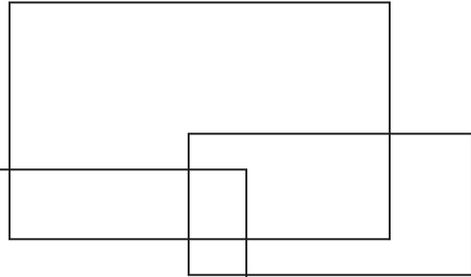


UPMC Northwest



Family Birthing Center Mom and Baby Guide

Your Care. Our Commitment.

Mission Statement

The Family Birthing Center at UPMC Northwest is committed to providing superior health care to women and newborns of the area, regardless of their ability to pay. We strive to be the leading birthing center in the tri-county area in number of births, superior knowledge, and technology.

The Family Birthing Center at UPMC Northwest will be recognized as one small part of a progressive rural community hospital that is acknowledged for high-quality care and promoting a rewarding work environment.

Visitation Policy

- One adult visitor maximum in addition to the father of the baby during labor.
- Infants may stay in patient rooms during visiting hours.
- It is the patient's responsibility to screen visitors for illness, to protect the health of themselves and their baby.
- Visitors are expected to be well mannered and quiet during their visit. If not, they may be asked by the nursing personnel to leave.
- A foldout cot is provided in every room. It is expected that the cot will be used to sleep on. Sleeping in bed with the patient is not permitted.
- You must remain on the unit after 11 p.m.
- You must remain fully clothed.
- You must observe the hospital's "NO SMOKING" policy.
- Doctors and nursing staff reserve the right to refuse or revoke the staying over privilege. Security will be notified of any problems or disrespectful behavior.

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Congratulations on the Birth of Your Baby!

The weeks following the birth of your baby are important ones. You are welcoming a new life into the world. At the same time, you are recovering physically and emotionally from the birth.

This guide will help you know what to expect and how to care for yourself and your baby in the hospital and when you go home.

Infant Security

Infant abductions are occurring all over the United States. Even though we are a small community, we cannot assume that it is not possible for an abduction to happen here. There are certain precautions the hospital has taken to assure the safety of your baby.

They include:

1. The nursing staff of the Family Birthing Center wear pink or baby blue scrubs. All staff are required to wear a UPMC Northwest photo ID badge with a stork on it. Do not give your baby to anyone who is not in the appropriate uniform or does not have a photo ID badge. If someone who is not in appropriate uniform attempts to take your baby, press your nurse call button and request assistance.
2. Your baby will have a "Hugs® Tag" applied to the calf of his/her leg. This is an infant security device that controls the doors of the Family Birthing Center. If your baby was carried too close to the exit doors, an alarm will sound and the doors of the Family Birthing Center will lock. Understand that from time to time your baby may kick enough that the tag becomes loose, making the alarm sound, and a staff member of the Family Birthing Center will check placement of the tag and re-secure it if needed.
3. Never leave your baby unattended in your room.
4. Only mothers and the identified support person are permitted to take your baby from the nursery. No other visitors are permitted in the nursery. A support person is provided an ID band with the mother's written consent. ID band numbers will be checked by the nursery staff.
5. Babies are never hand carried in the hallways, except for the first trip to the nursery from the delivery room. Babies are transported in their bassinets. The only authorized persons permitted to transport babies are mothers, identified support persons, and the Family Birthing Center staff.

Please be understanding when your family and visitors are questioned about their relationship to your baby. The nurses are only trying to assure the safety of you and your baby.

Your Care After Delivery

Your uterus (womb) will take about 6 weeks for the inside to slowly heal and the uterus to shrink to a nonpregnant size.

- As the inside heals, your bleeding (lochia) will go from bright red to dark red.
- About 3-4 days after birth, the bleeding will be pink or light brown.
- About 10 days after birth, the lochia will be a clear yellow or white.
- When you are more active or just after breastfeeding, your bleeding may get heavier or more red in color. This is normal.
- If you have bleeding heavier than a normal menstrual period, or if it turns back to bright red, or if you have clots the size of an egg, call your doctor. This increased bleeding is a sign that you should rest more, stay off your feet, and relax.
- If you notice a bad or “fishy” smell from your bleeding, call your doctor.
- Change your pad each time you use the bathroom.
- Do not use tampons or douche until you see your doctor at about 6 weeks after birth.
- If you are breastfeeding, you may not have a period for many months or until you wean your baby. If you bottle-feed, you can expect your first normal period 2 to 6 weeks after the birth. Your first few periods may not come in a regular pattern but will do so within a few months. During this time it is still possible to get pregnant.
You may have some cramping (after-birth pains) as your uterus squeezes down to decrease the bleeding and return your uterus to the nonpregnant size.
- You will feel more cramping with your second or third baby than you did with your first.
- You will feel more cramping during and right after breastfeeding. This is a good sign that your uterus is doing what it should.
- If the pain is severe, call your doctor. Your bottom (perineum) will be sore for a few weeks or more after birth. Healing time varies, depending on if you have any small cuts or stitches which need to heal. (Any stitches you have will dissolve by themselves in about 2 weeks.)

Self-Care Tips

- Kegel exercises will help you heal faster and stay more comfortable. Kegel exercises also will help the muscles of your bottom tighten up, which will help stop urine from leaking when you cough, laugh, or run. The exercise involves contracting the muscles around the vagina (as though stopping the flow of urine in midstream) by squeezing the muscles tightly for a few seconds and then relaxing them. The squeezing and relaxing is repeated 10 times at least 5 times daily.
- You will need to urinate more often and you may sweat more. This will get rid of the extra fluid you needed during pregnancy. This fluid should be gone in 1 or 2 weeks. At that time, your hands and feet should not be swollen any longer.
- Because your bottom and uterus are healing from birth, it is important to be careful to stay clean and prevent chances for infection.
- Use the pericare bottle to squirt water over your bottom after you urinate.
- Wipe only from front to back.
- Wipe only once with each tissue.

