone, TV, computer and other distractions is all it takes to "tune in" to your special baby.

Developmental Milestones

- During the first year of life, your baby will grow and develop at an amazing speed. Her weight will double by 5 to 6 months, and triple by her first birthday. She is constantly learning. Some of her major achievements—called developmental milestones—should include rolling over, sitting up, standing, and possibly walking. Your heart will most likely melt at the sound of her first "mama" or "dada."
- Keep in mind that no two babies are exactly alike. Your baby will develop at her own pace. Most babies reach certain milestones at similar ages. However, it's not unusual for a healthy, "normal" baby to fall behind in some areas or race ahead in others.
- The following milestones are only guidelines.* Your baby's doctor will evaluate your baby's development at each well-baby visit, but remember that you know your baby best. Always talk to the doctor if you think your baby is lagging behind in one or more areas of development.
- If your baby was born prematurely (before 37 weeks of pregnancy), you need to look at the milestone guidelines a little differently. The age at which your baby is expected to reach various milestones is based on her due date, not her birthday. So if your baby was born two months early, she will most likely achieve milestones two months later than the guidelines below predict.

By the end of their first month, most babies:

- Make jerky arm movements
- Bring hands near face
- Keep hands in tight fists
- Move head from side to side while lying on stomach
- Focus on objects 8 to 12 inches away
- Prefer human faces over other shapes
- Recognize some sounds, including parents' voices
- Startle at loud noises

** Adapted from American Academy of Pediatrics, "Caring for Your Baby and Young Child: Birth to Age 5"*

By the end of their third month, most babies:

- Raise head and chest when lying on stomach
- Push down on legs when feet placed on firm surface
- Support head well
- Kick when lying on stomach or back
- Open and shut hands
- Bring hands to mouth
- Grab and shake hand toys
- Follow moving object with eyes
- Smile at familiar faces
- Enjoy playing with other people

LOVING WORDS for BABIES:

Why You Need to Fill Your Baby's World with Words

Your newborn is a miracle to behold. Perfect little toes, bright eyes, fingers that eagerly grasp your own, a thousand expressions to charm you. **Did you know that your baby's BRAIN is still developing – in fact, 85% of brain development happens in the first 3 years of life.** That works out to nearly a thousand new connections being made in the brain EVERY SECOND!

You already know how important nutrition is to your new baby. Just as critical is the nourishment you provide to your baby's BRAIN, especially in the first few years. The good news is that IT IS FREE and YOU CAN DO IT. Here's how:

Talk to your baby. A lot. Pretty much all the time.

Studies have shown that babies who grow up in households where the parents talk frequently to them have heard about 30 million more words by the time they start school than children whose parents do not talk much. "Parent talk can drastically improve school readiness and lifelong learning in everything from math to art. Parent talk is a fundamental, critical factor in building grit, self-control, leadership skills, and generosity."[1]

Some "baby-talk" is good for your baby.

Research shows that "baby talk", where grown-ups use a slightly higher voice and draw words out a bit longer, actually helps babies learn language, and babies are attracted to and interested in these "conversations."

Talk to your baby throughout the day, even before your baby "can talk".

Look into your baby's face. Respond to any sounds the baby makes by "talking back", imitating the sound and expanding on it. "You said 'Gee' when I touched your tummy. Is your tummy ticklish?"

Use kind and positive words.

Take the "10 to 1" pledge – that for every negative thing your child hears ("No-no- don't do that"), let them hear 10 positive statements. ("I love you." "Look how strong you are!" "You really like those yellow buttons, don't you?") This is critical for your child's development of self-confidence and the ability to learn.

1 Suskind, Dana MD (2015). Thirty Million Words. Dutton.

Whenever you can, substitute sentences that tell what is desirable, rather than NO. ("Oh, we need to touch the doggie gently, or he'll get scared" instead of "No, no, don't poke the doggie's eyes!")

Tell your baby about their world, and about what's going on.

Talk to your baby throughout the day. Be descriptive. Simple things like a diaper change or bath can provide lots of "word food" for your baby's brain. "I'm going to wash your hair now. Oh, is that nice and warm? You like having your hair washed, don't you? Look at all the bubbles!"

Tune In – Turn It Off

Resist the urge to attend to electronics when your baby is awake. The importance of your one-on-one attention to your baby's developing brain and language cannot be emphasized enough.

TV and "screen time" doesn't count

Babies absolutely need INTERACTIVE experiences with all sorts of words. With the exception of a "FaceTime" type application where a loved one is talking back and forth, the words your baby is hearing from electronics and TV are not helpful.

How Can You Read a Book To An Infant?

Reading to your baby at least every day, right from the beginning, is so important to your baby's language development. Many new parents are unsure "how", because babies aren't exactly interested sometimes! RELAX.

Hearing your voice, the rhythms of the text, the sounds of the words, the repetition of the stories are all important parts of the puzzle that your baby's brain is working to solve.

- It's okay if the baby doesn't seem to be interested.
- You don't have to read children's books - read anything!
- If your baby just wants to chew on the board book, that's fine! Talk to your baby about the story or the pictures.
- You don't have to read the text - you can point to and discuss whatever your baby seems to be attracted to.
- Sometimes, follow the words you're reading with your finger. Eventually the baby learns that in English, we read from left to right, and that those shapes on the page correspond with sounds.
- Have fun! This should be a wonderful, cuddly, enjoyable time with your precious baby.

Your Baby's Health:

Well Visits & Immunizations

- The doctor will want to see your baby frequently in the first year. These visits will assure that your infant is growing and developing as expected.
- Talk to your doctor if you anticipate having difficulty keeping these **very important** appointments.
- **Immunizations** play an important role in keeping your child healthy. Your baby's doctor will provide you with guidance on what vaccines are recommended and where and when you should get them.

◆ **Carry your child's immunization records with you,** as you will be asked for it whenever you take your child to a hospital, doctor's office or emergency care center for treatment.

"The Birth Dose" of Hepatitis Vaccine

Your baby's first immunization, the hepatitis B vaccine, is usually given in the hospital. You will be given further information on this by your nurse, and will be asked to give consent. Talk to your baby's care provider if you have questions or concerns. If you carry hepatitis B, your baby will also be given an injection of immune globulin.

Immunizations Given in Infancy	Birth	1 mo	2 mo.	4 mo.	6 mo.	12 mo.	15 mo.
Hepatitis B	✔ Birth-2 mo	✔ 1-2 mo			✔ 6-18 mo		
Rotavirus			✔	✔			
DTaP Diphtheria, Tetanus, Acellular Pertussis			✔	✔	✔		✔ 15-18 mo
Hib ("H-Flu" Type B) Haemophilus Influenzae Type B			✔	✔	Depends on vaccine brand, 3 or 4 dose series. Consult provider.		
Pneumococcal Conjugate (PCV)			✔	✔	✔	✔ 12-15 mo	
Polio (IPV)			✔	✔	✔ 6-18 mo		
MMR Measles, Mumps, Rubella						✔ 12-15 mo	
Varicella-zoster "Chicken Pox"						✔ 12-15 mo	
Influenza (Two doses are given at least four weeks apart for children receiving the vaccine for the first time)					✔ yearly		
Hepatitis A						✔ Begin Series	

. Source: AAP Last updated 2/2020

Smoking

◆ If you or anyone in your household smokes, you need to know that studies have repeatedly shown that "secondhand smoke" poses severe health risks to infants and children, including significantly greater than average incidence of respiratory illnesses and infections, asthma and an increase risk of SIDS (Sudden Infant Death Syndrome).

◆ **One of the best gifts you can give your newborn is a smoke-free environment.** If you can't quit smoking (your doctor or midwife can direct you where to get help with this), at least follow these guidelines:

- **Never smoke when handling or feeding your infant.**
- **Keep the room where baby sleeps most of the time "smoke-free."**
- **Never smoke around your infant in enclosed spaces (especially the car).**

Safety Concerns

Traveling with Baby - Your Biggest Safety Threat

◆ Injuries from a car accident are the biggest threat to your infant's safety. Most deaths and serious **injuries can be prevented** by the proper use of car safety seats.

◆ Most infants and children in car seats on the road today **are probably not secured properly.** You must carefully read the manufacturer's directions, as well as your car's owner's manual. Once installed, push the seat side to side. If it shifts, it is not secure enough.

◆ Have your infant's safety seat checked by a local certified Child Passenger Safety Technician. (See resource list at the end of this chapter.)

◆ Newborns may need to be supported on their sides (with rolled hand towels or a baby blanket) to prevent them from slouching over; this is particularly true of very small infants and preemies, who may have trouble breathing when bent over. Also, the seat itself (which is rear facing) might need to have a rolled towel placed under the front edge to tip the baby back somewhat so the head doesn't fall forward. This is particularly true if your seats are sharply sloped.

◆ The American Academy of Pediatrics recommends that infants and younger children **face the rear <u>until they reach the highest weight or height allowed by their car safety seat's manufacturer</u>, even as long as four years**! In NYS, by law, children must face rear until at least 2 years old.

◆ **No infant or child should ever ride in the front seat of a car equipped with a passenger side air bag! This can be a deadly combination.**

◆ If you always use a car seat and never make an exception, your child will grow up expecting it, as part of the car routine. Making even one exception (especially with a toddler) opens the door to future power struggles.

