



Maternity
Resource Guide
Postpartum

Congratulations on the birth
of your new baby



Thank you for choosing TriHealth as your health care provider for maternity services. It is our hope that your care has been outstanding, your stay has been comfortable and your experience has been exceptional. May your life as a mother be one filled with joyous memories.

TriHealth Mother/Baby Nurses and Staff

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Your body went through tremendous changes during pregnancy and birth. In the upcoming weeks, you will continue to undergo physical changes as well as experience emotional changes as you return to your normal, pre-pregnancy state. During this adjustment period, it will be very important to take care of yourself. To help make the adjustment easier, please review the information provided in this section.

I. Self-care for new mothers

Uterine contractions

After delivery, your uterus will begin shrinking. By the eighth week after delivery, uterine contractions will cause it to return to its normal size. You may feel cramping as your uterus contracts. Contractions may feel stronger to women who have had children previously because the uterus has been stretched more, and it must contract harder to get back into shape. These contractions can be uncomfortable, but keep in mind that they are temporary and important for getting the uterus back into shape. An added benefit is that the more quickly your uterus shrinks, the more quickly your bleeding will subside. To get your uterus back in shape:

- Empty your bladder frequently (every three to four hours)
- Lie on your stomach
- Massage your uterus (ask your nurse how to do this)
- Walk

If you are very uncomfortable with the contractions, you can try relaxation and breathing techniques. If these suggestions do not help, you may try pain medication as prescribed by your physician. The pain should subside naturally in four to seven days.

Lochia (bleeding after delivery)

Lochia is the term used to describe the shedding of the uterine lining after delivery. This vaginal discharge of blood, mucus and tissue occurs in three stages with both vaginal and Cesarean births. It begins as a red, bloody color that lasts three to four days. During the first couple of days after delivery, you may notice small clots on your sanitary pad or in the toilet. This is normal. In the second stage, your blood flow will be pinkish and mixed with mucus. Lochia eventually will turn a brownish color and last until the ninth or 10th day. The final stage lasts two to three weeks and is a yellowish-white color. The process generally lasts four to six weeks. (Time frames are approximate and vary from person to person.)

You may notice an increase in bleeding during the first days at home due to an increase in activity. If your bleeding increases, your body may be telling you that you need more rest.

Do not use tampons, douche or have intercourse until you have the approval of your physician/midwife.

Call your physician/midwife if:

- Your vaginal bleeding returns to a bright red color after beginning to lighten or returns to a heavy flow after beginning to slow. Occasional clots may be passed but should not be larger than a golf ball. In general, the more babies you have delivered, the heavier and longer you will experience bleeding
- Your discharge has a foul smell, unlike your menstrual flow

The first one or two menstrual periods after delivery are seldom the same as the periods you had before. They usually are somewhat heavier in flow and longer in duration, but they may be lighter in flow or shorter in duration. Do not let this alarm you. The first period usually will begin anywhere from four to six weeks after delivery. However, some women may go longer before resuming their periods.

Perineal care

The area between the vagina and the rectum is called the perineum. Even if you do not have an episiotomy or tear during delivery, it will be important to keep this area clean and dry to prevent infection and to promote healing. Your perineal muscles will be stretched and weakened during the delivery and may be swollen, bruised and painful. The discomfort generally will decrease each day. Kegel exercises will provide comfort and aid in the healing process. Details on performing Kegel exercises are given later in this section.

At delivery, you may have had an episiotomy or a tear that required stitches. Depending on the type of suture your physician/midwife used, you can expect stitches to dissolve in as soon as seven to 10 days or as long as four weeks, and you may notice tiny black "strings" (stitches) on your sanitary pad.

Caring for the perineum at the hospital and at home

- Always wash your hands with soap and water before and after you care for your perineum.
- Change your sanitary pad every time you go to the bathroom or at least every three to four hours.
- With each pad change, use the squirt bottle provided by the hospital to rinse the perineum from front to back with warm water.
- You may pat, blot or wipe gently from front to back.
- Medications applied directly to your stitches, such as foams or creams, sometimes are ordered by your

physician/midwife. These medications are designed to increase comfort and should be discontinued if irritation occurs. Use only one medication at a time and apply directly to affected area.

- Use ice packs to help reduce swelling and increase comfort. Ice packs will be provided during your hospitalization immediately after delivery and for the next six to 12 hours depending on your physician's/midwife's recommendation.
- Per physician order, you may be given a portable sitz bath to take home. Your physician may prescribe that you start using sitz baths after you are finished using ice packs. Sitz baths should be taken at least three times a day, or more if you prefer.

Instructions for sitz bath use

- Fill the sitz bath pan and bag with water as warm as you can tolerate. Be sure to have the tubing clamp shut.
- Raise the toilet seat and place the sitz bath pan on the commode, suspending the bag.
- Sit in the water and open the clamp.
- When the bag is drained, the sitz bath is complete.
- Pat the perineum dry and replace your sanitary pad with a clean one.

Sitz baths are recommended at least three times a day.

Medications that may be prescribed for perineal care include:

- Epifoam—Apply a quarter-size amount in the middle of your sanitary pad directly to affected area. Use no more than three to four times a day. Epifoam contains hydrocortisone and a local anesthetic.
- Hydrocortisone cream—Apply a quarter-size amount directly to affected area with your fingertip.
- If your physician/midwife prescribes both Epifoam and hydrocortisone cream, do not use both medications at the same time on the same area. Use Epifoam first before you switch to the hydrocortisone cream.

Cesarean birth and incision care

If you had a Cesarean delivery, your incision may be closed with internal stitches that will dissolve by themselves, or with metal staples that may be removed in the hospital before you go home or in your physician's office at a later date. A special tape called Steri-Strip™ may be placed over your incision upon removal of the staples. Your physician will give you instructions on when to remove the Steri-Strip. It is important to keep the incision clean and dry. Air drying will help promote healing. Cotton underwear is preferred to nylon or other material. Most physicians will permit showering the day after surgery. Your physician will give instructions for showering along with information regarding your care.

Call your physician if you experience:

- Increased redness at the incision site
- Increased swelling or tenderness at the incision site
- A fever greater than 100.4 degrees Fahrenheit
- Separation of the incision
- Continued bleeding or drainage from the incision site

Hemorrhoids

Hemorrhoids are varicose veins of the rectum. You may develop them during your pregnancy or during delivery. Hemorrhoids often cause a persistent dull pain and a feeling of pressure in the rectal area. Hemorrhoids usually shrink on their own with time. To ease discomfort:

- Apply ice packs or take sitz baths
- Use Tucks® pads or other medications prescribed by your physician
- Rest on your side and avoid prolonged sitting
- Drink six to eight glasses of water per day
- Eat plenty of fresh fruits, vegetables and whole grains
- Perform Kegel exercises frequently

Elimination (ridding the body of waste products)

After vaginal and Cesarean deliveries, the body will begin to produce more urine due to IV fluids given during the birth process and as the body begins to rid itself of extra fluids retained during pregnancy. With this in mind, it will become important to keep track of how frequently you empty your bladder. If your bladder becomes too full, it can inhibit the uterus from contracting, thus increasing your bleeding. A full bladder also can cause you not to be able to urinate and can add discomfort by putting more pressure on your uterus and surrounding tender tissues. Your nurse will assist you to the bathroom the first time. The first attempt to urinate may be difficult. To help ease this process:

- Drink plenty of water
- Use the squirt bottle to spray water over the perineum
- Turn the faucet on and listen to the water run
- Use the sitz bath or shower (your physician will give you instructions for showering) to allow warm water to help you relax
- Perform Kegel exercises

Constipation is a common problem after giving birth. It occurs for a variety of reasons, including inactivity, relaxed abdominal muscles and narcotics contained in some pain medications. Some women become concerned about episiotomy stitches and worry that a bowel movement will pull the stitches loose. This should not be a concern because the stitches generally are stronger than that. It is important not to delay bowel movements. Bowel movements will relieve the feeling of abdominal and perineal pressure.