- Stand up before you flush the toilet.
- Change your pad every time you use the bathroom.
- You may not have a bowel movement for a few days. Your first bowel movement may be uncomfortable because your bottom is sore or you may have hemorrhoids. Do not worry about putting pressure on the stitches (if you have any) in your bottom. The stitches are strong and will not tear open.
- When you have a bowel movement, wipe from front to back.
- Wipe only once with each tissue.
- Rinse with the pericare bottle when you are finished.
- If you have hemorrhoids, it may help to use the sitz bath a few times a day.
- Eating foods with lots of fiber (washed raw vegetables, whole grain cereals or bread) and drinking lots of water or juice will help.
- Your doctor may order hemorrhoid medicine for you.

Hygiene

- You may shower and shampoo your hair as you wish. Wait about 2 weeks after a vaginal or Caesarean birth before you wash in a tub bath.
- You may use a handheld shower to run water over your bottom from front to back.
- If you had a Caesarean, you may gently wash the incision with soap and water. Gently pat this area dry. Remove steri-strips after 1 week.

Activity

Having a baby is hard work. It is hard for you and hard for your baby. You and your baby will need lots of rest during your first week or 2 at home. We suggest that you limit the number of visitors so that you may rest and learn the important skills you need to take care of your new baby. Anyone who touches or holds your baby needs to wash their hands well. Those with coughs, colds, rashes, fever, etc. should not visit you or your baby.

- Do not do heavy activity. Do not lift anything heavier than your baby.
- Get lots of rest and sleep. Nap while your baby sleeps.
- Take it slow and easy. Take this time to get to know your baby.
- Increase your activity as you feel able.
- It takes about 6 weeks to return to your nonpregnant strength.

Suggestions to Help at Home

- Simple meals and flexible meal times
- A relaxed, flexible home routine
- Help with shopping and cooking
- Friends and family to care for other children
- Avoidance of caffeine containing products (coffee, tea, colas)

Eat Right/Being Healthy

Remember, it took a lot of energy and work to grow a baby and to give birth. It takes some time for your body to recover and return to a nonpregnant state. The time right after birth is not usually a good time to diet.

- About 10 pounds is lost with the birth of your baby, placenta, and fluids.
- You will lose water weight with the extra urination and sweating.
- If you wish to lose more weight, talk with your doctor about a diet that gives you good nutrition. A good plan will include diet and exercise.
- If you breastfeed, this is not a time to diet. Your body needs the extra calories to make milk.
- All mothers should consider food high in protein, iron, and vitamin C to promote healing and energy.
- Protein is found in meats, dairy products, dry beans, and nuts.
- Many cereals have added iron.
- Vitamin C is in citrus fruits, such as oranges, and in melons, tomatoes, baked potatoes, and broccoli.
- If you have trouble with constipation, consider adding to your diet:
 - > bran cereal
 - > fresh fruits and vegetables
 - > whole wheat products
 - > nuts and seeds

Breastfeeding Mom's Nutrition

- Add 1 more serving in the milk group (milk, cottage cheese, yogurt).
- Add 1 more serving in the meat, fish, poultry group (meat, tuna, black-eyed peas, nuts, brown or white beans).
- Quick healthy snacks may include: a bagel and cream cheese; celery and peanut butter; cheese and crackers; dried fruit and nut mix; granola and yogurt; hardboiled egg; ice pop made with fruit juice; or raw vegetables with dip.
- If breastfeeding, continue prenatal vitamin.

Sexual Intercourse

Your health care provider will discuss with you when you may resume sexual intercourse.

In general, sexual intercourse can usually be resumed when your episiotomy (or Caesarean scar) and other pelvic structures have healed. This usually will take 6 weeks. You should discuss this issue with your partner to avoid frustrations and misunderstandings.

You may not be as interested in sex because of fatigue and time demands of your baby.

You may also experience vaginal dryness and diminished lubrication because of hormones of pregnancy and/or breastfeeding.

Birth Control Options for Nursing Moms

Progestin-only Pill (Mini Pill)

- These pills do not affect the quality or amount of breastmilk or the health of the nursing baby
- Can start 2 weeks after discharge from the hospital (Sunday start)
- If you stop breastfeeding, you will have to switch to a combination pill.
- 98% effective, if taken correctly.

Depo-Provera® Injection (the Shot)

- Progesterone-only injection, once every 3 months
- Make an appointment with the doctor or the clinic to get the injection 2 weeks after discharge from the hospital
- 99% effective

Condoms and Spermicide

- 85-98% effective
- Use of a spermicide will increase effectiveness

Implanon (Implantable Contraceptive)

- Progestin only, implantable rod
- Replace every 3 years
- > 99% effective

For Bottle-Feeding Moms

Birth Control Pill (the Pill)

- Contains 2 hormones: estrogen and progestin
- Can start 2 weeks after discharge from the hospital (Sunday start)
- 98-99% effective

Depo-Provera Injection (the Shot)

See listing under Nursing Moms

Condoms and Spermicide

See listing under Nursing Moms

Contraceptive Patch (Ortho Evra®)

- Apply patch 1 time a week for 3 weeks and then leave the patch off for 1 week — this is when you will experience a menstrual period
- Wear the patch on your lower abdomen, buttocks, or upper body
- 98-99% effective, less effective in women over 198 pounds (92% effective)

Implanon (Implantable Contraceptive)

See listing under Nursing Moms

Emotional Changes

The care of a newborn can leave mothers feeling overwhelmed. In the beginning, the demands are quite time consuming. It takes 2 to 3 months to establish a routine with a newborn. Remember to relax, take care of yourself, and request and accept all offers of help. Once the new family routine is established, moms usually begin to feel less stressed. Life with your baby becomes more enjoyable.

The arrival of a new baby is a life-changing experience. As a new mother, you will feel joy, pride, confusion, exhaustion, and love. These feelings may be more intense than at any other time in your life. You may also experience the “blues.” This may include feeling sad, irritable, or impatient. Usually these feelings come and go within the first few weeks.