◆ Set a good example for your child: always wear your seat belt. (And in New York State, it's the law.)

New Parent + Less Sleep = Dangerous Driver

Drowsy Driving Puts You, Your Baby and Others at Risk

New baby. You're exhausted. Getting enough sleep after bringing a new baby home can seem impossible. But getting enough sleep is essential. Lack of sleep affects your mood and your ability to think, remember, learn and react quickly - a key to driving safely. In fact, driving when drowsy can put you, your baby and others on the road at risk for injury and even death if a crash happens. There's no replacement for sleep.

"But I'm Just Tired, That's All"

Being drowsy behind the wheel **can be as dangerous as driving drunk**. Both slow your reaction time and reduce your ability to think and react quickly. Find ways to get as much sleep as you can. If you're too tired to drive, ask someone to help, take public transportation or reschedule your activities so you can have a rest first.

Warning Signs of Drowsy Driving

If any of the following signs occur, pull over in a safe rest area, take a nap or switch drivers:

- Yawning repeatedly
- Not being able to pay attention, keep eyes open or head raised
- Not remembering the last few miles traveled
- Having wandering or disconnected thoughts
- Drifting out of the lane or hitting rumble strips

Tips to Help You Sleep Better

- Have a set routine for you and the baby, as much as possible. Try to maintain the schedule.
- Sleep when the baby sleeps. Even if you can only nap for 20 minutes, that will help you feel refreshed. Try to nap in a darkened room and remember to turn the phone off.
- Ask family and close friends to watch the baby for you when you need to sleep.
- Eat nutritious meals and snacks throughout the day. Do not eat a heavy meal just before bed.
- Do not drink coffee, tea, soda or alcohol in the evening. Caffeine is a stimulant and disrupts sleep. Alcohol may make you feel sleepy at first, but it will affect how well you sleep.
- Exercise regularly, starting at least 3 hours prior to your bedtime. Make sure to talk with your doctor before beginning any new physical activity.

Driving Tips

- Get enough rest before you drive, especially on longer trips. If you begin to feel drowsy, share the driving with a licensed driver.
- Take a break at least every two hours or every 100 miles. Find a safe rest area to pull off and take a short nap. This helps more than opening the window, turning up the radio, or drinking coffee, tea, or soda.
- Avoid driving between 1:00 p.m. to 4:00 p.m. and 2:00 a.m. to 6:00 a.m. as these periods of time are when people are most likely to feel drowsy.

WARNING! Car Seats for CARS ONLY

If your baby falls asleep in the car, it is very tempting to carry the baby in the seat into your house and not disturb their nap.

This is VERY DANGEROUS. Babies have tragically died from this practice. Car seats are safe for use in cars only.

WARNING! Babies Inadvertently Left in Cars

While it seems unthinkable, horrific stories of babies being forgotten in cars and dying of overheating abound in the news, especially in the warmer weather.

Frequently this tragedy occurs when the driver is overtired, under stress, or is deviating from their usual routine (e.g. one parent dropping the baby off on the way to work when this is usually the other parent's practice).

Since the baby is in the BACK SEAT and out of sight, it is understandable how the baby can be "forgotten", even by the most dedicated, loving parents.

STRATEGIES TO PREVENT "LEFT IN CAR" DEATHS

- Always check the back seat and make sure all children are out of the car before locking it and walking away.
- Avoid distractions while driving, especially cell phone use.
- Be extra alert when there is a change in your routine, like when someone else is driving your child or you take a different route to work or child care.
- Have your child care provider call if your child is more than 10 minutes late.
- Put your cell phone, bag, or purse in the back seat, so you check the back seat when you arrive at your destination.
- If someone else is driving your child, always check to make sure he has arrived safely.

Preventing Burns

Babies are unpredictable in their movements, and can easily knock or grab your hand... you don't want to be holding hot coffee at the time!

- Never eat, drink or carry anything hot near your baby or while you are carrying him.
- Turn down the thermostat on your water heater to 120°F to prevent scalding.
- **Do call your baby's doctor for any burns.** Never treat with butter or other home remedy. Rinse under cold water immediately, then cover with a clean cloth or bandage.
- Make sure you have working smoke alarms and carbon monoxide detectors in your home, especially placed near the sleeping quarters.
- Best practice is to CLOSE ALL BEDROOM DOORS at bedtime. In the event of a house fire, this simple step can greatly improve the chance of survival.

Lead Exposure

- Lead is poisonous, and is especially harmful for babies and young children. Women who have lead in their bodies pass it to their baby during pregnancy. If lead gets into your baby's body, it may cause a lower IQ, kidney damage, hearing loss, anemia, and growth or behavior problems. The most common way that babies and young children are exposed to lead is from old paint, or from lead paint in dust or soil. Play it safe with lead by testing old paint before you remodel and by using lead safe work practices. There are many unusual sources of lead. Some Asian and Hispanic folk medicines for stomach upset contain lead. The pamphlet included in this notebook describes other ways to prevent lead exposure. Find out more at www.tompkins-co.org/health or www.ccetompkins.org. Your child's doctor will screen for lead exposure through age 6 years at your well child visits and test your child's blood for lead at age 1 and 2.

Choking Hazards

Soon, your infant will be able to pick up tiny objects and <u>will</u> put all of them in the mouth.

Never leave small objects within your infant's reach.

◇◇◇

Never feed your baby hard pieces of food.

◇◇◇

Learn how to provide emergency treatment for choking.

Preventing Falls

- Even a "brand-newborn" can squirm and work his way over the edge of the bed or couch, or they can suddenly learn to "turn over" and roll off of a changing table when your back is turned. A good rule of thumb is: **Never leave your infant unattended on any surface "higher than the floor".**
- Keep one hand on your baby at all times when diapering on a changing table or couch.
- Learn what skills your baby will be acquiring next. While infants develop at different rates, they do generally follow the same pattern. (For example, most roll over before they sit up.)
- Pretend that your baby IS able to roll over, sit up, climb, pull himself to stand, etc. a month or two before the "books" say he should. That way, you'll already be protecting him from the accompanying dangers of his newly learned skills when he starts doing them. So, once your baby can squirm across the floor, get the child gates up, because next he'll be crawling.

Be sure to call the doctor if your child falls and hits his head, or doesn't move his arms or legs normally after a fall.

Learn CPR and What To Do For Choking

- If you have not already done so, sign up for a class on infant and child CPR. The American Red Cross and the American Heart Association offer training. Cayuga Medical Center also offers private sessions for a small fee, called "CPR Just For You". The following page is intended as a reference and is not a substitute for hands-on learning.

How to Perform Infant CPR

This easy-to-perform method can save your baby's life if she becomes unconscious.

1. Assess Baby's Condition

- Gently tap your baby on her shoulder.
- If you don't see or hear any response from your baby, yell for someone to call 911.
- If you are alone, give two minutes of CPR according to the directions below, then call 911 yourself.

2. Position the Baby

- While supporting her head and neck, quickly place your baby on a firm surface.
- If she is bleeding, apply pressure to control it.
- With one hand on her forehead and the other under her chin, tilt the baby's head back a little to open her airway.

3. Give 30 Chest Compressions

- While keeping her head tilted back, give 30 smooth chest compressions at the rate of 100/ minute.
- Chest compressions should be given by using the ends of two or three fingers to press down 1/3 – ½ the depth of the chest, in the middle of her chest, just below the nipples

4. Give Your Baby Two Small Breaths

- Put your mouth over her nose and mouth.
- Gently exhale into her lungs twice. Your breaths should last only one second each.
- Watch to see if her chest rises and falls with both breaths.

5. Repeat Cycle of Breaths and Compressions

- Continue the cycle of 30 chest compressions and two small breaths until help arrives.
- If your baby becomes conscious, it is still important for her to see a doctor.

First Aid for Choking

If your baby is choking, he may make strange noises or turn red or blue.

1. Assess Your Baby / Call For Help

- If your baby can gag, cry or cough, let him cough to clear his airway.
- If he cannot cough or cry, yell for someone to call 911.
- If you are alone, give two minutes of care, then call 911.

2. Five Back Blows

- While supporting his head and neck, turn your baby so he is lying along your forearm with his head lower than his body.
- Support your forearm with your thigh. Using the heel of your other hand, give him 5 firm back blows.
- If the object he is choking on comes out, stop.
- If he starts to cough, allow him to continue in case the coughing removes the object.
- If the object is still lodged, go to next step.

3. Chest Compressions

- Turn your baby over while supporting his head and neck with your hand and keeping his head lower than his body.
- Support his body on your forearm. With your other hand, give his chest up to 5 compressions with 2 or 3 fingers (as in CPR) to try to dislodge the object.

4. Repeat Cycle of Blows and Compressions

- Repeat steps 2 & 3 until the object is dislodged.
  - If the object does not come out, the baby will become **unconscious**. In that case, perform CPR.
  - If you see an object in the throat or mouth, remove it.
  - Continue to perform CPR until help arrives.

Preventing Drowning

- You will soon discover that babies are very slippery when wet! Always keep a firm grasp on your baby's upper arm when tub bathing. Infant sponge inserts, specially designed baby tubs, or simply a folded towel under baby's bottom will help keep baby secure in the tub.
- Babies can drown in less than an inch of water. No matter what type of tub or infant holder you are using, never leave your baby, even for a second, alone in the tub. If you forgot to bring a towel, or the phone rings, bring the baby with you. Never take a chance.