To assist this process:

- Get up and begin walking as soon as your physician/midwife allows
- Drink plenty of fluids and eat plenty of fresh fruits, vegetables and whole grains
- Drink warm fluids to help soothe and promote intestinal activity
- Avoid gas-forming foods, such as cauliflower, broccoli and cabbage, and carbonated and ice-cold beverages

Nutrition

You can expect a weight loss of about 12 to 15 pounds during the first week after giving birth. You should continue to gradually lose the weight you gained to support your pregnancy. It is important not to diet until after the follow-up visit with your physician/midwife. Healthy eating habits include a wide variety of foods to obtain essential nutrients, vitamins and minerals.

Breast care for formula-feeding mothers

Almost immediately after delivery, a hormone is secreted that stimulates milk production in the breast. There will be some milk present in your breasts. You may experience milk leakage for several weeks. If your breasts are not stimulated or emptied, no additional milk will be produced. Engorgement occurs when breasts fill and are not emptied. Your breasts will become firm, tender, swollen and sometimes painful 48 to 72 hours after delivery, and symptoms may last for about 24 to 48 hours. To relieve discomfort during engorgement:

- Begin wearing a well-fitting, supportive bra within six hours after giving birth and wear it continuously until milk production is inhibited
- Apply ice packs to the top of the breasts (above the nipple area, toward the armpit) as needed for comfort for 20-minute intervals
- Turn your back toward the water when showering to avoid direct stimulation of the breast
- If discomfort continues, you may try medication as directed by your physician/midwife

Activity and rest

It usually takes about six to eight weeks after you have your baby for your body to return to its normal state. Recovery is a progressive process. You will feel stronger each day. You must remember you have just been through the equivalent of a major operation and you should give your body time to recover.

It is very important to rest after giving birth. It will be easier to cope with the physical and emotional demands of parenting if you are well-rested. Allow family members and friends to take care of household chores such as cooking, cleaning and laundry. (Family members feel useful when they know they are helping you recover.)

If stair climbing is necessary, limit frequency by planning trips. Do not lift more than 10 pounds. If you have other small children, you will need to sit down and encourage them to climb up next to you to snuggle rather than you lifting them.

Entertaining is tiring. Ask your partner to help you limit the number of visitors and time that they stay.

Many women are eager to regain their figure and will want to begin exercising. An exercise program should begin only after your physician/midwife has approved the types of exercises you can perform. When you begin, start slowly and gradually increase as your strength improves.

If you had a Cesarean delivery, your recovery process will take a week or two longer. Your physician/midwife will advise you of limitations on other activities such as driving and exercising.

The Kegel exercise

The pelvic floor muscles form a hammock that extends from the pubic bone to the tailbone. These muscles support the uterus and other organs in the pelvic cavity. The pelvic floor muscles surround the three openings in the perineum—the urethra (where urine is passed), the vagina and the rectum (where stool is passed). To locate the muscle group, pull in as if you are stopping a stream of urine. Then pull in as if you are stopping a bowel movement. This action of tightening the muscles is called the Kegel exercise.

- To perform the Kegel exercise: (1) Tighten your pelvic floor muscles (see guidelines above) and hold to a count of five (this can be increased to a count of 10); (2) relax; and (3) repeat in a series of five at a time.
- During postpartum, to strengthen muscles and increase urinary control: (1) Tighten muscles and hold to a count of 10; (2) relax; and (3) repeat 100 times.
- Women should do Kegel exercises 100 times a day for life.

Resource: Nichols, F., and Humenick, S. *Childbirth Education: Practice, Research, and Theory*. Philadelphia: W.B. Saunders Co., 1988.

Adjusting to family life

During the first few weeks after giving birth, life will be extremely hectic. Even if you have had children before, caring for an infant will still be challenging. This little being you have brought into the world depends on you 24 hours a day. With this dependency, there will be a change in daily and nightly schedules, loss of sleep, frustration, irritability and loss of your former lifestyle. All of this may seem overwhelming at times. Remember that good communication is the cornerstone for your new family. Share your concerns, doubts, joys and insights, and make decisions together. Trust your instincts. Many new parents are unsure of their parenting skills. As you experiment and

learn new skills and attitudes toward parenting, you will become more confident, and life will settle into place.

Baby blues and postpartum depression/anxiety

Postpartum depression is the number one complication of pregnancy, affecting nearly 700,000 women in the United States each year. It is a physical disorder that can occur any time from childbirth to a year postpartum.

The “baby blues”

The baby blues start within the first three days of giving birth and fade away within two weeks. Most new mothers may feel weepy, drained, anxious, irritable and sad. A call to your physician or nurse midwife may be necessary if baby blues go beyond two weeks.

Postpartum depression (PPD)

As many as 30 percent of new mothers may have feelings of hopelessness, irritability, sadness, loneliness and isolation that last longer than two weeks. They also may cry a lot, have frightening or repetitive thoughts, and have trouble eating or sleeping.

What does postpartum depression feel like?

- It feels scary.
- It feels out of control.
- It feels like I’m never going to feel like myself again.
- It feels like no one understands.
- It feels like I’m a bad mother.
- It feels like I should never have had this baby.
- It feels like if I could only get a good night’s sleep, everything would be better.
- It feels like I have no patience for anything anymore.
- It feels like I’m going crazy.
- It feels like I will always feel like this.
- It feels like I can’t do anything right.
- It feels like I’m all alone.

Why did this happen to me?

There is no single cause or reason. Postpartum depression (PPD) is a condition that results from a combination of biologic, hormonal, environmental and psychological factors. It is caused by a number of risk factors, including dramatic hormonal changes, unexpected childbirth experience, chronic sleep deprivation, your family’s medical history, your previous experience with depression (particularly PPD), recent losses, lack of social support, environmental stressors, a high-needs infant, perceived loss of control, unsupportive partner and history of abuse. PPD can affect women with no risk factors too. It is not fully understood why it happens to some women and not to others, but the good news is we do know ways to treat it. The factors that cause PPD are unique to each woman.

Will this ever go away?

Yes! The key is to let someone know that you are having some of these feelings so that you can receive help.

Postpartum depression affects 20 percent of new mothers. It is not your fault. It did not happen because you did something wrong or you are not a good mother. PPD is a mood disorder characterized by symptoms such as irritability, anxiety, sleeplessness, crying, loss of appetite, guilt, difficulty concentrating, feelings of sadness, hopelessness, thoughts about death and general fatigue. These feelings and thoughts—which can make you feel like you are doing something wrong or simply not handling motherhood very well—are symptoms that respond well to treatment.

How do I know if I have postpartum depression or if what I’m feeling is normal?

Trust your instincts. If you think something is wrong, it probably is. You could be feeling overwhelmed and overloaded and need a break to feel like yourself again. This is normal and expected after having a new baby. You’ve gone through a lot of physical changes and your whole life is undergoing adjustments. You may be experiencing baby blues, which last for only a few days as you get used to being a new mom. However, if you feel like you’re not getting better and these feelings worsen or continue for a couple of weeks, it is important to seek help.

What can I do about it?

First, focus on self-help measures, such as eating nutritiously, even if you’re not hungry; resting as much as you can, even if you can’t sleep; and getting out of the house for a walk, even if you don’t feel like moving. Avoid caffeine, alcohol, and high-fat and sugary foods. Talk to someone you trust about the way you are feeling. Let your doctor know. Let your partner know. Find supportive people who can help you and accept their help. Do not delay getting proper treatment. The sooner you get help, the sooner you will begin to feel more like yourself.