Some suggestions for easing the transition are as follows:

- Request and accept help with childcare and household chores.
- Get sufficient rest.
- Some women feel better when the number of visitors is limited; others feel isolated without company and notice that they feel better when they have other people around.
- Allow yourself some enjoyable personal time to go for a walk, go shopping, take a relaxing bath, etc.

Approximately 1 in 10 women experience postpartum depression. Postpartum depression includes many of the same feelings as the “baby blues” but at a more intense level. Although health care providers are not sure what causes such extreme reactions, most believe postpartum depression stems from the physical and emotional adjustments of having a baby.

Symptoms usually occur within 6 months after childbirth, though they may begin during the pregnancy and may last from a few weeks to a few months. Symptoms may range from mild depression to severe psychosis (in very rare cases). Postpartum depression is different than the “baby blues.”

Symptoms of postpartum depression may include:

- Loss of interest or pleasure in life
- Loss of appetite
- Rapid mood swings
- Episodes of crying or tearfulness
- Poor concentration, memory loss, difficulty making decisions
- Difficulty falling or staying asleep
- Feelings of irritability, anxiety/panic, restlessness
- Fear of hurting or killing oneself or one’s child
- Feelings of hopelessness or guilt
- Obsessive thoughts, especially unreasonable, repetitive fears about your child’s health and welfare
- Lack of energy or motivation
- Unexplained weight loss or gain

At the onset of these changes, call your health care provider immediately. Treatment may include counseling, medicine, or both. With proper treatment, most women recover fully.

Rest and Sleep

Mothers and fathers are stressed by fatigue during the postpartum period. Both parents are encouraged to get an appropriate amount of rest and sleep. This can be a bit of a challenge since the newborn does not sleep for long stretches of time and awakens during the night for feedings. Following are some tips to assist parents with these needs:

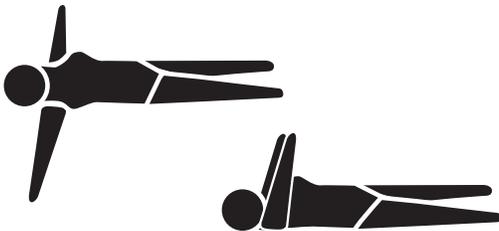
- Keep a relaxed, flexible home routine.
- SLEEP when your baby naps.
- Use relaxation techniques to reduce fatigue.
- Take time for yourselves by going out together for a walk or for dinner.

Post-Delivery Exercises

Post-delivery exercises for new mothers may be recommended by your doctor for a number of reasons. Some of these are to:

- Promote relaxation
- Improve tone of abdominal and pelvic muscles
- Assist pelvic organs to contract to normal position
- Improve posture
- Aid the mother who desires some program of planned exercise

Day 2



From starting position, arms at sides, move arms out and raise above head, clapping together. Don't bend at the elbows. Lower to sides. Relax. Repeat 4 times, twice daily.

Day 3



Lie flat on your back. Lift head, trying to touch chin to chest without moving other parts of body. Hold. Relax. Repeat lift 10 times.

Day 8



Raise knee, draw thigh down on abdomen. Lower foot toward buttock. Straighten leg and lower. Alternate legs, do each 5 times.

Lie on back with knees bent. Small pillow may be used under head. Place feet flat on floor and toes turned out slightly for support.

Contract the buttocks, at the same time pull the lower abdominal muscles inward and upward, flattening the lower back against the floor. This rocks the pelvis backward. Slowly relax these muscles and lower abdominal muscles, at the same time arching the lower back, making a tunnel under it. This allows the pelvis to rock forward. Do this 10 times, twice daily.

Day 12



Discontinue Exercise #2 at this time. Cross arms on chest, raise head and shoulders, just a few inches at first. As strength improves, clasp hands behind head; rise to sitting; cross legs if desired. Increase to 25 as tolerance permits. Start with 3 repetitions twice daily — increase 1 repetition each day until you are doing 25.

Lifelong Health Habits

The first weeks after your baby is born, especially if you are breastfeeding, your breasts may feel lumpier than they normally do; however, it's important to begin regular breast self-examinations (BSE) at the time of your 6-week check-up.

Why is BSE important?

Monthly BSE is an extremely important part of health care for all women in every stage of life. This is one physical examination you can do yourself, in the privacy of your own home.

Step by Step

First, it is important that you learn the normal characteristics of your breast tissue. No two women are the same. What is normal for another woman may not be normal for you. It is a good idea to have your doctor show you the proper procedure for BSE. At the same time, your doctor can explain what you are feeling in the breast tissue, so you will be able to notice changes from month to month when you perform BSE on your own. Set aside a scheduled time each month for BSE.

Visual Inspection

Stand in front of a mirror with your upper body unclothed and press both hands behind your head.

- Look for changes in the shape or size of your breasts.
- Check for dimples of the skin or “pulling in” of the nipples.
- Check for scaling or a rash on your nipples.

Circular Method

- Use the hand opposite the breast you are examining.
- Beginning at the outermost top of your breast, press the flat portions of the second, third, and fourth fingertips into your breast.
- Moving in small circles slowly around your breast, work toward the nipple.
- Press firmly to feel deep tissues and gently to feel tissues under the skin.
- Be sure to cover the entire breast without skipping any areas.
- Repeat for your opposite breast.
- You may examine your breasts lying down or in the shower.

Changes in the Breast

If you notice a change in your breast tissue, don't wait. See your health care provider right away — even if you have had a negative mammogram in the past.

Infant Care: Your Baby and You at Home

The following discharge instructions provide you with general information on how to care for your new baby after you leave the hospital. Your baby's doctor or health care provider may give you specific instructions also.

Please read these instructions while you are in the hospital and feel free to ask questions. We hope this guide will be helpful in the weeks ahead.

Taking care of a newborn requires a lot of time, but you will quickly learn your baby's cries and needs. If you have any questions, you may contact your baby's doctor.

Appointment

Don't forget to make a follow-up appointment for your baby at your doctor's office or clinic. Your baby's doctor will usually recommend a visit for your baby at 2 weeks of age, unless, of course, your baby needs attention sooner.