Never Shake a Baby

- It is easy to become frustrated with a crying or cranky baby. Sadly, a number of infants have died or suffered severe brain damage when an angry parent or baby-sitter shook them violently by the shoulders. Babies have huge heads in comparison to their body size. (Imagine if you were wearing a gigantic helmet filled with fluid, how your head would gain momentum if someone shook you.) In "Shaken Baby Syndrome," the baby's brain and the surrounding blood vessels are damaged by the force of the brain against the inside of the skull.
- Do not assume**. Make sure that every person who will be left alone with your baby understands the danger involved in shaking a baby.**
- If you feel yourself getting impatient with the baby, place the infant in a safe place (his crib, for example) and leave the room. Take a walk, count to ten, go outside and scream... whatever it takes to calm yourself.
- We have a video on this very important topic, which you will be encouraged to watch with your partner, prior to your discharge.

Do you know how to get help in an emergency?

Be sure to know the emergency phone numbers in your community. Do not assume "911" service is available in all areas. It isn't. Check the inside cover of your local phone book. Record important phone numbers here… post near your phone.

AMBULANCE: _____

FIRE: _____ **POLICE:**_____

POISON CONTROL: **1-800-222-1222**

BABY'S DOCTOR: _____

YOUR ADDRESS: (Believe it or not, in an emergency, you CAN forget!)

_____

Remember, anytime you're calling for emergency services, make sure the dispatcher hangs up first. You don't want to hang up until you are sure they have all the information they need and that they heard you clearly.

A Good Rule of Thumb

4 by 4 by 4

If your baby has not had:

4 diaper changes

by 4 p.m. on his 4th day of life

call the doctor.

This may be a sign of dehydration, which can be extremely serious in a new baby.

(Note- sometimes its hard to tell if there is urine in a diaper that is also poopy. The good news is that 4 poopy diapers ALSO indicate feeding is going well, so as long as you have changed 4 diapers, you should be in good shape.

Car Safety Seats
A Guide for Families

Excerpts from The American Academy of Pediatrics website. Updated 2/2020

Visit www.healthychildren.org/english/safety-prevention/on-the-go/pages/car-safety-seats-information-for-families.aspx for the full article

One of the most important jobs you have as a parent is keeping your child safe when riding in a vehicle. Each year thousands of young children are killed or injured in car crashes. Proper use of car safety seats helps keep children safe. But with so many different car safety seats on the market, it's no wonder many parents find this overwhelming.

The type of seat your child needs depends on several things, including your child's size and the type of vehicle you have. The following information from the American Academy of Pediatrics (AAP) offers guidance on choosing the most appropriate car safety seat for your child.

To see a list of car safety seats and safety seat manufacturers, go to the AAP.org website.

Infants and toddlers—rear-facing!

American Academy of Pediatrics Guidelines

The AAP recommends that all infants should ride rear-facing, starting with their first ride home from the hospital.

All infants and toddlers should ride in a **rear-facing car safety seat** as long as possible, until they reach the highest weight or height allowed by their car safety seat's manufacturer.

Types of rear-facing car safety seats

There are 3 types of rear-facing car safety seats: infant-only seats, convertible seats, and 3-in-1 seats. When children reach the highest weight or length allowed by the manufacturer of their infant-only seat, they should **continue to ride rear-facing** in a convertible seat or 3-in-1 seat.

Infant-only seats

- Are used for infants up to 22 to 35 pounds, depending on the model.
- Are small and have carrying handles (and sometimes come as part of a stroller system).
- May come with a base that can be left in the car. The seat clicks into and out of the base so you don't have to install the seat each time you use it. Parents can buy more than one base for additional vehicles.
- Are used only for travel (not for positioning outside the vehicle).

Convertible seats (used rear-facing)

- Can be used rear-facing, then "converted" to forward-facing for older children. This means the seat can be used longer by your child. They are bulkier than infant seats, however, and do not come with carrying handles or separate bases.
- May have higher rear-facing weight (30–40 pounds) and height limits than infant-only seats, which make them ideal for bigger babies.
- Have a 5-point harness that attaches at the shoulders, at the hips, and between the legs.

3-in-1 seats (used rear-facing)

- Can be used rear-facing, forward-facing, or as a belt-positioning booster. This means the seat may be used longer by your child.
- Are often bigger in size so adequate space within the vehicle when rear-facing should be determined.
- Do not have the convenience of a carrying handle or a separate base; however, they may have higher rear-facing weight (35–40 pounds) and height limits than infant-only seats, which make them ideal for bigger babies.

Installation tips for rear-facing seats

When using a rear-facing seat, keep the following in mind:

- Place the harnesses in your rear-facing seat in slots that are **at or below your baby's shoulders**.
- Ensure that the harness is snug and that the harness **clip is positioned at the mid-chest level**.
- Make sure the car safety seat is **installed tightly in the vehicle**. If you can move the seat at the belt path more than an inch side to side or front to back, it's not tight enough.
- Never place a rear-facing car safety seat in the front seat of a vehicle that has an active front passenger air bag. If the air bag inflates, it will hit the back of the car safety seat, right where your baby's head is, and could cause serious injury or death.
- Be sure you know what kind of seat belts your vehicle has. Some seat belts need locking clips to keep the belt locked into position. Locking clips come with most new car safety seats. If you're not sure, check the owner's manual that came with your vehicle. Locking clips are not needed in most newer vehicles, and some seats have built-in lock-offs to lock the belt.
- If you are using a convertible or 3-in-1 seat in the rear-facing position, make sure the seat belt is routed through the correct belt path. Check the instructions that came with the car safety seat to be sure.
- If your vehicle was made after 2002, it may come with the LATCH system, which is used to secure car safety seats. See below for information on using LATCH.

- Make sure the seat is at the correct angle so your infant's head does not flop forward. Many seats have angle indicators or adjusters that can help prevent this. If your seat does not have an angle adjuster, tilt the car safety seat back by putting a rolled towel or other firm padding (such as a pool noodle) under the base near the point where the back and bottom of the vehicle seat meet.
- Still having trouble? There may be a certified child passenger safety (CPS) technician in your area who can help. If you need installation help, see below for information on how to locate a CPS technician.

Common questions

Q: What if my baby's feet touch the back of the vehicle seat?

A: Your child can bend his legs easily and will be comfortable in a convertible seat. Injuries to the legs are rare for children facing the rear.

Q: What do I do if my baby slouches down or to the side in his car safety seat?

Car safety seat with a small cloth between crotch strap and infant, retainer clip positioned at the midpoint of the infant's chest, and blanket rolls on both sides of the infant.

A: Blanket rolls may be placed on both sides of the infant and a small diaper or blanket between the crotch strap and the infant. Do not place padding under or behind the infant or use any sort of car safety seat insert unless it came with the seat or was made by the manufacturer of the seat.

Q: Can I adjust the straps when my baby is wearing thicker clothing, like in the winter?

A: Yes, but make sure the harnesses are still snug. Also remember to tighten the straps again after the thicker clothes are no longer needed. Ideally, dress your baby in thinner layers instead of a bulky coat or snowsuit, and tuck a blanket around your baby over the buckled harness straps if needed.

Q: Are rear-facing convertible seats OK to use for preemies?

A: Premature infants should be tested while still in the hospital to make sure they can ride safely in a reclined position. Babies who need to lie flat during travel should ride in a crash-tested car bed. Very small infants who can ride safely in a reclined position usually fit better in infant-only seats.

Q: How long do car seats last?

A: If you are bringing home your second (or fifth) baby, be sure to check that your car seat is not expured. Look for the manufacturer label on both the car seat itself and the base, if using and infant seat. Most infant seats expire after 5 years and convertible 3-in-1 seats after 10 years. Never use a car seat that has been in a crash or when you cannot verify its history, like buying used from a stranger.

Q: What is LATCH?

A: LATCH (Lower Anchors and Tethers for Children) is an attachment system for car safety seats. Lower anchors can be used instead of the seat belt to install the seat and may be easier to use in some cars. The top tether improves the safety provided by the seat and is important to use for all forward-facing seats. Read the vehicle owner's manual and the car safety seat instructions for weight limits for lower anchors and top tethers.

Vehicles with the LATCH system have anchors located in the back seat. Car safety seats that come with LATCH have attachments that fasten to these anchors. Nearly all passenger vehicles and all car safety seats made on or after September 1, 2002, come with LATCH. However, unless both your vehicle and the car safety seat have the lower anchor system, you will still need to use seat belts to install the car safety seat.

About air bags

Front air bags

All new cars come with front **air bags**. When used with seat belts, air bags work very well to protect teenagers and adults. However, air bags can be very dangerous to children, particularly those riding in rear-facing car safety seats, and to preschool and young school-aged children who are not properly restrained. If your vehicle has a front passenger air bag, infants in rear-facing seats must ride in the back seat. Even in a relatively low-speed crash, the air bag can inflate, strike the car safety seat, and cause serious brain injury and death.

Vehicles with no back seat or a back seat that is not made for passengers are not the best choice for traveling with small children. However, the air bag can be turned off in some of these vehicles if the front seat is needed for a child passenger. See your vehicle owner's manual for more information.