What if I still don’t feel better?

Sometimes, self-help measures are not enough. If symptoms persist for more than two weeks, you should seek professional support. Ask your doctor for the name of a therapist who specializes in the treatment of women and depression. Therapy and medication can help treat PPD.

What can my husband/partner/family do to help?

- They can encourage you to rest as much as possible.
- They can listen to your concerns.
- They can go to the doctor or therapist with you to get more information and support.
- They can sit with you when you’re feeling bad.
- They can tell you they love you and remind you that you will get better.
- They can reassure you that they will support you as long as you need them.
- They can give you permission to do what you need to do to take care of yourself during this time.

Is there anything else I can do to help myself feel better?

- Stop blaming yourself.
- Stop feeling guilty.
- Begin to accept that you have an illness that is treatable and take the steps necessary for recovery.
- Ask for help and accept it when it is offered.
- Make time for yourself.
- Give yourself permission to rest, to exercise and to surround yourself with things that feel good.
- Avoid people and things that make you feel bad.
- Stay close to those who love you.

Postpartum anxiety

Some mothers may experience postpartum anxiety on its own or together with symptoms of depression. Others may feel worried or panicky, fear losing control or going crazy, or have chest pains or a racing heart. Postpartum anxiety also may make women feel shaky, dizzy or short of breath.

Postpartum psychosis

This rare condition can be a horrible experience for the whole family. The mother may have severe mood swings, hallucinations, and irrational or violent thoughts. Postpartum psychosis is a serious condition that requires immediate medical attention.

Please inform your doctor if you think you have symptoms of PPD.

For more information, contact:

Postpartum Support International
800 944 4773
postpartum.net

Postpartum complications

Call your physician/midwife if you experience:

- Symptoms resembling the flu—chills or fever of 100.4 degrees Fahrenheit or greater
- Vaginal discharge that has a foul odor
- Frequent urination, burning during urination or the inability to urinate
- Bleeding that saturates more than one sanitary pad per hour during a few hours or clots larger than a golf ball
- A return to bright red bleeding after bleeding has decreased and/or has lightened in color
- Severe pain in the lower abdomen
- Reddened, swollen or painful areas in your legs
- Reddened, swollen or painful areas in the breast
- Worsening pain in the episiotomy or hemorrhoid areas
- Any pus-like drainage from episiotomy or incision
- Baby blues lasting longer than two weeks
- Severe or prolonged depression (*see previous section*)

Always know your temperature and any other symptoms when calling your physician/midwife. You also should have your pharmacy's phone number ready. The follow-up visit with your physician/midwife is important to ensure that you have healed from delivery. Keep a notepad handy to write down any questions you may have. Take your questions with you when you visit your physician/midwife or your baby's physician for follow-up care.

If you have additional questions, please consult your physician/midwife.

For additional information, visit the Ohio Department of Health website at helpmegrow.ohio.gov.

Resuming sexual relations

Your physician/midwife will advise you on resuming sexual intercourse. Family planning can be achieved in a variety of ways and should be discussed with your partner and physician/midwife. Remember that breastfeeding is not a form of birth control.

After the birth of your baby, your sex drive may decrease temporarily due to hormonal changes, fatigue and adjusting to the demands of parenting. Many men and women fear that intercourse will be painful to the woman. Not all women have pain. For women who do experience pain, the intensity varies from woman to woman.

During this time, kissing, cuddling and massage can be acceptable alternatives to intercourse. Most importantly, talk to each other about your feelings and concerns.

When you decide to resume intercourse, the following suggestions may be helpful to you and your partner:

- The natural lubrication of your vagina following childbirth may take longer than before you had your baby, particularly if you are breastfeeding. Use a lubricant such as KY® jelly or Astroglide® to assist in this process.
- Breastfeeding before intercourse will help keep your baby content and decrease the chance of leaking breast milk.
- Varying positions may help, as some may be more comfortable than others.
- Maintaining your sense of humor will be helpful.
- Contact your physician/midwife for additional suggestions.

II. Caring for your newborn

Your baby from head to toe

Your child is the greatest gift you will receive. Gathering information and educating yourself will calm your fears and answer questions as you prepare to care for your infant.

You probably know much more about being a parent than you think. From childhood, you have learned parenting skills by watching your own parents and other families. Perhaps you have experience in caring for other children. Also, you have instinctive responses that will help you develop your own skills and parenting style. This section will serve as a guide in the first days and weeks of life of your newborn.

Soft spots

There are two fontanels, or soft spots, on your baby's head. These are normal and allow for rapid growth of the brain. Fontanels can vary greatly in size from one baby to another. The larger one, located on top toward the front of the head, has a diamond shape. The other one is located toward the back of the head and is somewhat triangular. Do not be afraid to gently touch these areas. There is a tough membrane under the skin that protects the skull's contents. You can expect the soft spot at the back of the head to close by 4 months. The soft spot at the top will close between 10 and 20 months.

Vision

Although your newborn's eyes may be closed most of the time, when he is awake, he can see. The best distance for him to focus is eight to 15 inches from his face. Babies can distinguish light from dark, prefer patterns to solid colors and are fascinated by the human face. As you look at your baby's eyes, you may notice small red areas in the whites of the eyes, making them appear bloodshot. This is caused by blood vessels breaking during the birth process. These areas will disappear on their own. You also may notice his eyes appear crossed or like they are drifting. This occurs because his eye muscles are immature and are still developing. Eye color may change until he is 6 months.

Hearing

Your newborn can hear at birth. Very early, your baby will recognize familiar voices and can be comforted by them. In addition to providing comfort, speaking to your baby can aid in language development. If you watch carefully, you may even see him make slight movements with his arms and legs in response to your speech.

Sometimes your baby's ears may appear flattened or even folded against his head. This soon will correct itself.

Smelling, tasting and touching

In addition to preferring certain patterns and sounds, your baby will prefer certain smells and tastes. A nursing baby quickly learns to recognize the smell and taste of his mother's milk and will ignore another nursing mother's milk. He also is sensitive to touch and the way you handle him. Gentle stroking will comfort him, while picking him up roughly is likely to cause him to cry.

Skin

At birth, you may notice a creamy, white substance covering your baby's skin or in the folds of skin. This substance is called vernix and acts as a protective coating. It is easily absorbed or wiped off and usually disappears after the first bath. Your baby's skin also may peel as it adjusts to the air outside the womb. This process is normal and requires no treatment. Small white dots on the face, called milia, also may appear. They may look like pimples, but don't squeeze or wash them vigorously. They will clear on their own. General skin rashes and birthmarks are common. Most fade in the first weeks without treatment. The breast area on both boys and girls may be slightly swollen and even have a small discharge. This is normal and will correct itself. A bluish appearance of your baby's feet and hands during the first few hours after birth is due to immature circulation and will correct itself.

Male and female sex organs (genitalia)

The genitals of newborns are often reddish and seem quite large for bodies so small. Your baby girl may have a clear white or slightly bloody vaginal discharge caused by exposure to her mother's hormones during pregnancy. This is normal and requires no special treatment.

Parent information about Universal Newborn Hearing Screening (UNHS) in Ohio

In Ohio, hospitals perform a hearing screening, called Universal Newborn Hearing Screening, on every baby before going home so that hearing loss can be identified at the earliest possible point.

What is UNHS?

UNHS is a statewide program that requires all babies to receive a hearing screening before going home from the hospital. In Ohio, there are approximately 450 babies born with hearing loss each year.