When to Call Your Baby's Doctor

- Your baby seems ill or is not acting like himself/herself
- Your baby is not eating well or refuses feedings
- Your baby's rectal temperature is over 100.4 F
- Your baby has less than 6 wet diapers in 24 hours
- Your baby is more than 3 days old and still has sticky and black dirty diapers
- Your baby's skin has a yellow color, which is moving down from your baby's face to the legs
- Your baby is very sleepy or difficult to wake
- Your baby is vomiting repeatedly
- Your baby is crying a lot and cannot be comforted
- You notice an unusual rash on your baby
- Your baby has more than 6 watery or dirty diapers a day
- Your baby has not had a bowel movement in 24 hours during the first week of life
- Your baby has trouble breathing

Feeding Your Baby

Feeding your baby can be one of the most satisfying experiences of early parenthood. It is a time to be close; to nurture and communicate with your baby in your own special way. The feeding method you choose should be the one that is right for you and your baby.

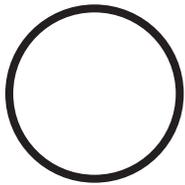
Babies need time to learn to feed. Even though your baby may seem sleepy or disinterested at first, it is important to encourage him/her to have small frequent feedings at least every 3 hours. Many small feedings set up a healthy eating pattern right from the start. Experts tell us that it is healthier for adults to eat smaller amounts more often, and the same is true for babies. Coaxing a baby to take more milk may lead to over feeding. This may lead to unhealthy eating habits that contribute to obesity.

“Little Baby Bellies”

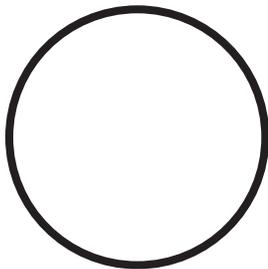
Babies are born with little bellies. For the first few days, your baby’s belly fills quickly because it can only hold a small amount.



This is your baby’s belly the first 24 hours after birth. It can comfortably hold about 1 to 2 teaspoons. The amount of “first milk” (colostrum) in the breast is 1 to 4 teaspoons.



By day 3, your baby’s belly holds 1/2 to 1 ounce. If you over feed your baby, he/she will spit-up, vomit, or cry with a belly ache. Expect your baby to nurse often, about every 1 1/2 to 3 hours. The more your baby nurses, the more milk you will make. More and more milk comes into your breast.



By day 10, your baby’s belly holds about 2 ounces. If fed too much, they spit up a lot. “Topping off” a feeding with formula can result in vomiting, belly aches, and fewer breastfeedings.

Your belly is the size of a softball. Just like your baby, if you overeat, you will feel uncomfortable, nauseous, and have a belly ache.

Breastfeeding Your Baby

- Exclusive breastfeeding is recommended by the American Academy of Pediatrics for the first 6 months, then to continue breastfeeding with solids added to your baby’s diet for the remainder of the first year.
- Breastmilk contains all the nutrients needed for your baby’s growth and development. It also provides antibodies and immunities to protect against many illnesses.
- Breastfeeding is a special time with your baby. The support of family and friends while you are learning will be helpful with the early challenges.
- Try to avoid becoming overtired. Rest when your baby sleeps. Limit visitors. Simplify meals. Let housework wait and accept any offers of help from family and friends.

Learning to Breastfeed

- Breastfeeding is a learned process. Be patient and practice. It won’t take long before you feel comfortable.
- Nurse your baby 8 to 12 times over 24 hours. Your baby may be sleepy at first.
- Follow your baby’s hunger cues:
 - > Sucking sounds
 - > Waking up
 - > Licking lips
 - > Hand-to-mouth movements
 - > Cooing or sighing
 - > Crying (a late feeding cue)
- Awaken your baby during the day to feed at least every 3 hours. You can do this by removing his/her blankets.
- Hold your baby skin-to-skin with you. This will keep him/her warm and encourage him/her to feed.
- Nurse your baby when he/she first begins to wake up. Don’t wait for him/her to start crying. A calm baby latches easier than when he/she is crying.
- Allow your baby to wake you up at night unless your baby’s doctor tells you otherwise. Babies can sleep 3 to 5 hours during the night.
- If your baby sleeps longer at night, he/she may need to nurse more often during the day.

Positions to Breastfeed

- Find a comfortable position for holding and latching your baby.
- Good positioning and latch can help prevent nipple soreness.
- Your nurse can help you position your baby.
- The preferred positions for beginners are the football hold and the cross cradle hold.
- Use pillows to keep your baby level with the breast. Some mothers like to use a nursing foot stool.

Football Hold

- Your baby is held similar to how you hold a football, clutched close to your body and under your arm.
- Place him/her beside you — on the side of the breast you will use — with his/her head near your breast.
- Tuck his/her body up against your side, under your arm. Your forearm should support his/her upper back and your hand should support his/her shoulders, neck, and head.
- Rest his/her bottom against the back of your chair and angle his/her legs straight up.
- Put a pillow or 2 at your side to help support your arm as you hold your baby.

Cross Cradle

- Support your baby as with the football hold but reach across your chest to bring him/her to the opposite breast so his/her tummy faces you.

Cradle

- Your baby's head is in the crook of your elbow with his/her back lying along your forearm.
- He/she is turned tummy-to-tummy with you.
- Your arm should bring your baby in front of you so that his/her upper lip is opposite your nipple.

Side-lying

- Lie on your side with your baby lying on his/her side facing you.
- His/her upper lip should be opposite your nipple.
- Place rolled up baby blanket or towel behind his/her back to keep him/her on his/her side.

Learning to Latch Your Baby

Offering the breast:

- Start with your hand flat on your chest wall then slide it forward until it is just behind the areola (the dark brown part).
- Support your breast with your fingers below and your thumb on top.
- Make sure you are not covering any of the areola.
- Support your breast using a "C" hold when using the football position — gently squeeze to form a "sandwich" for your baby.
- Support the breast using a "U" hold for the cross cradle or cradle position, keeping your fingers behind the areola — gently squeeze to form a "sandwich" for your baby.
- Stroke your baby's lips with the nipple to encourage rooting.
- Wait for your baby to open his/her mouth very wide — like a yawn.
- Your baby's head should be slightly tilted back with his/her nose at the level of the nipple. This brings him/her to the breast chin first.
- As you bring him/her to the breast, aim the nipple to the roof of his/her mouth.
- The first few sucks can be uncomfortable, but once your baby begins to swallow you should not feel pain.
- If pain persists, you will need to insert your finger into the corner of his/her mouth to break the suction and re-latch.