Side air bags

Side air bags improve safety for adults in side-impact crashes. Read your vehicle owner's manual for more information about the air bags in your vehicle. Read your car safety seat manual and the vehicle owner's manual for guidance on placing the seat next to a side air bag.

Get Your Car Seat Installation Checked!

We strongly recommend that all new parents arrange to have their baby's car seat checked before birth. **Call the Tompkins County Sherriff's office, or the Ithaca Fire Department to make arrangements for this FREE service.** Lists of certified other CPS technicians and child seat fitting stations are available on the following Web sites:

NHTSA (or call NHTSA Vehicle Safety Hotline at **888/327-4236**)

SeatCheck (or call **866/SEATCHECK** [866/732-8243])

National Child Passenger Safety Certified Technicians (or call **877/366-8154**) This site provides information in Spanish and also provides a list of CPS technicians with enhanced training in protection of children with special needs.

Important reminders

Be a good role model. Make sure you always wear your seat belt. This will help your child form a lifelong habit of buckling up.

Never leave your child alone in or around cars. Any of the following can happen when a child is left alone in or around a vehicle:

- ❖ He can die of heat stroke because temperatures can reach deadly levels in minutes.
- ❖ He can be strangled by power windows, retracting seat belts, sunroofs, or accessories.
- ❖ He can knock the vehicle into gear, setting it in motion.
- ❖ He can be backed over when the vehicle backs up.
- ❖ He can become trapped in the trunk of the vehicle.

Always read and follow the manufacturer's instructions. If you do not have the manufacturer's instructions for your car safety seat, write or call the company's customer service department. They will ask you for the model number, name of seat, and date of manufacture. The manufacturer's address and phone number are on the label on the seat. Also be sure to follow the instructions in your vehicle owner's manual about using car safety seats. Some manufacturers' instructions may be available on their Web sites.

Car safety seats and shopping carts

Many infant-only car safety seats lock into shopping carts and many stores have shopping carts with built-in infant seats. These may seem safe, but thousands of children are hurt every year from falling out of shopping carts or from the carts tipping over. Instead of placing your baby's car safety seat on the cart, consider using a stroller or frontpack while shopping with your baby.

Resources In The Community For Parenting & Infant Care

*If you have **specific questions** about caring for your newborn, talk to your baby's doctor or the office's support staff. If you need **general information** on parenting and infant care, or need services, refer to this list.*

Babies First Loan Program **257-4857**
The First Unitarian Society of Ithaca
Loans of supplies for infants and children

Birthright **272-9070**
Helpline **1-800-550-4900**
210 Center Street *Parenting classes & clothing*

Breastfeeding help
*Refer to the resource list at the **end of the breastfeeding section** of this notebook.*

Certified Child Passenger Safety Technicians
Car seat safety checks
- Ithaca Fire Department **272-1234**
- Cornell Public Safety (for members of the Cornell community) **255-7305**
- Tompkins Co. Sheriff's Dept **257-1345**

Children's Reading Connection **227-3360**
Local initiatives as a national model for promoting a culture of literacy throughout the community
www.childrensreadingconnection.org

Cloth Diaper Service **1-800-516-2991**
Operated by Jillian's Drawers – see listing below

Community Postpartum Support Group **273-0259**
A facilitated community peer group for parents who are struggling with emotions or stress in the postpartum period.
Child Development Council
609 West Clinton Ave

Day Care & Child Dev. Council **273-0259**
609 West Clinton Street
Day care referrals, parenting advice

Family & Children's Services **273-7494**
204 N. Cayuga St.
Adoption, family and individual counseling

Family Reading Partnership **277-8602**
Help incorporating the gift of reading into your baby's life www.familyreading.org

Family Support Services **273-0259**
Free, 1 to 1 parenting support birth to age 5, including home visits, referrals, information. Service of Child Development Council

Franziska Racker Center **272-5891**
Early intervention programs for special needs children

Jillian's Drawers 171 East State St **272-1237**
Infant supplies, diapers, diaper service, classes, breastpump purchase & rentals

Lactation Consultants, Breastfeeding supplies
*Refer to the resource list in the **end of the breastfeeding section** of this notebook.*

La Leche League
www.facebook.com/LLLofIthaca
*Refer to the resource list in the **end of the breast-feeding section** of this notebook.*

Mama Goose **269-0600**
Gently used children's clothing and supplies, including new & gently used nursing bras
430 West State St, Ithaca
www.mamagooseithaca.com

MOMS Club of Ithaca www.momsclubofithaca.com
Support group of moms from Ithaca and surrounding towns. Organized playgroups, mom's night out events, book club and other monthly activities. Also provides meals to members in the first weeks after birth.
Contact via ithacamomsclub@gmail.com

MOMS Program **274-6622**
Tompkins County Health Department
Ongoing assistance after birth for any Tompkins County new mother

Mothers & Babies Perinatal Network
Family information line **800-231-0744**

Red Cross - Tompkins County **273-1900**
201 West Clinton
Parenting classes, CPR and first aid classes

Teen Pregnancy & **273-0259**
Parenting Program 609 W. Clinton Ave

Tompkins County Department of Public Health **274-6616**
401 Dates Drive
- *Birth Certificates, Vital Records* **274-6642**
- *Immunizations, well-baby clinics* **274-6616**
- *Children With Special Health Care Needs (CSCN)* **274-6644**

WIC *(Women & Infant's Nutrition Program)* **274-6630**

Breastfeeding Your Baby

This section contains:

- How Do I Get Started?
- Getting Off on the Right Foot
- A Breastfeeding Session in Slow Motion
- Using Different Positions
- Common Questions & Concerns
- Common Problems & Solutions
  - Sore Nipples
  - Breast Engorgement
  - Flat Nipples
  - Leaking Milk
- Returning to Work or School
- Using the Breast Pump
- Storing, Transporting and Thawing Breast Milk
- Weaning
- Community Resources, Help with Breastfeeding

Breastfeeding Your Baby

A basic guide to get you started feeding your baby with the "perfect food"

By choosing to breastfeed, you are providing excellent nutrition and are giving your baby the best possible start in life. Your milk gives your baby immunity and protection from illnesses that no other food can. Even if you only plan to breastfeed for a short while, your baby will benefit immensely! And once you experience the wonderful closeness and satisfaction that comes from seeing your baby grow and thrive, you may just decide to continue a while longer.

We will be helping you get started. Remember that **most moms and babies need to learn how to breastfeed**. For the baby, it's instinctual, but for the mom, it's learned. Be assured that your baby will nurse, your milk will come in, that you can do it.

How Do I Get Started?

Our staff will assist you during feedings until things are going smoothly... both you and your newborn will take some time to settle into a comfortable nursing routine. Refer to the diagrams and tips that follow to remind yourself about some of the mechanics of "How To." **Please ask for help anytime.**

Some things that will help breastfeeding go successfully for you and your baby:

◇ **Read** as much as you can about breastfeeding.

◇ Let us know what your expectations are. Our lactation staff is eager to assist you.

◇ **Talk to other women** you know who have breastfed successfully - Watch them nurse, if you have the chance.

◇ Get the **support** of the people around you, especially those who will be helping you with the baby, and share with them what you have learned.

◇ **Try to ignore preconceived expectations** of your own or others about how often or on what "schedule" your baby should eat. Let your baby tell YOU when she wants to eat... things will be much simpler and more rewarding if you try to adjust your schedule to your baby's, and not the other way around.

◇ **Set things up at home** so you can be as comfortable as possible when nursing. You need some privacy, a comfy place to sit or lie down, something to drink on hand and perhaps a "plan" to handle interruptions (the doorbell or phone).

◇ Mostly, what you need are a very few basic facts, and the support and reassurance of knowing that **you CAN do it** successfully.

Getting Off on The Right Foot

There are some things you can do to help your baby learn to nurse:

1. Right from the start, **keep your baby with you** as much as possible; this way you will start to learn to recognize when he's hungry.

2. **Keep your baby "skin to skin".** Try to minimize interruptions to the baby's natural rhythms, especially in the first few hours after birth. Immediately after your baby is born, as long as the baby is healthy, snuggle right up and let the baby settle in (naked or with diaper only, with a warm blanket covering you both) undisturbed. A quiet, calm, dim environment will help the baby's natural instincts to start to nurse. After the first one to two hours of life, the baby will drift in and out of light and deep sleep for about 14-16 hours and may not be as interested in nursing. Making the most of that "golden hour" will pay off in the long run. We will help you with this by minimizing interruptions and delaying routine procedures until your baby has spent time at the breast.

3. It's hard to feed a baby who is crying frantically or is sound asleep; the best time is when he wakes a little and starts to stir around, maybe opening his eyes, sucking on his fists or "rooting around" by turning his face to one side with his mouth open.

4. Avoid giving your baby any artificial nipples until breastfeeding is well established. Pacifiers and bottle nipples require completely different tongue and mouth movements than effective nursing does. Some infants may get confused if given rubber nipples and then have trouble learning how to feed at the breast. We recommend that you delay introduction of a pacifier or bottle for at least a few weeks. If your baby is one who loves to suck all the time, try helping him find his hand, thumb or finger, or he can suck on your pointer finger or thumb, if you press the palm surface of it up against the roof of his mouth.