For additional information, visit the Ohio Department of Health website at helpmegrow.ohio.gov.

Critical congenital heart disease (CCHD) screening

Birth defects are one of the leading causes of infant mortality in Ohio, and heart defects make up the largest volume of birth defects that cause infants to die before their first birthday. However, some babies appear to be healthy and without symptoms, yet they may have CCHD. Screening newborns by pulse oximetry prior to hospital discharge has been shown to be an effective strategy for identifying babies with seven specific CCHDs. Early diagnosis of CCHDs improves health outcomes and reduces health care costs.

Jaundice

Jaundice is a yellow or suntanned tint to your baby's skin. Many newborn babies get some jaundice. It is caused by an increase of bilirubin, which comes from blood breakdown. You can lessen the amount of bilirubin by breastfeeding soon and often after the birth of your baby and for a long period of time. Your milk has a laxative effect that helps your baby move his bowels more. Bilirubin passes out of his system with bowel movements. However, your pediatrician may suggest supplementing with formula to increase the fluid intake. If you are not breastfeeding, your pediatrician may increase the amount of times you offer your baby formula.

An infant at home with significant jaundice that is not appropriately treated can develop severe and permanent brain damage. If your baby shows signs of significant jaundice (spreading to include the chest and stomach), blood tests must be performed, and occasionally treatment will be required.

Keep in mind:

- Jaundice is rarely present at birth and may not become evident until a baby is several days old. It typically peaks at day three or four.
- Jaundice is first noticed on the baby's face. As it increases in severity, it spreads to the chest, the stomach and then the legs.
- Test for jaundice by pressing gently on your baby's stomach with your thumbs and pulling your thumbs apart to stretch the skin slightly. If the resulting imprint is yellow (not flesh), contact your pediatrician. Always check for jaundice in natural light—not by lamp or fluorescent lights.

Call your baby's physician if:

- The yellow or suntanned tint spreads to your baby's eyes, stomach or legs, or if your baby is drowsy and feeding poorly
- Your baby has fewer wet diapers and bowel movements (recording them daily will provide good information for your baby's physician)

Infant behavior

Sleep

Your newborn probably will sleep up to 16 hours a day divided into two- to four-hour naps. Your baby's sleep needs will be unpredictable at first, and some babies will sleep more or less than others. During this time, it is important for you to get enough rest by sleeping when your baby sleeps.

Crying

Crying is your baby's primary method of communicating. He will cry for many reasons. He may be hungry, tired, uncomfortable, overstimulated, bored, lonely or sick. As you get to know him, you'll learn how to interpret each cry. Respond quickly to your baby's cries in the first few months. You cannot spoil a baby by giving him attention. The more relaxed you remain, the easier it will be to console your newborn.

If your baby is crying a lot, try some of these consoling techniques:

- Burp him frequently during feedings to relieve trapped gas.
- Rock him in a chair or stand swaying back and forth.
- Gently stroke or pat his head, back or chest.
- Find a calm, quiet place. Turn out the lights, and turn off loud music and the TV.
- Run the vacuum, dryer, dishwasher or fan to make background noise.
- Place the baby in a baby swing.
- Wrap him snugly in a receiving blanket.
- Introduce rhythmic noise and vibration, such as riding in the car or walking him in a stroller.
- Put him in a warm bath if his umbilical cord has come off and healed (most babies like this, but not all).
- Sing, talk or play soft music.

If all else fails, place the baby on his back in a safe crib or playpen. Walk away and check back every five to 10 minutes. Crying is difficult to listen to and can be frustrating. If you need help dealing with frustrations, call a friend or family member to help so that you can have a break. It is very important to never shake a baby no matter how impatient you feel. Shaking can cause brain damage, mental retardation or death.

You are your baby's protector

Choose caregivers wisely. Even when you aren't with your baby, you are responsible for your baby's safety. Before leaving your baby with anyone, ask these questions:

- Does this person want to watch my baby?
- Have I had a chance to watch this person with my baby before I leave?
- Is this person good with babies?
- Will my baby be in a safe place with this person?
- Have I told this person to never shake my baby?

Never shake your baby

No matter how long your baby cries or how frustrated you feel, never shake or hit your baby.

Shaking can cause brain damage that can lead to:

- Blindness
- Deafness
- Epilepsy
- Cerebral palsy
- Mental retardation
- Poor coordination
- Learning problems
- Behavior problems
- Death

Shaken baby syndrome is a brain injury that happens when a frustrated person violently shakes a baby or toddler.

Trust your instinct

If it doesn't feel right, don't leave your baby! Do not leave your baby with anyone who:

- Is impatient or annoyed when your baby cries
- Says your baby cries too much
- Will become angry if your baby cries or bothers them
- Might treat your baby roughly because they are angry with you
- Has a history of violence
- Has lost custody of their own children because they could not care for them
- Abuses drugs or alcohol

Has your baby been shaken? Call 911

All of these signs are very serious:

- Limp, like a ragdoll
- Poor sucking and swallowing
- Trouble breathing
- Unable to waken
- Irritability or crankiness
- Seizures or trembling
- Vomiting
- Skin looks blue or feels cold

Save precious time! If you think your baby has been shaken, tell the doctors right away.

For more help coping with a crying baby, contact:

Help Me Grow
1 800 755 GROW
Ohio Department of Health
odh.ohio.gov

Common traits

Additional behaviors you can expect from your newborn:

- He'll sneeze to clear his nose and throat
- He'll keep his arms and legs bent up close to his body and his fingers tightly clenched
- He may startle easily or have tremors of the legs, arms or chin.
This is due to his immature nervous system that is still developing
- He will hiccup. Hiccups are little muscle spasms. You may offer a feeding, but hiccups usually go away on their own

- He probably won't have tears when he cries for a few weeks or months
- When placed on his stomach, he may try to lift and turn his head

Feeding your baby

Breastfeeding

Developing an "I can do it" attitude is the most important step you can take toward successful breastfeeding. Breast milk is the perfect food for your baby, supplying nutrients, vitamins and germ fighters for healthy development.

Nursing your baby also is a wonderful time for closeness as your body continues to nourish him just as it did in the womb. For more information on breastfeeding, refer to the breastfeeding guide given to you at the hospital. If you have questions about breastfeeding, contact one of our lactation consultants at 513 862 PUMP (7867) or visit TriHealth.com/Womens.

Bottle-feeding

You may choose to bottle-feed your baby. There are several infant formulas on the market. Contact your pediatrician for a recommendation of a formula brand and type. Infant formula is available in different forms: ready-to-use, liquid concentrate and powder. Follow the manufacturer's directions for mixing, using and storing formula. Never give your baby regular milk—always use formula recommended by your baby's physician.

If your tap water is chlorinated, you can clean bottles, nipples, caps, etc., in your dishwasher or wash them in hot water with dish soap. If you hand wash them, be sure to rinse them thoroughly in hot water. If you have well or non-chlorinated water, boil bottles, nipples, caps, etc. for five to 10 minutes. It is best to feed your infant formula every three to four hours. At first, some babies may take only one ounce of formula. The amount he takes will increase over the first week. Most babies take one to three ounces over a 10- to 20-minute period. Call your baby's physician if the baby takes less than one ounce at each feeding for two to three feedings in a row.

Tips for bottle-feeding

- Powdered formulas will mix more easily and the lumps will dissolve faster if you use slightly warm water.
- Refrigerated formula doesn't necessarily have to be warmed for your baby, but most infants prefer it warmed at least to room temperature.
- Be extra careful when heating a bottle containing formula to make sure it isn't too hot. A few drops on your wrist should not feel too hot. **Never heat a bottle with formula in a microwave or in a pan of water directly on the stove!** It can heat unevenly, feeling cool to warm on the outside and yet be very hot in the center. Instead, heat the bottle in a bowl of very warm water until it reaches a comfortable temperature.