If soreness persists or you develop cracks, bleeding, or blisters, call a lactation consultant.

Listening for Swallows

- Listen for audible swallowing. In the early days it will sound like a “kah” sound, very soft.
- As your volume increases, the swallows will be louder and easier to hear.
- You can also look for the rhythmic motion of his/her jaw and ear.
- The jaw will drop down a bit further and take a slight pause when your baby swallows.
- Listen for swallows at least every 3 to 5 sucks.
- At the end of the feeding, if your baby is no longer sucking and is falling asleep, you can gently use breast compressions to increase swallows (gently squeeze the breast behind the areola).

The Early Days: 1–4

- Your baby cannot breastfeed too much.
- Breastfeeding frequently throughout the day will stimulate good milk production.
- Your baby may need to be wakened for feedings to nurse at least every 3 hours since the last feeding or if your breasts are feeling full and heavy.
- Your baby may “cluster feed,” having several feedings very close together at one part of the day. (often happens late afternoon or evening).
- Babies will go thru growth spurts when they will want more frequent feedings. Growth spurts usually happen at around 7 to 10 days, 6 weeks, and 3 to 4 months.
- Avoid pacifier use the first month until your baby learns to breastfeed well and your milk supply is established.
- Wait 4 weeks before introducing a bottle. If your baby is not nursing well, then discuss with your baby’s doctor.

Between the second to fifth day after a baby is born, most mothers will notice that their breasts become much fuller and heavier. This is called engorgement. It is caused by both increased milk supply and fluid shifts into breast tissue. Your breasts may feel tender or warm. Your baby can help you stay comfortable by feeding often.

(Once your milk supply is established, your breasts will feel softer. You have not lost your milk.)

Preventing Engorgement

If your breasts become overfull, you can try any of the following comfort measures:

- Wake your baby: Frequent nursing, at least every 2 to 3 hours, will keep you more comfortable.
- Don’t time the feeding: Let your baby take as much milk as he/she needs, encouraging at least 20 to 30 minutes of active sucking per feeding.

Resolving Engorgement

- Use heat and massage before feeds: Heat, such as warm compresses or a warm shower on your back, can make your breasts feel better. Gentle massage, with the flat of your hand or flat fingers, can help improve the milk flow. You can massage the breasts before latching your baby and during the feeding if there are firm areas that need help draining.
- Use cold compresses after breastfeeding: Sometimes the breasts are swollen due to extra fluid in the tissue. Cold compresses, such as ice packs or green cabbage leaves, can help reduce swelling.
- Breasts feel firm like your forehead: If your breasts have become this firm, it is better to use cold compresses before and after frequent breastfeeding.
- Use a pump: If you are having difficulty expressing milk by hand and your areola is too firm for your baby to latch, pump to soften the areola and protrude the nipple. This usually takes several minutes. Then try latching your baby again. If your breasts still feel uncomfortable, you can pump until you are softer and more comfortable. You may need to consider a hospital grade electric rental pump if your pump is not relieving the engorgement.
- See the “Resource List for Breastfeeding Mothers” at the end of this section for pump rental or purchase information.

Call a lactation consultant: She can help you decide the best approach for your situation and give you hands-on help, as needed.

What Is “Normal” When Nursing

Feedings: How often?

Week 1	Week 2-6	Week 6-12
Every 1½ to 2½ hours or 10-12 times each day. Wake to feed if your baby sleeps longer than 3 hours during day or 5 hours at night.	Every 1½ to 3 hours round the clock or 8-12 times each day.	Every 2-3 hours or 7-10 times each day with a longer stretch at night.

Feedings: How long?

Week 1	Week 2-6	Week 6-12
5-30 minutes each side. May only nurse on one side.	About 20 minutes. May nurse on one or both sides.	About 10-15 minutes per side. Usually nurses on both sides.

How many dirty diapers? (Diapers tell if your baby is getting enough to eat.)

Week 1	Week 2-6	Week 6-12
Black tarry stools days 1-2. Changing from brown to yellow day 3-5. Minimum of 2-4 per day.	Loose, yellow seedy stools. Minimum of 2-4 per day. May dirty a diaper at each feed.	Loose, yellow seedy stools. Minimum of 2-4 per day. May dirty fewer diapers by 6 weeks. Some older babies only dirty 1-2 per week.

Baby Weight Pattern

Week 1	Week 2-6	Week 6-12
Loses up to 7% birth weight. Should start re-gaining weight by end of first week.	Gains 5-8 ounces each week. Should be back to birth weight in 10-14 days.	Gains 1¼ - 2 pounds each month.

Breast Changes

Week 1	Week 2-6	Week 6-12
Small amounts of colostrum first few days. Breasts are soft. Mature milk comes in day 3-5. Breasts will feel very full.	Breasts may lose initial fullness about day 10. This is a normal adjustment to nursing.	Breasts keep going through changes — full before feeding and soft after. Will start feeling less full after about 2 months.

Growth Spurts

Week 1	Week 2-6	Week 6-12
7-10 days. Your baby nurses more often.	3 weeks and 6 weeks. Your baby nurses more often.	3 months. Your baby nurses more often.

Expressing and Storing Breastmilk

Once breastfeeding is well established, you may need to be away from your baby due to work or school. Or there may be occasions when you need to be away from your baby and want to have a bottle available in case he/she wakes up before you return.

Breastmilk can be expressed by hand or by using a breast pump. There are many different varieties of breast pumps, but none are as good at expressing milk as your baby. Your choice will

depend on how often you plan to be pumping and how much time will be available for pumping. For occasional separations from your baby, hand expression, manual pumps, or battery-operated pumps are good choices. If you will need to pump several times a day, for example, if you return to work or school, an electric pump with a double assembly would work best to maintain your milk supply. A breastfeeding counselor can help you decide which pump would be best for your situation.