5. Your partner has a very important role, and it's not just changing the baby's diaper and bringing you a beverage! Make sure your partner is included in all of the "hands on help" you receive in the hospital – because your partner IS coming home with you, and WE are not! Partners who have been educated in breastfeeding along with the mom have been shown to increase success rates, decrease perception of inadequate milk supply and help with breastfeeding problem solving.

6. **Your goal is for your baby to nurse at least 8 times in 24 hours, wetting 6-8 diapers per day.** (Don't expect this to happen in the first few days; once your milk comes in and the baby is several days old, he will nurse more actively and effectively than he does in the hospital.) Some babies nurse very regularly around the clock, others nurse more frequently during parts of the day with a couple of longer stretches; you and your baby will establish a pattern that works for you both. If you are worried, check with your baby's doctor.

Information for breastfeeding families

Positioning & Latch-on : Baby-led Latching

The way you hold your baby and how he latches-on to the breast, are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems mother's encounter when starting to breastfeed.

Baby-led latching is good for the first feeding and for all feedings after that when the baby is awake and willing to participate.

Getting comfortable

Choose a bed or sofa where you can lean back about half way or more, whatever is comfortable for you.

Positioning your baby

Position the baby between your breasts and allow your baby to wake skin-to-skin. Holding your newborn skin-to-skin is one of the best ways to make breastfeeding easy!

Be Patient

Your baby will gradually realize where he is and that food is nearby! He will slowly begin to move towards the breast. Provide support and assist a bit if it seems necessary, but avoid directing the baby. Your baby will locate the nipple and latch-on with minimal assistance from you. Let your baby lead the way.

This baby has located the breast and latched on independantly.

Information for breastfeeding families

Positioning & Latch-on : Mother-led Latching

The way you hold your baby and how he latches-on to the breast, are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems mother's encounter when starting to breastfeed.

Mother-led latching is good for any time the baby needs additional assistance, is too sleepy to latch spontaneously or you have sore nipples.

Getting comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows where ever needed to support your arms and relax your shoulders.

Look for a straight line from the baby's ear to the shoulder to the hips. His head should not be tipped back or on his chest.

Positioning your baby

With any position you choose to hold your baby, turn your baby completely onto his side, "tummy to tummy", so his mouth is directly in front of the breast and he does not need to turn his head at all to get to the nipple.

Position your baby with his nose to your nipple so he has to "reach up" slightly to grasp the nipple. His chin should touch the breast first, then grasp the nipple.

Place your baby's lower arm around your waist. This will draw him close to you. Look for a straight line from your baby's ears, to shoulders, to hips. His legs should curl around your waist.

Basic positions for breastfeeding

Beginner's Positions
(first few days or weeks)
- Cross Cradle Hold
- Football Hold

Advanced Positions
(after the latch -on is easy and quick)
- Cradle Hold
- Side Lying

The cross-cradle hold is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind your baby's ears. Roll the baby to face you "belly to belly".

The football hold (clutch hold) is good for mothers who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.

Place your baby's head in the bend of your arm or on your forearm and support his body with your arm in the **cradle hold**. Roll the baby towards you "belly to belly".

Side lying is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Notice the pillow support and your back and the baby's back, and between your legs. Roll the baby towards you "belly to belly".

The Cradle hold is great for after the baby is nursing easily and the latch-on is easy. It is the most common position and you will often see this in pictures of breastfeeding mothers. Please wait to use this position until your baby latches easily.

Latch-on

Compress your areola slightly to make a "nipple sandwich" for the baby. This will allow the baby to get a deeper latch-on. Make sure your fingers are well behind the edges of the areola (1 to 1 ½ " from the base of the nipple). Allow your baby's head to lean back slightly so his chin touches the breast first.

An easy way to remember how to hold your hand is to keep your thumb by your baby's nose and your fingers by the baby's chin. That way you will automatically rotate your had to match the baby's positioning.

Touch your nipple to the philtrum (the skin between his nose and lips). Your baby will open wide and you can bring him on to the breast. If he doesn't, tickle the philtrum and wait until he opens WIDE (like a yawn) and his tongue comes forward. He should get the nipple and a "big mouthful" of the areola (the dark brown part of the breast) in his mouth. Bring the baby to the breast, not the breast to the baby!

Listen for swallowing every 3 to 5 sucks (May not be apparent until your milk comes in). Once your milk is in you will notice swallowing with every suck.

Let the baby nurse for 15-20 minutes on each breast or 20-30 on one breast. 8 - 12 feedings each 24 hours is normal for a newborn. Refer to the handout "How do I know my baby is getting enough?" for details.

Check your latch-on

Your baby's ***chin*** should touch the breast, his nose should be free.

Worried that your baby can't breathe while at the breast? Don't! If the baby truly can't breathe, he will let go. Usually, babies can breathe easily even when pressed close to the breast because they can breathe around the "corners" of their noses. Do not press on the breast to make a breathing passage for the baby to breathe. This can distort the shape of the nipple in the baby's mouth and contribute to soreness as well as limit the drainage from the area of the breast above your fingers. If necessary, pull the baby's hips in closer to you. This should free up his nose.

Some mothers describe pain as their baby latches-on that eases as the milk begins to flow. This will subside over time, as your body adapts to breastfeeding. If it persists, remove your baby from the breast and re-attach him. The angle of your baby's lips at the breast is greater than 140 degrees or greater.

Most of the areola is in your baby's mouth and both upper and lower lips are flanged (rolled out). You feel deep pulling sensation as the baby nurses. It should not be sharp pain or last more than a moment during the latch-on.

If you need to remove your baby from the breast, slip your finger between his lips and gums to break the suction. Wait for the suction to release, and remove him.

Common Questions & Concerns

My baby isn't really getting anything now, is she? I don't have any milk yet...

If she is latched on and sucking properly, yes, she is. For the first couple of days, she is getting *colostrum*, a sticky yellowish or clear fluid you may have noticed leaking from your breasts even during pregnancy. Colostrum is fairly small in amount, but is very rich and extremely good for your baby... in fact, for most babies, it is all they need until the milk comes in. If you don't believe she's really getting anything, *just wait*. Sooner or later she'll spit up a bit and you'll see yellowish fluid.

My baby won't nurse!

Won't he lose weight?

Maybe I should give him a bottle...

Some infants are quite sleepy and uninterested in feeding for the first few days of life, others act ravenous but don't seem to be able to settle down to suck, while others act like they've been nursing for months and know just what to do.

Rest assured that your baby WILL learn! The more relaxed and comfortable YOU can be during the first few attempts, the better. Remember that EVERY contact of your baby at your breast, even if he is just nuzzling there, or licking or smelling you IS helping get him ready to nurse, and is stimulating your milk. We won't let your baby "starve." Your doctor and the nursing staff will be carefully watching your baby. We will let you know if it is felt that your baby really needs something NOW. (This is the exception to the rule. *Most* babies are "built" to survive the first few days of life with minimal intake.) **Trust your body and your baby.**

How do I know if my baby is getting enough?

The easiest way to tell is by observing your baby - is she eating about every 2-4 hours? Does she settle down pretty easily after most feedings (although she may still want to suck on her fist or hand after nursing)? Is she wetting 6-8 diapers a day once your milk's come in? These are all good indicators. Your baby's doctor will let you know if there are any particular concerns about the amount your baby is eating, or if there is some special reason your baby would need something else besides breast milk. ***Do not add water, sugar water, formula or cereal to your baby's diet without talking to your baby's doctor about it first.***

How is the milk made?

At some point between the second and fifth day after your baby's birth, your mature milk will start to come in. The milk is produced inside your breasts in response to chemical signals from your brain. As the baby sucks, a hormone is released that tells the milk to flow. Contrary to popular belief (and to the way it feels sometimes), all of the milk for your baby's feeding is NOT produced ahead of time and is not just sitting there waiting for him to drink and "empty" your breast. Milk production is a dynamic process, with most of the milk being produced *as your baby sucks*.

The most important thing to understand about milk production is that the more your baby sucks, the more milk you will produce.

You will always produce the right amount of milk for your baby if you allow her to nurse as often as she is hungry (usually every 2-4 hours), and continue to take good care of yourself (eat nutritious foods, get plenty of fluids and rest as much as you can).

As your baby grows, so will the amount of milk you make.

How often should I nurse ?

Your baby will help you find the answer to this question. A breastfeeding baby should nurse at least 8 times in 24 hours (and more commonly, 10-12 times). This averages out to about every 2-3 hours, with one or two longer sleep periods. Some babies nurse every two hours for part of the day and then go 4 hours between feedings at other times. Others are fairly regular and want to eat every three hours around the clock. (In looking at the frequency of feedings, we count from the beginning of one feeding to the beginning of the next.) There may be times when your baby is hungrier than usual, and other times when he doesn't want to nurse as often, just like your own appetite changes.

Nurse your baby "on cue," rather than "on demand." This means that it is better to offer your breast when your baby starts rooting around, makes sucking movements, flutters his eyes, turns his head side -to-side, licks his lip or sucks his fist, rather than waiting for him to cry in hunger. Some babies are more temperamental than others and can have a hard time settling down to nurse if they've been crying before a feeding, and may swallow a lot of air while crying, making them more apt to have gas.

How long should I nurse on each side?