- There are several nipple styles available. Consult your pediatrician for a recommendation. Periodically check nipples for signs of damage or wear and check the size of the nipple hole. A nipple hole that is too small may cause the baby to suck harder and take in more air. A nipple hole that is too large may allow the formula to flow too quickly, causing the baby to choke.
 - To test whether the nipple hole is the right size, hold the bottle upside down. When you first turn it upside down, one drop should escape every second. After a few seconds, the dripping should stop. You can also tell if the nipple hole is the right size by how your baby feeds. If he sucks hard for a while and then pulls away frustrated and cries, the hole is too small. If he gulps and milk keeps leaking out of the corners of his mouth, the hole is too large.
 - You can shrink a large nipple hole by boiling the nipple for five minutes. If that doesn't work, save the nipple until your baby is bigger and can swallow more fluids. You can widen a small nipple hole with a red-hot needle. After you widen the nipple hole, sterilize the nipple by boiling it.
- When feeding your baby, cradle him so that he is sitting almost upright and support his head. Never feed him when he's lying flat and never prop the bottle. This could increase the risk of choking or developing ear infections.
- To minimize the intake of air while feeding, make sure you hold the bottle so that formula fills the neck of the bottle and covers the nipple. Bottle systems that use pre-sterilized plastic inner liners prevent air from entering as the baby sucks. Burp your baby halfway through each feeding and at the end. If your baby is a fast eater, you may need to burp him more often.
- You may need to increase the quantity and frequency of your baby's feedings. Your pediatrician can best advise you regarding when to do this.

Burping

There are a few tried-and-true burping techniques. After a little experimentation, you'll find the one(s) that work best for your baby. You also may develop new methods of your own.

- Head on your shoulder—Hold your baby upright with his head on your shoulder, supporting his head and back while patting gently. Put a soft towel or cloth diaper on your shoulder in case of spit-up.
- Sitting up—With your baby seated on your lap, lean him forward and support his chest and head by allowing his jaw to rest in your hand. Pat him gently on the back with your other hand.
- Tummy down across lap—Lay your baby on your lap with his stomach over one leg and his head resting on the

other. With his head turned toward one side, hold him securely with one hand and pat him gently on the back with the other.

Spitting up

Spitting up is another common concern during infancy. Spitting up the first day or two after birth is most often due to fluid swallowed at delivery. Sometimes spit-up is caused by the baby eating more than his stomach can hold, or sometimes spit-up will occur when the baby is burping or drooling. This is no cause for concern. Some babies spit up more than others, but most are out of this phase by the time they are sitting. Spit-up never should be brown, red or green in color. If it is, consult with your pediatrician; this could be stool, blood or bile.

Vomit differs from spit-up in that it is forceful and produces a greater volume (about a tablespoon of fluid). To decide whether your baby is vomiting, splash a tablespoon of water on a cloth and compare it to the fluid your baby spit up. If your baby vomits on a regular basis (one or more times a day), consult your pediatrician.

Using the bulb syringe

A bulb syringe will be sent home with you when you leave the hospital. This can be used to clear formula from your baby's mouth and clear mucus from his nose. To use it, completely depress the bulb before inserting the tip into the side of the baby's mouth; suction is achieved by releasing the bulb. Empty the bulb completely and then depress it before suctioning another time. After suctioning the mouth, you may suction each nostril using the same technique. Remember to suction the mouth first, nostrils second. Afterward, wash the bulb inside and out by depressing it in warm, soapy water and rinsing well. Prop the bulb so all the water drains.

Caring for your baby

Bathing

Your infant doesn't need a lot of bathing as long as you clean the diaper area well when you change his diaper. A sponge bath two or three times a week until his umbilical cord has fallen off and the area is healed is all he requires. Tub baths can begin after the cord area is healed.

- Gather supplies to be used for the bath before getting the baby. You'll need a basin of warm water, two washcloths, a towel, mild soap, baby shampoo, Vaseline® for circumcision care (if your child is a boy), a clean diaper and clean clothing.
- In a warm room, lay the baby anywhere that's flat and comfortable for you. If the baby is on a surface above the floor, use a safety strap or keep one hand on him at all times to ensure he doesn't fall.
- Keep the baby in a towel and expose only the parts of his body you are washing.

- Test the temperature of the water with your wrist or elbow.
- Start by washing the face with clear water—don't use soap. Use a corner of a washcloth to clean the area around each eye, wiping from the inner to the outer corner. Use a different corner of the washcloth for each eye.
- For the ears and nose, use a washcloth, wiping only what can be seen. Never use cotton swabs in the ears or nose due to the risk of damaging delicate tissue from cleaning too deeply.
- To shampoo hair and scalp, cradle the baby's head or use a football hold, wet the head and apply a tear-free baby shampoo. Massage the scalp using your fingers, a washcloth or a soft brush. This will help prevent baby dandruff called cradle cap. Rinse thoroughly with clear water and gently dry.
- Wash the rest of baby's body with warm, soapy water, paying close attention to creases around the neck and under the arms, and around the legs and diaper area.
- When cleaning the diaper area, clean girls from front to back so that you don't spread bacteria from their bowel movement. When cleaning boys, be sure to wipe beneath the scrotum. (See section on *circumcised/uncircumcised penis care*.)
- Dry your baby thoroughly and dress him appropriately for the weather.
- Cautions regarding the use of oil, powder and lotion: Oils generally are not recommended for use on newborns because they are not easily absorbed into the skin. Powder creates a risk for suffocation if the baby breathes the powder. If you are going to use powder, shake it out away from your baby and then pat the powder on his skin. Be sure to keep the powder out of your baby's reach. You should use only lotions and other skin care products specifically made for babies.

Circumcised/uncircumcised penis care

Whether to have your son circumcised is a decision that ideally should be made before coming to the hospital. Your pediatrician can advise you on the risks and benefits of either choice. Your obstetrician can perform the procedure. Your baby may need to stay in the hospital as long as two hours after the procedure so the site can be observed for bleeding.

Circumcised penis care—For five days following the circumcision, squeeze a pea-sized amount of Vaseline onto the site during each diaper change until the tube of ointment is used. It is important to keep the area as clean as possible. If particles of stool get on the penis, cleanse the area by squeezing warm, soapy water over the site and wiping gently with a soft cloth.

The tip of the penis may look quite red and have a yellow secretion for the first few days. This indicates that the area

is healing normally. If there is bleeding at the circumcision site, apply pressure with a clean cloth or gauze pad. Contact your pediatrician if this does not stop the bleeding. Within a week, the redness and secretion should gradually disappear. One week after the circumcision, you will need to pull back the skin from the cut surface to keep it from sticking. You can do this by giving the base of the penis a tug about two times a day. ***If, after a week, redness persists or there is swelling or crusted yellow sores that contain cloudy fluid, the penis may be infected. If so, consult your pediatrician.***

Uncircumcised penis care—During the first few months, clean the penis with warm, soapy water as you would the rest of the diaper area. Do not try to pull back the foreskin. It is not necessary to cleanse the penis with swabs or antiseptics. On occasion, you should watch your baby urinate to make sure the opening in the foreskin is large enough to permit a normal stream. The pediatrician will tell you when the foreskin has separated and can be pulled back safely.

Cord care

After birth, the umbilical cord will be clamped and cut. This clamp will remain in place for 24 to 48 hours or until the cord is dry. The remaining cord will turn black and fall off when your baby is between 1 and 2 weeks old.