Guidelines for Expressing Breastmilk

- Allow yourself time to learn how to use your method of pumping and get comfortable with milk expression.
- Unless your baby is ill or premature and you need to provide milk right away, or you are engorged, allow your milk supply to become well-established before starting to pump. This usually takes 3 to 4 weeks.
- When you begin pumping, you will pump after 1 or 2 feedings a day to begin to collect milk for a bottle. You might only get a small amount each time. You might choose to pump after feedings when your breasts still feel a little full, such as after the first morning feeding or after a feeding where your baby has had a longer nap.
- Find a comfortable place to pump.
- Wash your hands before starting.
- Pumping 1 breast at a time usually takes 10 to 15 minutes per breast, or 20 to 30 minutes total. Double pumping usually takes about 10 to 15 minutes. Pump an additional few minutes after spray stops when trying to increase milk supply.
- Clean the pump parts that come in contact with your milk with hot soapy water, rinse them well in hot water, then let them air dry. DO NOT wash tubing or connectors.
- Follow manufacturer's instructions.

Storing Breastmilk

- Use sterile or clean storage containers made of glass or hard plastic, or use plastic storage bags made for storing expressed breastmilk.

- Label storage containers with the date and time milk was pumped.
- Chill freshly pumped milk before adding it to milk already chilled or frozen.
- Freeze in small amounts until you have a good understanding of how much your baby takes from a bottle.
- Thaw breastmilk under warm running water or in a bowl of warm water. DO NOT heat milk on a stove or in a microwave.
- DO NOT refreeze milk once it has been thawed.
- Use thawed milk within 24 hours.
- Gently swirl the milk if it has separated.
- DO NOT save any unfinished milk in the bottle.

Storage times for freshly pumped milk:

- Room temperature = use within 4 hours
- Refrigerator (in back) = 5 to 7 days
- Refrigerator freezer (in back) = 3 to 4 months
- Deep Freezer = 6 to 12 months

When to Call for Help

- Baby refuses to nurse.
- Baby is not latching well.
- Baby is nipple confused (accepts bottle but not breast).
- Baby doesn't swallow at breast.
- Baby is over 4 days old and has fewer than 4 wet diapers and 1 dirty diaper in 24 hours.
- Nipples are sore, cracked, or bleeding.
- If engorgement is not relieved in 48 hours.
- Baby has not started to regain birth weight by 2 weeks of age.
- You feel your milk supply is low.
- You have a red or tender area on your breast, you have a fever, or you feel like you have the flu.
- You have a special circumstance or concern you would like to discuss.

For Bottle-Feeding Mothers

If you choose to bottle-feed, feeding time provides an opportunity for bonding with your baby. During feeding time, you should be calm, relaxed, and enjoy these nurturing moments.

Often, newborns do not require much fluid in the first few days of life. Because of the excess fluids taken on during labor and delivery, your baby may not seem interested in feeding. This is very normal and will change to a more assertive feeding style after several days. Even though your baby seems sleepy and disinterested in feeding at first, it is important to continue to attempt to feed your baby at regular intervals so that he/she does not become dehydrated.

Bottle-Feeding

Feeding time should always be a special time of cuddling and feeling close to your baby.

Take the time to enjoy these moments.

- Most babies eat about every 3 to 4 hours for a total of 6 to 8 times a day. Wake your baby up at least every 5 hours during the daytime. Do not worry about waking your baby up during the night.
- Your baby will eat about 2 to 4 ounces at each feeding. Over the next few weeks, this amount will increase as your baby grows.

You do not need to heat formula. Mix concentrated or powdered formula with cold tap water or bottled water. Place prepared bottle in warm water to take the chill off. Feed when at room temperature. Do not microwave. A microwave may cause "hot spots" throughout the formula and this can burn your baby's mouth.

During feeding

- Cradle your baby in your arm. Keep his/her head higher than his/her tummy.
- Keep bottle tipped so formula fills the nipple.
- Burp your baby about every ounce. If your baby is sucking hard and eating fast, you may need to burp every 1/2 ounce. As he/she gets older, your baby will need to be burped less often but should be burped at least halfway through each feeding.

Step-By-Step Formula Preparation

The following steps should be taken to prepare bottles of formula, either for a 24-hour supply or as single bottles if you prefer.

- Wash your hands.
- Wash bottles and nipples with hot, soapy water (using a bottle and nipple brush), rinse well, and air dry. If you have a dishwasher, you can use it to sanitize the bottles, nipples, and utensils. The nipples can be placed on the top rack in the dishwasher so that they do not melt. Do not use the energy saving or no-heat cycle.
- Wash the top of the unopened can of formula and the can opener with hot, soapy water and rinse with hot water.
- Shake concentrated and ready-to-feed cans well before opening or using.
- Use a pointed can opener to puncture a complete opening on one side of the can; on the opposite side, put a smaller opening in the can to allow air to escape while you pour.
- Add to the clean bottles either the powdered formula (use the instructions on the can for the amount of powder and the amount of water to use), or equal amounts of concentrated formula and water, or ready-to-feed with no added water.
- Place the nipples on the bottles tip down (handle this as little as possible), put the caps on, and tightly screw on the rings. Store the bottles in the refrigerator until needed, but not more than 48 hours.

Helpful Hints

Hold the bottle so that the neck of the bottle and the nipple always are filled with formula. This helps your baby get formula instead of sucking and swallowing air.

Your baby has a strong natural desire to suck. Sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after the nipple has collapsed. Take the nipple out of your baby's mouth occasionally to keep the nipple from collapsing.

Never prop the bottle and leave your baby unattended. Feeding time is for you and your baby to relax with each other. Your baby needs the security and pleasure of being held at feeding time.

Your baby may feed better on one type of nipple and/or bottle than another. Feel free to experiment and see what works best for your baby, unless your baby's doctor has specified otherwise.