There is no "right answer" to how long a baby should nurse on each side. If your baby is latched on correctly and there is no discomfort, it is fine to let her nurse until she unlatches on her own. If she then seems relaxed and content, or falls asleep, it is not necessary to nurse on the other side. Many experts believe that the milk that flows towards the end of a feeding offers a higher fat and calorie content and will help the baby feel full longer. For this reason, it is generally not recommended that you take the baby off one side to switch at a particular time. Some babies are very fast, and can be "done" in as little as 10 minutes. Others may take 45 minutes. Average is about 20-30 minutes. Watch your baby for actual swallowing.... once it stops or slows way, way down, the baby is probably just sucking for comfort and not nutrition. If your baby is routinely satisfied and is growing well, you are feeding for right amount of time!

Should my baby sleep through the night?

It is not a good idea for your baby to sleep all the way through the night these first few newborn weeks. One 5-6 hour stretch (if you are lucky enough to have a baby who does this) is fine, as long as the baby is nursing well the rest of the time and wetting plenty of diapers. If your baby seems especially sleepy, or doesn't wake to feed after extended periods, talk to your baby's care provider, as this could be a sign of illness.

Why does my baby seem to want to nurse all the time?

People who aren't familiar with breastfed babies may make comments that make you think your baby is eating too often or that because he wants to nurse every 2-3 hours, he must not be getting enough. Nothing could be further from the truth. Breast fed babies need to eat so often because the breast milk is so perfectly suited to their needs; they absorb it very readily from the intestinal tract, use it for growth and energy very effectively, and are hungry again sooner. Formula is harder for babies to digest and so it stays in their stomachs longer; they feel "full" longer.

My baby won't wake up well to feed. Any suggestions?

In the first few days, if your baby seems more interested in dozing than eating, don't be too surprised. Try waking him by sitting him up, rubbing his back, talking to him, tickling his feet or undressing him. Removing his clothing and cuddling with him against your bare skin often helps. Watch for signs that he is in a lighter stage of sleep (eye movement, stretching, lips moving, etc.) and try again.

I hate milk - Do I need to drink milk to make milk?

No. Your body produces milk in response to the birth of the baby and the continued sucking of the baby at the breast. You **do need to get enough calcium** and other nutrients to meet both your needs and the baby's, and to **drink plenty of fluids.** If you don't get enough calcium from the foods you eat, your body will draw from the stores in your bones, and that is unhealthy for you. In addition to dairy products, other sources of calcium are broccoli, leafy green vegetables, salmon, sardines, and rhubarb. ***Make a habit of always having a glass of something to drink whenever you nurse your baby... this shouldn't be difficult since most moms are naturally thirsty while nursing.***

What foods should I avoid in my own diet while I'm nursing?

You needn't make any special adjustments to your diet. (The latest research indicates that a reasonable amount of caffeine will not affect your baby, and older recommendations about avoiding spicy or gassy foods have been shown to be erroneous.) If your baby seems particularly uncomfortable after a feeding, you might think over what you've eaten in the past 4-6 hours that is different from your usual diet. If you've eaten something in particular, you might avoid it for a few weeks, then try it again. Occasionally a high intake of milk in mom's diet can cause a baby distress. If you think this might apply to you, eliminate milk and dairy products for 2-4 weeks and see if there's a difference in your baby's behavior.

"My three week old baby suddenly switched from feeding every 3 hours to wanting to nurse every hour and a half!"

What's wrong with my milk?

Nothing! Your baby is probably having a "growth spurt" - this happens periodically as babies grow. The best thing to do is to go along with him and nurse more frequently for a couple of days, being sure to get enough food and rest yourself, too. Your milk supply will catch up to his demand over the next 48-72 hours, and then he should settle back to a less frequent feeding pattern. ***Remember, the way to increase your milk supply is always to nurse more; don't give a bottle!***

When should I burp my baby?

Since breastfed babies make an efficient seal with their mouth on the breast, they don't swallow much air, so they may not need to burp much. Try gently burping your baby after each breast; if she doesn't after a minute or two, don't be concerned. Just feed her on the other side, try again and then settle her down to sleep. Don't worry if she spits up a little, either. This is very common during or after a feeding and is not the same thing as vomiting.

To burp your baby, you can hold her upright on your shoulder or chest, or lay her across your lap, or hold her in a seated position with your hand supporting her jaw. Rub or pat her back firmly. Don't be afraid... you won't hurt her.

WARNING

Remember that anything that you take into your body (alcohol, nicotine, drugs) can be passed on to your baby through your breastmilk. In some cases, this can lead to serious injury or illness in the baby. Ways to protect your baby:

- ***Limit alcoholic beverages to occasional use only***
- ***Avoid smoking***
- ***Do not use illicit drugs***
- ***Always tell your caregiver that you are breastfeeding when medications are being prescribed for you***
- ***Check with your caregiver before taking any over-the-counter medications***

Common Breastfeeding Problems & Suggestions

The following are some common difficulties sometimes faced by nursing mothers, along with generally accepted solutions. Always feel free to contact your health care professional, childbirth educator or breastfeeding support group (such as LaLeche League) for further ideas and assistance. No question is stupid... even if you've breastfed other infants. Be sure, you won't be the first one to ask, and it is better to have the correct information than to guess or rely on the advice of "helpful" relatives and friends. ***Never "suffer in silence." Breastfeeding should be enjoyable and comfortable for you and your baby.***

Sore Nipples

Problem:	**Very sore, bruised or cracked nipples**
Cause:	Incorrect positioning of baby on the breast, improper "latch" or sucking problems
Solutions:	Go back to the page on positioning and latch-on. Be sure: ✓ Baby's body is turned to face you. ✓ He is opening his mouth wide enough to grasp the dark area behind the nipple. ✓ You are pulling him close enough in so that his chin touches your breast. ✓ His tongue is down under your nipple. ✓ He doesn't have his lower lip tucked in when he sucks. ◆ Let your nipples air dry for several minutes after feedings. ◆ Use different positions for feedings. ◆ Feed more frequently, for shorter periods, until tenderness improves. ◆ Encourage baby to take both breasts at each feeding; start with the side that is less tender. ◆ Be aware that even if the baby starts off latched on well, he may be "sliding" off center, especially if he or you are drowsy. Take him off and start again, if necessary. ◆ We don't recommend any creams, oils or lotions for use on your nipples, with the single exception of a pure lanolin product (called Lansinoh or Pure-Lan). Current research indicates breast milk itself is extremely effective. Rub a small amount of expressed breast milk around your nipples after feedings and let dry. ◆ Get help if these techniques don't make a quick difference.

Breast Engorgement

Problem:	Breast engorgement (breasts are very hard, full and uncomfortable; baby may find it hard to latch on)
Cause:	Milk is "coming in," or you may be going too long between feedings.
Solutions:	◆ Nurse more often (every 2-3 hours; never more than 4 hours while this is a problem). ◆ Use a warm compress (heating pad, hot water bottle or a warm, moist towel) on your breasts for a few minutes before you nurse, or try a short, warm shower, with the flow on your back, not on your breasts. Another method that may provide relief is to briefly immerse your breasts in a basin or sink full of warm water. Avoid using warmth for more than a few minutes, as this may increase swelling and inflammation. ◆ Before feeding, massage your breasts gently all around, especially up under your arm, so that the milk moves down towards the nipple. ◆ Leaking is O.K. It may help to massage your breast while the baby is nursing on that side. ◆ Try an ice pack to the breast immediately after feeding. ◆ Some studies have indicated that green cabbage leaves, chilled, then placed against the breast for 10-15 minutes prior to feeding may help… believe it or not! We have had moms tell us that it actually works. Make sure that the leaves are chilled, NOT FROZEN, and that you limit this method to a few times a day, as it can reduce your milk supply. Also **do not use if you are allergic to sulfa.** ◆ Express a little milk before nursing, either by hand or with a breast pump. This will help soften the breast so the baby will be able to "get on" more easily. ◆ Wear a good, supportive bra if this feels good to you. ◆ Be aware that this is a common occurrence as milk comes in, and it is temporary. No, your breasts are NOT going to stay that big for the whole time you breastfeed. ◆ Take an over-the-counter pain reliever (such as Tylenol or Motrin) for discomfort, if needed. ◆ Sometimes very engorged breasts can lead to soreness at the nipple, as the baby has a hard time getting a grip. Try pumping a small amount before the feeding to soften the breast enough for the baby to be able to latch on. Then, let the baby nurse fully on this side until the breast in quite softened. If he won't then nurse on the other side, pump the second side until the milk stops coming freely. ◆ **If you develop a hard lump that is very painful, red, warm and it doesn't go away within a couple of feedings, or if your temperature is over 100° F for more than 24 hours, or if you have flu-like "achy" symptoms, call your doctor or midwife. These may be signs of mastitis (a breast infection)**.