Do not give baths until the cord falls off. Simply wipe the area with a wet washcloth or sponge, avoiding the umbilical cord. If the cord becomes soiled or appears moist, or if there is a small amount of discharge at the bottom near the skin, use rubbing alcohol on a cotton ball to wipe it down. Because the cord will dry and heal faster if exposed to air, turn the diaper down below it and fold clothing above it, leaving the cord exposed. Do not place your infant in any tight-fitting sleepers or onesies until the cord falls off. It is normal for there to be a slight amount of bleeding as the cord falls off. ***Call your pediatrician if the skin around the cord becomes excessively red, if there is a foul odor or if there is a lot of drainage.***

Diapers

Plan on using about 70 diapers per week. Change your baby's diaper as soon as possible after bowel movements or wetting. Gather the supplies ahead of time and choose a safe, flat surface with enough room to work. Never leave your baby unattended. When changing a wet diaper, cleanse from front to back. When changing a diaper after a bowel movement, use a soft cloth and warm, soapy water, cleansing from front to back. Be sure to rinse with clear water and pat dry. Wipes that are manufactured specifically for babies may be used to cleanse the baby's diaper area. Pay close attention to removing the stool from creases around the legs and the diaper area.

Urination

Your baby may wet his diaper every one to three hours or as infrequently as four to six times a day. If you notice signs of pain while your baby is urinating, call your pediatrician. Pain while urinating may be a sign of a urinary tract infection. Urine should be clear or light yellow in color. Blood in the urine or a bloody spot on your baby's diaper also should be reported to your pediatrician.

Bowel movements

For the first few days, your baby's bowel movements will be thick and dark green or black. This is called meconium. Once the meconium is passed, the stools will turn yellow-green. If your baby is breastfed, the stool then takes on a yellow, seedy appearance. The consistency of the stool will be soft or slightly runny. If your baby is bottle-fed, the stool will usually turn a tan or yellow color and will be firmer in consistency than the stool of a breastfed baby.

The frequency of bowel movements varies from one baby to another. Many babies have a stool soon after each feeding. By age 3 to 6 weeks, it is typical for some breastfed babies to have only one bowel movement a week. This happens because breast milk leaves very little solid waste. Infrequent stools are not considered a problem as long as they are not hard and dry and your infant is otherwise normal, gaining weight steadily and nursing regularly.

If your baby is formula-fed, he should have at least one bowel movement a day. Whether you are breastfeeding or bottle-feeding your baby, hard or dry stools may be a sign that your baby is not drinking enough fluids or that he is losing too much fluid due to illness or heat. Contact your pediatrician for advice to manage this condition.

Call your pediatrician if your baby has a sudden increase in frequency of bowel movements (more than one per feeding) and the stool is more watery. This may be a sign of diarrhea. Large amounts of blood, mucus or water in your baby's stool also could be a sign of severe diarrhea or an intestinal problem. The main concern with diarrhea is the chance for dehydration. ***If your child is younger than 2 months old and has diarrhea combined with a fever, call your pediatrician immediately.***

Diaper rash

Frequent diaper changes and thorough cleansing and airing of the diaper area usually will prevent diaper rash (redness or small bumps on your baby's skin in the diaper area). If diaper rash develops, call your pediatrician for recommendation of a diaper cream or ointment and any further treatment.

Bathing

- Do NOT begin tub baths until the umbilical cord falls off and the area is healed (one to two weeks). Until this time, you may wipe the baby down with a sponge or wet cloth.

- To prevent your baby from slipping while bathing him in the sink, set him on a washcloth and hold him under the arms.
- To prevent your baby from being scalded, adjust the temperature of your water heater to less than 120 degrees Fahrenheit. Never run water while your baby is in the sink or bath, and never run it directly on your baby.
- Never leave your baby unattended when bathing him. Drowning can occur very quickly in small amounts of water.

Handling and positioning

Newborns have very little head control and need to have their head and neck supported to keep their head from flopping side to side or front to back.

When positioning your baby for sleep, it is important to place your baby on his back to help reduce the risk of sudden infant death syndrome (SIDS) (See section III). Do this whether your baby is being put down for a nap or to bed for the night. Although this recommendation is different from the way many people were taught in the past, physicians and nurses now believe that fewer babies will die of SIDS if infants sleep on their backs. Be patient as your baby adjusts to this safer sleep position.

Your baby should be placed on his tummy when awake to help promote muscle development and prevent flattening of the back of the head. ***Be sure someone is in the same room watching your baby any time he is on his tummy.*** Head flattening can also be avoided by changing head position while sleeping on the back.

Kangaroo care

Kangaroo care is a special way to hold your baby for skin-to-skin contact. Your baby is placed on your bare chest wearing only a diaper and hat. The baby snuggles on your chest covered with a blanket, just like a kangaroo's pouch. That's why it's called kangaroo care or KC.

Doctors say that holding a baby skin-to-skin is the "best care" for your baby. Kangaroo care is good for your baby throughout your hospital stay and when you return home. You can practice kangaroo care at home holding your baby skin-to-skin as often as you like. You and your baby continue to get all of the benefits that you had in the hospital.

Taking your baby's temperature

We no longer use or encourage the use of a mercury thermometer. Please follow the instructions on the package insert for the proper use of any purchased digital thermometer.

When to call your baby's physician

A fever is considered to be a temperature greater than 99.5 degrees Fahrenheit rectally or greater than 99 degrees Fahrenheit axillary (under the arm). Notify your pediatrician if your baby has a fever and specify the method you used to take it—rectally or axillary. Also, contact your pediatrician if your child has the following symptoms:

- Poor feeding, continued spitting-up of formula or forceful vomiting
- Excessive drowsiness, sleeping through feeding times, or unusual inactivity or quietness
- Persistent crying or irritability
- Less than two wet diapers a day during the first 48 hours of life and less than three wet diapers a day after 48 hours
- Constipation or dry stools
- Loose, watery bowel movements
- Difficulty breathing or a persistent cough
- Grayish-blue coloring around the mouth, lips and tongue when feeding or crying
- Yellowing of the skin or whites of the eyes (jaundice)
- Redness or discharge from the eyes
- Generalized rash, especially if accompanied by fever
- Redness or foul odor in cord area
- Bleeding or drainage from the circumcision that continues and increases after discharge from the hospital
- Reddened, enlarged breasts (both girls and boys)
- White patches in the mouth (thrush) that cannot be wiped away with a soft cloth (unlike formula or breast milk, which is easily wiped off)

When calling your baby's pediatrician, have the following information available:

- Your baby's temperature and the method used to measure it—rectally or axillary
- Other symptoms that are causing you concern
- The phone number of your pharmacy

Having all this information ready will help your physician make a fast, informed decision.

III. Safety Check

Cribs

Cribs should meet the U.S. Consumer Product Safety Commission standards.

- Crib sides should always be up when baby is unattended.
- Crib slats should be no more than 2 3/8 inches apart.
- The mattress should fit snugly inside the crib, and linens should be well-fitted, not loose. There should be no missing, loose or broken crib or mattress-support hardware.
- There should be no soft materials or objects such as pillows, comforters or loose bedding under a sleeping baby or in the crib. If blankets are to be used, they should be tucked in around the crib mattress so the infant's face is less likely to be covered by the bedding.
- Avoid toys with long strings and small objects. Mobiles and cradle gyms must be tightly secured. Big floppy toys should not be in the crib.

Car seats

Ohio state law requires that your infant ride in a properly installed, federally approved and crash-tested car seat every time he rides in any vehicle, beginning with the trip home from the hospital, until he both turns 4 and weighs 40 pounds. Newborns always should ride in an appropriate car seat facing rearward in the back seat of the vehicle. Never place an infant in the front seat of a vehicle equipped with an air bag.