Newborn Hearing Screening Program

Normal hearing during very early life is important for laying a basis for speech and language development. It has been shown that infants react to sound even before birth. Babies learn certain sounds from adult speech during the first 6 months of life.

Unfortunately, newborn hearing loss is one of the most common anomalies of infants at birth. Even mild hearing loss can mean that an infant misses half of the normal daily conversations they are exposed to.

UPMC Northwest has a program to screen all newborns before they leave the hospital. The test is simple and causes no pain or discomfort to your baby. The test is generally done at night when things are quieter in the hospital. This increases the reliability of the test.

If your baby's test indicates that there may be some hearing loss, this is not necessarily cause for alarm. This is a screening test. Your baby will be scheduled for a repeat screen here at the hospital. Further evaluation will be ordered, depending on the results of the second screen.

If you have any questions about the screening, please ask your nurse or your baby's doctor.

Resources for Breastfeeding Mothers

Breastpumps

Medela Inc. **1-800-435-8316**

Medela.com

WIC (pumps available for clients)

Venango County **814-678-7766**

SIDS: Important Information for Parents

Sudden infant death syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year. To lower the risk of SIDS, all healthy infants should be put to sleep on their backs — at nap time and at night.

Here's how you can lower your baby's risk:

The Safest Position to Sleep "Back to Sleep"

- Place your baby on his/her back to sleep; it's the safest position.
- Babies who sleep on their stomachs are at a higher risk for SIDS.
- Side sleeping is not as safe as back sleeping and is not advised.

Keep pillows, quilts, comforters, sheepskins, and stuffed toys out of your baby's crib. They can cover your baby's face — even if he/she is lying on his/her back.

Other Ways to Reduce the Risk of SIDS

- Do not let your baby get too warm during sleep. Use light sleep clothing. Keep the room at a temperature that feels comfortable for an adult.
- Do not smoke during pregnancy. Also, do not allow smoking around your baby. Infants have a higher risk of SIDS if they are exposed to secondhand smoke. One of the most important things parents and caregivers who smoke can do for their own health and the health of their children is to stop smoking.

The Safest Place to Sleep

- Place your baby in a safety-approved crib with a firm mattress and a fitted sheet.
- Never put your baby to sleep on a chair, sofa, water bed, cushion, or sheepskin.
- The safest place for your baby to sleep is in the room where you sleep, but not in your bed.
- Place your baby's crib or bassinet near your bed (within arm's reach) to make feeding easier and to help you watch over your baby.
- Blankets, if used, should be tucked in around the crib mattress. They should not reach any higher than your baby's chest. Try using sleep sacks or sleep clothing instead of a blanket to avoid the risk of overheating.
- Offer a pacifier at nap time and bedtime. However, if your baby doesn't want it or if it falls out of his/her mouth, don't force it. If you are breastfeeding, wait until your baby is 1-month-old before using a pacifier.
- Avoid products that claim to prevent SIDS. Most have not been tested for safety. None have been shown to reduce the risk of SIDS.
- Give your baby plenty of "tummy time" when he/she is awake. This will help strengthen neck muscles and avoid flat spots on his/her head.
- Share this sleeping information with anyone who cares for your baby, including babysitters, grandparents, and other caregivers.

These recommendations are for healthy infants. A very small number of infants with certain medical conditions may need to be placed to sleep on their stomachs. Your baby's doctor can advise you if a position other than the back is needed.

Adjusting to Parenthood

Adjusting to parenthood begins in pregnancy and continues through at least the first year of a child's life. Becoming a parent is a slow process with emotional highs and lows. Complete adjustment to parenthood takes at least 1 year. Any major lifestyle changes may increase your stress.

Hints to Help Ease the Transition

Flexibility is an asset. Striving for flexibility in your role as a parent will decrease your day-to-day frustrations and increase your success as a parent. Recognize that even the best plans often will need to be changed. Be flexible. Find a routine that is comfortable for every member of your family.

Avoid "Super" Syndrome

A "super mom" feels she must be able to do it all — to be the perfect mom, wife, lover, friend, cook, housekeeper, and career woman. A "super dad" feels he must be the perfect dad, husband, lover, friend, gardener, mechanic, and career man. It is important that you realize this is impossible.

Helpful Hints

- Set priorities and be aware of unrealistic expectations.
- Don't be "house proud." Let housework slide a little and enjoy your baby.
- Meeting your personal needs enables you to meet the needs of other family members. Remember, parents need nurturing too.
- Make rest and sleep a priority. If you don't take good care of yourself, you can't take good care of your baby.
- Get away by yourself for personal time.
- A new baby may require reorganization of family roles and tasks.

Caring for Your Baby at Home

It will take some time to get used to being at home with your bigger family. What your baby needs most is love, understanding, and attention. He/she is completely dependent on you. This can mean lots of work in the first few weeks. You will see that he/she is a special person with his/her own personality. You will learn which cry means "I'm hungry" or "I'm wet" or "I'm tired." You will also learn what he/she enjoys looking at.

It takes time to learn about how best to respond to your baby. Babies understand love more than expert care. Your baby will learn to trust that you come when he/she cries, that you feed him/her when he/she is hungry, and that you love him/her. If you have questions about taking care of your baby, call your baby's doctor.

Helping Brother and Sister Get to Know Baby

The birth and addition of a new child is an adjustment for your family and for you as a parent. At the same time, you may be concerned about your older children's acceptance of a new baby. You may find that some of these suggestions may help their adjustment.

- It can be hard for your other child(ren) to have a new baby in the house.
- Even a child who is excited about a baby may get jealous of the time you need to spend taking care of this new person.
- Try to give at least 15 minutes every day to your other child, without your baby's interruption.

- During your baby's feeding times, keep some small snacks and books nearby so you also have something to share with your other child.
- If you have concerns, talk with your baby's doctor or the hospital for extra ideas.
- Do not leave small children alone with your baby. Even loving play may hurt your baby because your older child does not know any better.