Flat Nipples

Problem:	**Baby can't grasp the nipple for good "latch on"**
Cause:	Flat or inverted nipple; breast engorgement may make it worse
Solutions:	◆ Have your nurse show you how to roll your nipple so that the baby can latch on, or use your fingers and thumb to form the end of the breast into a shape the baby can get into his mouth. ◆ Try a little ice to the nipple right before you feed, or try using the breast pump just before the feeding to get the nipple to stand out. ◆ Review suggestions for breast engorgement if this is contributing to the problem. ◆ Try using a hand or electric pump for several minutes to draw the nipple out, then try a quick switch and get the baby on the breast. ◆ **Do** be patient and don't give up. You and your baby will learn together how to overcome this problem. ◆ **Don't** give your baby milk, formula or water through a rubber nipple unless the baby's doctor (or lactation specialist) tells you to; it may confuse the baby and make it harder for him to nurse at the breast. **Warning:** "Nipple shields," which you may find at the pharmacy, are sometimes helpful in teaching a baby to latch on. These flexible silicone shields **should only be used under the supervision of a breastfeeding specialist.** ***Prolonged or improper use can diminish your milk supply and may compromise your baby's health.***

Leaking Milk

Problem:	Milk leaks from your breast at unexpected times, such as while showering, when thinking of or hearing the baby, during sexual activity or during sleep. Some mothers notice milk leaking from the other breast when the baby is nursing on one side. Some women do not leak at all. Both are normal. The amount of milk leaking has no relationship to the amount of milk you are making for your baby.
Cause:	The "let down reflex," which tells your body to release milk, is triggered by several stimuli. This is normal, and usually subsides as time goes by.
Solutions:	Pressing firmly against the breast (just as the milk begins to flow) may help. Breast pads, if needed, can be worn inside your bra. Make sure they do not contain plastic or waterproof liners, and change them often.

Returning to Work or School: Planning Ahead

When it is time for you to return to work or school or resume other activities that will separate you from your nursing baby, you may have many questions about how to manage these added responsibilities and how these changes will affect you, your baby and others in the family

Our first recommendation in this area is that if it is at all possible, try not to worry about it too much for the first few weeks while you are home with your newborn. You need to enjoy these early days and to successfully establish a good breastfeeding relationship that works for both of you. It is hard to do this if you're worrying about what you will do later on. So relax, settle in with your baby and pull out this section again a couple of weeks before you plan to return to work or school.

"Should I continue to totally breast feed, combine breast and bottle feeding or switch over to all formula?"

It depends on you and your baby. Different situations will require different arrangements. Be assured that a wide variety of solutions can work very well. ***Some solutions that have worked for others are:***

1. <u>Continue breastfeeding exclusively.</u> The baby is given breast milk from a bottle or cup when Mom is away. Mom pumps her breasts while at work or school and stores the milk.

2. <u>Continue nursing, combine with formula feeding</u>. Caregiver gives formula while Mom's gone. Mom doesn't pump... her milk supply gradually diminishes to provide the right amount for the times she <u>does</u> nurse. On days off or weekends, mom either breast feeds exclusively or combines with formula, depending on her situation and her milk supply.

3. <u>Wean baby to formula entirely.</u> Mom stops nursing, satisfied that she has already given the baby the best start possible in life.

Questions to Ask Yourself

How long will I need to be away from my baby?

Are there ways I can re-arrange my work hours or workplace to minimize separation or work around feeding times?

Will I have time and space to use a breast pump at work? (Using a pump successfully generally requires enough privacy for you to feel comfortable, at least 15-20 minutes without interruptions and usually time to pump every four hours or so.)

Do I have a way to keep pumped milk cold? (This could be refrigerator or a cooler bag or chest.)

Are there other nursing mothers near my workplace that might share the cost of renting an electric pump together? (This is an excellent solution for moms who wish to provide their infant with breast milk exclusively.)

What kind of support and daycare arrangements do I have? Will the caregiver be willing to follow my instructions on what the baby is to be fed?

Is there any way the baby can be brought to me at feeding times, or can I go to my baby?

Will my partner and family be supportive of my plan?

What do I really <u>want</u> to do? This is perhaps the most important question of all and only you can answer it.

What if I want to pump? *There are a number of breast pumps to choose from:*

- **Small, manual pumps** like the variety we provide in the hospital are light, portable and easy to use. (Bicycle-horn type pumps are <u>not</u> recommended.)
- **Portable electric and battery operated pumps** are handy and probably worth the investment if you plan to pump regularly, although the battery operated ones tend to run out of power at inopportune times. Light-weight varieties do not always perform well.
- Also **available for rental or purchase are heavier-duty electric pumps**. These are definitely the way to go if at all possible if you will be working full time and plan to give your baby only breast milk. There are many "set-ups" that attach to it to chose from; there is even a "dual set-up" so that you can pump both sides at once... highly recommended for full time pumping, since studies show that aside from time efficiency, this helps increase milk production and maintain your supply. Our experience, in general, has been that pumps from companies that specialize in breast pumping equipment (such as Medela, Ameda, Avent) tend to be more effective than other models that may be available. Ask one of our lactation nurses for ideas.
- Some mothers find **hand expression** more successful than other methods. If you need to pump infrequently, this might work well for you.

How to Express Milk By Hand

1. Place your thumb above and fingers below your breast, in a "C" shape. Position them an inch to an inch and a half behind your nipple.

2. Push straight in to your chest wall, squeezing your thumb and fingers together smoothly. Release and repeat.

3. Do not slide your fingers along the skin.

4. Rotate the position of your thumb and fingers around your nipple to empty all of the ducts.

5. Continue for three to five minutes, switch breasts, then return to the first side, if desired.

Learning To Use the Breast Pump:

This, too, will take some practice!

- **Always wash your hands well first**, and keep the equipment clean by washing it after each use in warm, soapy water (dishwashing liquid). Make sure the valves dry thoroughly. **Wet the inside of the "cone" with a small amount of water before you start so that your skin slides, rather than grabs along the inside.**
- **At first, your milk might not "let-down" easily**. This reflex is triggered not only by your infant's sucking, but also by her smell, sounds and appearance, and by the feelings you have when she is with you... not at all like the stimulation provided by an awkward piece of equipment.
- **Practice with the pump.** Early morning when your milk supply is high is usually a good choice to start. The first few times, have the baby with you; this may help get the milk to flow. One mother that we know routinely pumped on one side while her baby nursed on the other. In this way, she was able to store enough milk to carry her baby through some growth spurts when she was away from home and her usual supply was not quite enough.
- **Don't be discouraged if you don't get much the first few times**. It will improve with practice. And don't assume that because you didn't get much, the BABY isn't getting much. The baby is usually much more effective than the pump. The amount you can get by pumping <u>will</u> increase over time.

ACCESSIBLE VERSION: https://bit.ly/2dxVYLU

STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

Wash your hands well with soap and water.

Inspect the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.

Clean pump dials and countertop.

STORING EXPRESSED MILK

Use breast milk storage bags or clean food-grade containers with tight fitting lids.

Avoid plastics containing bisphenol A (BPA) (recycle symbol #7).

HUMAN MILK STORAGE GUIDELINES

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder *(room temperature)*	**Refrigerator** 40 °F (4°C)	**Freezer** 0 °F (-18°C) or colder
Freshly Expressed or Pumped	Up to **4 Hours**	Up to **4 Days**	Within **6 months** is best Up to **12 months** is acceptable
Thawed, Previously Frozen	**1–2 Hours**	Up to **1 Day** *(24 hours)*	**NEVER** refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within **2 hours** after the baby is finished feeding		

STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.

When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

THAW

Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator *(from the time it is completely thawed, not from the time when you took it out of the freezer).*

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

Never refreeze thawed milk.

FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

Do not heat milk directly on the stove or in the microwave.

Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle *(or sanitize setting).*
- boil in water for 5 minutes *(after cleaning).*
- steam in a microwave or plug-in steam system according to the manufacturer's directions *(after cleaning).*

June 2019

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

FOR MORE INFORMATION, VISIT:
https://bit.ly/2dxVYLU

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Postpartum and Lactation Resources

Cayuga Birthplace **607-274-4408**
Call for an appointment to be seen as an outpatient with a member of our lactation team.

Pediatric Offices
Both offices have lactation services available. Your baby does not need to be a patient.

Northeast Pediatrics		**607-257-2188**
Well-Being Pediatrics		**607-602-2083**

Private Lactation Consultants in Ithaca

Rebecca Costello	*rebecca@intheflowlactation.com*	**607-269-7757**
Shanna Jesch, IBCLC	*sllljesch@gmail.com*	**607-257-4073**

Tompkins County Health Department Moms PLUS+ **607-274-6604**
The Maternal-Child nurses at the Health Department are lactation counselors. As long as you live in Tompkins County, you qualify for services. They can assist you over the phone and can provide in-home visits to help with lactation.

WIC (Women & Infants Nutrition Program) **607-274-6630**
Nurses and peer counselors provide breastfeeding help to WIC-eligible moms.

Breastfeeding and Lactation Medicine Clinic at University of Rochester **585-276-MILK(6455)**
www.urmc.rochester.edu/breastfeeding.aspx
One of the leading breastfeeding programs in Upstate NY. Available for prenatal and postpartum consultations.

OTHER SUPPORT

Postpartum Support Group through the Child Development Council **607-273-0259**
Meeting via zoom on 2nd and 4th Tuesday from 12:00-1:00pm
email amanda@childdevelopmentcouncil.org for the zoom link

Jillian's Drawers **607-272-1237**
Classes and meet-ups in their community room at 609 W. Clinton St
www.jilliansdrawers.com

La Leche League
Mother-to-mother support, encouragement, information, and education.
Meeting in downtown Ithaca, 1st Monday of every month, 10:00am-12:00pm. Check Facebook @LLLofIthaca.