If your baby does not have a safe car seat, an infant car seat can be purchased through TriHealth's Car Seat Program by calling one of the numbers below. Parents must have a car seat before bringing their baby home from the hospital.

Bethesda North Hospital 513 865 1526
 Good Samaritan Hospital 513 862 4388

Basic car seat safety

- Your baby should ride in a rear-facing car seat up to at least age 2. This is the safest position. It protects babies from spinal cord injury.
- Transport your baby in the back seat. The back seat usually is safer than the front seat.
- If your car has a passenger air bag, never put your baby in the front seat, unless the air bag has been turned off (*see section on air bag danger*).
- Make the seat belt tight around the car seat. Fasten the harness snugly over your baby's shoulders.
- Follow car seat instructions and the vehicle manual to use and install the car seat correctly.
- Beware of used car seats. They may have hidden safety problems, compromising safety effectiveness if you're in an accident and putting your baby at risk.
- Never leave your baby or child alone in the car. There are a number of hazards including the danger of overheating.

Bringing your new baby home

- Dress your baby in clothes with legs so the crotch strap can go between his legs.
- Adjust the harness to fit snugly. Avoid using thick blankets, a heavy snowsuit or a bunting under the straps. These make it impossible to get the harness tight enough to hold the baby in a crash. To keep your baby warm, buckle the harness first, then tuck a blanket over it.
- Put the harness straps in the lowest slots. Straps should be in slots closest to or just below your baby's shoulders in the rear-facing position.
- Pad the sides of the car seat so your new baby sits comfortably.
- Tuck rolled blankets or towels alongside your baby. If he slumps, add a rolled washcloth between his crotch and the crotch strap. There is no need to buy a separate head pad, which could make the straps too loose. A pad that comes with the seat is okay.

Note: Hospital staff are not allowed to help you place your baby in a car seat or secure the seat in the car.

Air bag danger—put your baby in the back!

An air bag can kill a baby riding in the front passenger seat, even in a minor crash. Some small trucks and sports cars have air bag on/off switches. If you must put your baby in front, make sure the air bag has been shut off. Older children also are safer in the back. Buckle them up!

Installing a car seat securely

- Place the car seat in the back seat, facing the rear. The back seat is usually safer than the front, especially in a vehicle with a passenger air bag.
- Fasten the seat belt tightly. Different types of belts are tightened in different ways. Check the vehicle owner's manual and labels on seat belts. Make sure the car seat stays in place when you push down on the top or sideways at the base. It is OK for a rear-facing car seat to tip toward the back of the car. Some new car seats have LATCH straps to anchor them to the vehicle. Use the straps if you have a new vehicle with special LATCH anchors (check car owner's manual and seat instructions).
- Make sure your baby reclines far enough so his head doesn't flop forward. If the vehicle seat slopes, put a tightly rolled towel or "noodle" under the base of the car seat. Do not tilt it more than halfway back.

As your baby grows

- Keep harness straps in the lowest slots until your baby's shoulders reach the higher slots.
- If your baby uses an infant-only seat, move him into a convertible car seat (one that can be used rear-facing or forward-facing) when his head is one inch from the top of the back of the car seat.
- Use a convertible seat facing the rear until your baby reaches at least 2 years of age. Even after age 2, ride facing the rear to protect your baby's spine.

Child car seat fitting locations

To verify that your car seat is installed properly in your car, you can call AAA, Cincinnati Children's Hospital Medical Center or your local fire or police station.

Car seat fittings are by appointment ONLY. Please be sure to call ahead and bring your car seat and manufacturer's installation instructions. If you cannot get an appointment within seven to 10 days, you might want to call another fitting station location.

To learn more about car safety for babies:

- Contact the Vehicle Safety hotline at 888 327 4236 or nhtsa.dot.gov
- Contact the SafetyBeltSafe U.S.A. helpline at 800 745 SAFE (7233) or carseat.org
- Visit these web sites: aap.org
saferidenews.com

Falls

To prevent falls, never leave your baby unattended above the floor (e.g., on a changing table, etc.).

Suffocation

- Small objects such as safety pins, small parts of toys, etc., should be kept out of reach of your baby. This includes the toys of older brothers and sisters.
- Keep plastic bags or wrappings out of your baby's reach.
- Sleeping with your baby in your bed, or on a sofa or couch, may be dangerous. (See section on helping your baby sleep and nap safely.)

Fire

- Your baby should be dressed only in clothing treated with flame-retardant chemicals.
- Install smoke detectors in appropriate locations throughout your home and maintain them according to the manufacturer's instructions.

Supervision

- Never leave your baby alone in the house, yard or car.
- Never leave your baby alone with pets or other small children.

Choking

- Do not attach pacifiers, medallions or other objects to the crib or to your baby with a cord.
- Do not place a string or necklace around your baby's neck.

Shots for your child's health

Your child's health is at risk unless he is properly immunized. Shots (immunizations) prevent serious illnesses that can cause:

- Pain
- Hearing loss
- Fever
- Blindness
- Rashes
- Crippling
- Coughs
- Brain damage
- Sore throat
- Death

All babies need shots

A baby may get one shot right after birth. This shot is vitamin K, which helps prevent clotting problems. Before your baby is discharged from the hospital, your baby should receive his first immunization shot to protect against hepatitis B virus. More shots should be given later, starting at 1 or 2 months of age. Please talk with your baby's doctor at his first office visit about further shots.* If a child did not receive shots as a baby, he should still get them. Your child may need shots to go to day care, camp or school. Don't wait until then. Protect your child by immunizing him now.

*A combination shot may be given for hepatitis B, diphtheria, tetanus, pertussis and polio in place of individual shots at 2, 4 and 6 months. Ask about this shot.

Shots may hurt a little but are worth it

Ask your child's health care provider what to expect after a shot. Some side effects include:

- Crankiness
- Slight fever (see note below)
- Soreness or swelling where shot was given

Other problems are very rare. Call your child's health care provider right away if your child:

- Has a high fever (see note below)
- Has seizures
- Cries for more than three hours
- Is hard to wake up
- Goes limp/pale
- Has other unusual symptoms

NOTE: Call your health care provider if your child is:

- Under 3 months and has a temperature of 100.2 degrees Fahrenheit or higher
- 3 to 6 months and has a fever of 101 degrees Fahrenheit or higher
- Older than 6 months and has a fever of 102 degrees Fahrenheit or higher

Read the vaccine information statement (VIS) for each shot your child receives. Your child's health care provider is required to give you this statement.

Need help paying for shots?

For more information, call your local health department/clinic or your Social Security or Medicaid office. You also may wish to contact the Centers for Disease Control's National Immunization Hotline:

- 1 800 232 2522 (English)
- 1 800 232 0233 (Spanish)
- 1 800 243 7889 (TTY)
- cdc.gov

Your child can't afford to be without shots!

This chart shows acceptable age ranges for shots. Consult your child's health care provider on when your child should get shots.

NOTE: Certain children may also need:

- Hepatitis A shots
- A yearly influenza (flu) shot
- Additional or catch-up pneumococcal disease shots

Be sure to ask your child's health care provider if your child needs these and other shots (such as for foreign travel).