Dr. Abby Persoleo (chiropractor specializing in pregnant people and babies) **607-272-0006**
208 N. Meadow Street, Ithaca

Dr. Meghan Van Loon (chiropractor specializing in pregnant people and babies) **607-277-1468**
103 Sharlene Rd, Ithaca

Breast Pump Sales and Rentals

Jillian's Drawers **607-272-1237**
Pump sales and rentals, supplies, mom and baby items. Certified milk depot for donating breast milk to the New York Milk Bank.

Med Supply Depot **607-273-4727**
Pump supplies and sales, can use insurance for Medela Pump in Style

Professional Home Care **607-257-1425**
Pump supplies and sales, can use insurance for Drive Pure Expressions single electric pump

Online breast pump ordering (covered by insurance)

- ***Breastpumps.byramhealthcare.com***
- ***Aeroflowbreastpumps.com***
- ***Edgeparkbreastpumps.com***

Bottle Feeding Your Baby

This section contains:

- **Selecting A Formula**
- **Sterilizing**
- **How to Warm the Bottle**
- **Positioning**
- **How Much?**
- **Paced Feeding Method**
- **How Often?**
- **Burping Your Baby**
- **Spitting Up**
- **Taking Care of Yourself While Formula Feeding**
- **Surviving Your Milk "Coming In"**

FORMULA FEEDING IN A NUTSHELL

What's Normal?

How Much: 2-3 ounces, at first

How Often: Every 2-4 hours

What: Iron Fortified Infant Formula; *Not Low-Iron and <u>Never</u> COW'S MILK until your child reaches age one.*

Which Formula: Consult Your Baby's Doctor

Formula Feeding Your Baby

If you have decided to formula feed your baby, you can be confident that there are several excellent formulas widely available which are well suited to meet your baby's needs. ***Your baby's doctor will recommend one to you; don't change formulas without consulting him or her.*** *Changing brands may give your baby problems and will make it harder for the doctor to figure out what's going on.*

Select whichever preparation suits your lifestyle and budget:

Powdered	Concentrated Liquid	Ready-To-Feed
◆ Must be mixed with water, exactly as the directions specify ◆ Generally the least expensive alternative ◆ Unmixed, it has the longest shelf life ◆ Very convenient for traveling	◆ Must be mixed with an equal amount of water ◆ More expensive than powder ◆ Often a good balance between affordability and convenience	◆ You feed it directly as it comes, never diluted ◆ Most expensive and easiest to use ◆ In the beginning, you may have a lot of waste, since an opened can must be used within 24 hours; a newborn will probably not consume a full can until he is a few weeks old

WARNING

Whichever type of formula preparation you choose, it is extremely important that you mix it **EXACTLY** according to the directions!

<u>If you add too much water,</u> your baby won't be getting enough calories or nutrients for proper growth.

<u>Failing to add enough water</u> can overload and damage baby's kidneys and cause life-threatening illness.

Sterilizing

Do I need to sterilize the water I use to mix up the formula?

Check with your baby's doctor. In general, if you have city water, it is usually not necessary, but if you have well water, it is (at least for the first several months).

◆ If you have a dishwasher, washing bottles in it will provide adequate sterilization; if not, put the bottles, rings and covers (but not the nipples) in a large pot. Cover with water and boil for five minutes or so. Allow to air dry and then close them for storage or fill with prepared formula and refrigerate.

◆ Nipples should not be boiled; wash them with hot, soapy water and a small brush, rinse and store in a clean, covered container.

◆ You can mix up several bottles ahead of time and refrigerate, just make sure they're used or discarded after 48 hours. It is better to fill bottles with less than you think the baby will take and add more if needed, rather than wasting a lot.

◆ You should not re-use a partially emptied bottle at the next feeding, since bacteria can be drawn into the bottle from your baby's mouth as he sucks, which can "grow" by the next feeding and may be harmful to the baby.

How To Warm The Bottle

Although it is not really necessary to warm the bottle, if you do, warm it up by:

1. Running it under hot tap water or
2. Placing it in a pan of warm (not hot) water for a few minutes.

WARNING

Never use the microwave to heat your baby's bottles or food.
This can cause dangerous hot spots which can burn the baby!

If you are warming pumped breastmilk, the heat may reduce the health benefits breastmilk offers.

◆ Always test the temperature of the formula by shaking several drops on your forearm. It should feel warm but not hot.

Positioning

◆ Always hold your baby during feeding. He needs the intimate time with you as much as he needs the calories! We recommend using an upright position – see information that follows on "paced feeding".

◆ Never prop the bottle up or leave the baby alone, as this presents a serious choking hazard in a newborn, who has little strength to push away the bottle.

◆ To help get a sluggish baby interested in feeding, try lightly brushing his lower lip with the nipple. Soon, he will open his mouth widely to let you know he's interested.

How Much?

- Newborns vary in the amount they need, but most start with 1-3 ounces per feeding and **increase gradually** by a half-ounce or ounce over several days. Offer your baby a bottle with just a little more than he usually takes. Don't suddenly let him go from taking 4 ounces at one feeding to 8 ounces the next... you will certainly get it all back as he will spit-up! If he still seems to want to suck after a reasonable amount of formula, offer him a pacifier, his fist or his thumb.

Paced Feeding Method*

- Use the "paced feeding approach" to more closely match the smaller amounts that breastfed infants naturally get, and to allow the baby to better self-regulate the amount of the feeding. This avoids overfeeding, which can lead to obesity and life long health problems. Here's how paced bottlefeeding works:

    - Hold baby semi-upright or upright and tap her lips with the nipple until she opens wide.

    - Help baby latch far enough onto the nipple so her lips close on the nipple's **base** rather than its shaft or tip. (Gagging means baby needs a shorter nipple.) If baby's lips are pulled in, use your fingers to flange them out.

- During feedings, hold the bottle **nearly horizontal**, so the flow isn't too fast. Build in pauses every few minutes by lowering the end of the bottle so milk runs out of the nipple, or remove the nipple from baby's mouth and rest it on her lower lip.

    - Repeat throughout the feeding until baby is done. Stop when baby stops, even if there's milk left. Burp baby after feeding to bring up any air.

* Source: Nancy Mohrbacher, IBCLC, FILCA

How Often?

- New babies are frequently sleepy and not extraordinarily interested in eating for the first few days of life. You may need to wake your little one to feed, if he doesn't stir on his own after about 4 hours.

- It would not be desirable (from the baby's perspective!) for your newborn to "sleep through the night" for the first few weeks... new babies need to eat every 2-4 hours in order to grow properly.

- **Do not give your baby anything besides breastmilk or formula** until your baby's doctor advises you to. Newborns are unable to digest cereal or fruits, and these can interfere with proper growth.

- **Do feed your baby when he seems hungry,** rather than on a rigid schedule. He will develop his own patterns and life will be easier for everyone involved if you try to work around what's natural for him. You will know he's getting enough if he's wetting 6-8 diapers in 24 hours and seems satisfied between feedings.

When Should I Burp My Baby?

- Some babies need to burp more than others. At first, try burping her after each ounce or so; if she doesn't after a minute or two, don't be concerned. Just feed a bit more, try again and then settle her down to sleep. Don't worry if she spits up a little, either. This is very common during or after a feeding and it is not the same thing as vomiting!

- To burp your baby, you can hold her upright on your shoulder or chest, or lay her across your lap, or hold her in a seated position with your hand supporting her jaw. Rub or pat her back firmly. Don't be afraid... you won't hurt her!

Spitting Up

- Babies very commonly "spit-up" some of their feedings, and it may look like they're spitting back more than they took in! This is very normal and harmless, as long as what comes up looks pretty much like what went in. Try burping more frequently, or slowing down the flow of milk by using a nipple with a smaller hole. If it looks greenish or brown or red, or if your baby vomits forcefully, or if you are worried about the amount or frequency of spit-ups, call your baby's doctor.

Taking Care of Yourself While Formula Feeding

- Even though you've decided not to breastfeed, you still need to eat well and take care of yourself in order to speed your recovery from delivery. See the chapter on "Taking Care of You" for some suggestions.

- Your milk will begin to "come in" sometime in the first few days after delivery. Your breasts may become full, firm, warm and uncomfortable. This will subside after a few days, and after 2-3 weeks, your body will definitely have "gotten the message." To ease the discomfort, follow the guidelines below.

Tips for Surviving Your Milk "Coming In"

Do:	Don't:
Do **wear a firm, supportive bra**, night and day, right from the start.	**Don't** do anything that would stimulate your milk production. This means:
Do **"bind" your breasts** if you are uncomfortable. (You can use a wide Ace wrap or even a towel tightly pinned around your chest.)	**No** **warm packs or warm showers** directly on your breasts. (Turn your back to the spray.)
Do **use icepacks**, especially under your arms, to decrease discomfort, and take an **over-the-counter pain reliever** (such as Tylenol or Motrin) if needed.	**Never** **express or pump the milk**... this will further increase your troubles by making more milk!
	Avoid **stimulation** to your breasts and nipples.

You may run a low-grade temperature for a day or two when your milk comes in (less than 101°F). **Call your doctor or midwife if you have symptoms of mastitis: pain, redness and tenderness of the breast, with flu-like symptoms and a temperature greater than 100°F.**

Questions for My Baby's Care Provider

Use this page to jot down any questions or concerns you would like to discuss with your baby's health care provider.