Child's age	Shot
Birth to 2 months	Hep B (hepatitis B)
1 to 4 months	Hep B
2 months	DtaP (diphtheria, tetanus and pertussis), IPV (polio), Hib (Haemophilus influenzae type B), PCV (pneumococcal disease)
4 months	DtaP, IPV, Hib, PCV
6 months	DtaP, Hib, PCV
6 to 18 months	Hep B, IPV
12 to 15 months	Hib, MMR (measles, mumps and rubella), PCV
12 to 18 months	VAR (chickenpox)
15 to 18 months	DtaP
24 months to 18 years	VAR (if your child has not had the chickenpox shot and has never had chickenpox), Hep B (if your child has not had the hepatitis B shots)
4 to 6 years (before starting school)	MMR, DtaP, IPV
11 to 18 years	Td (tetanus, diphtheria), then Td booster every 10 years Catch-up shot(s) MMR (if your child has not had the MMR shots)

Based on information provided by The Ohio Department of Health Immunization Program, P. O. Box 118, Columbus, OH 43216-0118.

SIDS (sudden infant death syndrome)

What is SIDS?

SIDS is the sudden and unexplained death of a baby under 1 year of age. Because many SIDS babies are found in their cribs, some people call SIDS “crib death.” But cribs do not cause SIDS.

Facts about SIDS

Physicians and nurses do not know what causes SIDS, but they do know:

- SIDS is the leading cause of death in babies between 1 month and 1 year of age
- Most SIDS deaths happen in babies younger than 6 months old
- Babies placed on their stomachs to sleep are much more likely to die of SIDS than babies placed on their backs to sleep
- Babies are more likely to die of SIDS if they are placed to sleep on top of soft bedding or if they are covered by soft bedding
- African-American babies are two times more likely to die of SIDS than Caucasian babies
- Native American babies are almost three times more likely to die of SIDS than Caucasian babies

What can I do to help lower the risk of SIDS?

Even though there is no way to know which babies might die of SIDS, there are ways to make your baby safer.

- **Always place your baby on his back to sleep, even for naps.** This is the safest sleep position for a healthy baby to reduce the risk of SIDS. Research now shows that fewer babies die of SIDS when they sleep on their backs.
- **Place your baby on a firm mattress, such as in a safety-approved crib.*** Research has shown that placing a baby to sleep on soft mattresses, sofas, sofa cushions, waterbeds, sheepskins or other soft surfaces greatly increases the risk of SIDS.
- **Remove soft, fluffy, loose bedding and stuffed toys from your baby’s sleep area.** Make sure you keep all pillows, quilts, stuffed toys and other soft items away from your baby’s sleep area.
- **Make sure everyone who cares for your baby knows about the dangers of soft bedding and to place your baby on his back to sleep.** Talk to child care providers, grandparents, babysitters and all caregivers about the risk of SIDS. Remember, every sleep time counts, day or night. So, for the least risk, remind every caregiver to place your baby on firm bedding and on his back to sleep.
- **Make sure your baby’s face and head stay uncovered during sleep.** Keep blankets and other coverings away from your baby’s mouth and nose. The best way to do this is to dress your baby in sleep clothing so you will not have to use any other covering over him. If you do use a blanket or another covering, make sure your baby’s feet

are at the bottom of the crib, the blanket is no higher than his chest and the blanket is tucked in around the bottom of the crib mattress.

- **Do not allow smoking around your baby.** Don’t smoke before or after the birth of your baby, and make sure no one smokes around your baby.
 - **Don’t let your baby get too warm during sleep.** Keep your baby warm during sleep, but not too warm. Your baby’s room should be at a temperature that is comfortable for an adult. Too many layers of clothing or blankets can overheat your baby.
- *For more information on crib safety guidelines, call the Consumer Product Safety Commission at 1 800 638 2772 or visit cpsc.gov.

Follow the ABCs of safe sleep

Every week in Ohio, three babies die in unsafe sleep environments. There are many misconceptions about safe sleep for babies. Get the facts from the experts at the American Academy of Pediatrics and follow these guidelines to keep your baby safe while sleeping.

Alone

Share the room, not the bed! Never nap on a couch or chair while holding your baby. Always make sure your baby is placed in a crib, bassinet or play yard with a firm mattress. 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, bassinet or play yard near your bed (within arm’s reach). This makes it easier to breastfeed and bond with your baby. Don’t place your baby to sleep on adult beds, chairs, sofas, waterbeds, air mattresses, pillows or cushions—even for naps!

There is no proven safe way to share the bed with your child because:

- You can accidentally roll too close to or onto the baby while he sleeps
- Babies can get trapped between the mattress and the wall, headboard, footboard or other furniture
- Your baby could fall from the bed and get hurt or fall into a pile of clothing or other soft items on the floor and suffocate

Back

Science has proven that back is best for your baby! It’s actually less likely for the baby to choke while on his back because healthy babies naturally swallow or cough up fluids—it’s a reflex all people have to make sure their airway is kept clear. Babies might actually clear fluids better when on their backs because of the location of the windpipe (trachea) when in the back sleep position. Even though your baby may sleep more soundly on his stomach, it’s safer for the baby to wake through the night.

When babies sleep deeper, they don't arouse or wake up as often. When a baby is in a deep sleep and gets into a situation where he needs to take a deep breath or wake up, his airway may be blocked by a blanket or loose bedding or covered in some other way, so he will be at more risk for suffocation.

For the most part, flat spots on a baby's head go away a few months after the baby learns to sit up. There are other ways to reduce the chance that flat spots will develop on your baby's head, such as providing "tummy time" when your baby is awake and someone is watching. Tummy time not only helps prevent flat spots, but it also helps a baby's head, neck and shoulder muscles get stronger.

Crib

Many parents believe their baby won't be warm or comfortable without bumper pads, blankets, pillows and stuffed animals, but these items can be deadly. Babies can suffocate on or be strangled by any extra item in the crib. Your baby will be safe and warm even without bumper pads and extra items in his crib. There have been no cases of babies who have seriously hurt themselves by getting stuck between the crib railings. Babies aren't capable of exerting enough force to break an arm or leg between the crib slats. Consider the option of a baby waking up because his hand or foot may be caught. He will cry and wake you, but he will be alive and breathing.

Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. Bumper pads and sleep-positioning wedges should not be placed in the crib with the baby. Sleep clothing, such as fitted, appropriate-sized sleepers, sleep sacks and wearable blankets, is safer for your baby than blankets! If you plan to swaddle your baby when you get home from the hospital, visit safesleep.ohio.gov to learn how to swaddle safely.

If you do not have a crib, please contact **TriHealth Cribs for Kids** at 513 865 1725. You can also check with your state health department about a crib donation program.

For additional information about safe sleep, please visit the following:

Eunice Kennedy Shriver National Institute of Child Health and Human Development
nichd.nih.gov

Ohio Department of Health
safesleep.ohio.gov

American Academy of Pediatrics
healthychildren.org



References:

"Changing Concepts of Sudden Infant Death Syndrome. Implications for Infant Sleeping Environment and Sleep Position." American Academy of Pediatrics. Task Force on Infant Sleep Position and Sudden Infant Death Syndrome, *Pediatrics* Vol. 105 pp. 650–656, 2000.

National Institute of Child Health and Human Development, NIH Pub. No. 02-7040, August 2003.

Ohio Department of Health
safesleep.ohio.gov

Your child's Social Security number

Social Security numbers are free and required when filing a tax return. You have two options for applying for one:

- Check the box at the bottom of the Birth Certificate Information Worksheet to receive a Social Security number for your newborn. It will take about four to six weeks to receive your baby's Social Security number.
- If you need more information about obtaining a Social Security number for your child, call the Social Security office at 1 800 772 1213.

Your child's birth certificate

The hospital cannot provide patients with birth certificates. There are two things you must do to apply for a birth certificate:

- Return completed Birth Parent's Worksheet to your nurse before leaving the hospital.
- Order the birth certificate online at hcph.org (click on birth records). If you have questions, you can call the Hamilton County Public Health department at 513 946 7800. After ordering the birth certificate, it may take as long as eight weeks to receive the certificate.