Your Baby and Your Pet

- Some pets (cats or dogs) can seem jealous of your baby.
- You may try to slowly get the pet used to your baby by putting your baby's used blanket by the pet so that they are familiar with the smell.
- Never leave your baby alone in the room with your pet.
- Be sure that doors or gates will keep your baby and pet separate when you are busy with other things.

Your Baby's Looks

Your baby may not look like the "perfect" baby you see on TV. Many of these babies are several months old so you should expect your newborn to look different.

Many babies have tiny white spots (milia) on their nose and cheeks. These will go away in a few weeks. Some babies have what looks like pimples, small white heads, or acne.

This is a normal newborn rash. You do not need to do any special care. Just wipe your baby's face off with warm water each day. The "pimples" will go away in a few weeks. If your baby still has pimples after 1 month, talk with your baby's doctor.

Dry or Flaky Skin

This old skin will fall off as new skin keeps growing.

- Do not put baby cream or lotion on the skin. The perfume in these may cause more dryness and irritation.

- Your baby's doctor may recommend Vaseline® (petroleum jelly), Eucerin® cream, or Aquaphor® ointment. If skin becomes cracked, this may help the flakiness.
- Give your baby a bath every 2 to 3 days.

Cradle Cap

Some babies have a scaly or crusty scalp at 2 to 6 weeks of age. This is known as cradle cap. It is not dangerous and is not a sign of poor care. Cradle cap is caused by hormones that come from the mother before birth. It may help to shampoo his/her hair with an anti-dandruff shampoo (such as Head and Shoulders®) 2 times a week. After you lather the shampoo, use a rough wash cloth or soft baby brush to massage the head. Be careful to rinse off the shampoo very well and keep the shampoo away from your baby's eyes. If the cradle cap is very thick, you may rub baby oil or mineral oil into the scalp and leave it on for approximately 1 hour. Then shampoo the hair as above and rinse very well. If oil stays in the hair, the scales may get worse. If the cradle cap does not go away in a week or 2, or if the head looks red and irritated, call your baby's doctor.

Genitalia

Baby girls may have a swollen vulva (the outside area of their vagina). There may also be a small amount of bleeding or white discharge from the vagina within the first week. This is from the effect of the mother's hormones. Baby boys or girls may have swollen breast areas or even some white fluid from the nipples. This swelling is also from the mother's hormones. Baby boys may have some swelling of the penis or scrotum (the sack behind the penis). Sometimes when he urinates, he may have an erection of the penis.

Circumcision Care

Apply a small amount of Vaseline (petroleum jelly) or A&D ointment around the head of the penis for 1 week after the circumcision to prevent it from sticking to the diaper. If there is any unusual bleeding, swelling, or rash over the penis, call your baby's doctor.

Uncircumcised Newborn Care

In the first few months, clean your baby's penis with warm soap and water. Cotton swabs or antiseptics are not necessary. Do not pull back the foreskin if it is still attached.

When the foreskin separates from the head of the penis, skin cells are shed. These skin cells may look like white, pearl-like lumps under the foreskin. These are called smegma. Smegma is normal and nothing to worry about.

Cord Care

The umbilical cord should fall off between 7 days to 3 weeks. The area should be kept clean and dry. If the skin around the cord becomes red and inflamed, it may be a sign of infection and you should notify your baby's doctor. After the cord falls off, you can give your baby a tub bath.

Jaundice

Many babies have some jaundice (yellow skin or yellowing of the whites of the eyes). This yellowing usually happens during the first weeks. The skin may look the most yellow on the third or fourth day of life.

- If breastfeeding, feed your baby often, at least every 2 to 3 hours.
- If bottle-feeding, feed about every 3 to 4 hours.
- Call your baby's doctor if yellowing gets worse or is not gone in a few days or if your baby is very sleepy and will not eat.

Nail Care

Use a nail file or an emery board to file your baby's finger or toe nails. This is safer than scissors or nail clippers. It may be easier to do this while your baby is asleep. Do not use nail clippers for 2 weeks.

Powders and Lotions

We recommend you do not use lotions or powder. These often have perfume and other additives which irritate your baby's skin.

Bath Time

Until your baby's umbilical (naval) cord falls off, sponge bathe your baby. Give a sponge bath until the circumcision is healed. You should never leave your baby alone in a tub (even with very little water or for a few seconds). To prevent burns, do not wash your baby's body or hair under a running faucet. Turn your water thermostat down (about 120 F) so the water will not get too hot. You need:

- A warm room without drafts
- A bathtub, pan, or sink big enough for your baby to sit. Put a towel on the bottom of the tub or pan to keep your baby from slipping
- A little water that is warm on your wrist or elbow
- Choose a mild soap (such as Dove®) or baby wash without perfumes and deodorants
- Clean towel and washcloth (cotton balls optional)

Sponge Bath

- Start with face and eyes. Use only clear water. Wipe each eye from inside corner toward ear. Use a different corner of the washcloth or new piece of cotton for each wipe.
- Wash the outer part of the ear and behind the ear, but do not put anything in the ear or try to remove wax.
- Wash hair by wetting head with water cupped in your hand. Put mild soap or baby wash on your hand then rub into your baby's head. Rinse hair by pouring water from cupped hand or cup over hair.
- Remove clothing and put your baby on towel or blanket.
- Wash body and legs with soapy washcloth. Rinse and pat dry.
- Wash diaper area well.
- For girls — separate skin folds (labia) and gently wash from front to back. Use only a small amount of soap and rinse well.
- For boys — wash in creases and folds.

Tub Bath

- Keep a firm hold on your baby. They can get very slippery.
- Hold your baby by putting your hand under him/her and grabbing the armpit furthest away from you. Keep your thumb over his/her shoulder. Rest your baby's head on your arm. Slip your other arm under his/her bottom and grab his/her far leg firmly. Gently lower your baby into the tub, feet first.
- Keep your hand on his/her shoulder while you use the other hand to wash and rinse.
- Use your free hand to wash all the hard-to-reach places like the neck and under the arms.
- Wipe off face, eyes, and ears while your baby is lying down outside the tub before or after the bath.

Clothing

- Dress your baby in the amount of clothes you would wear.
- On cold, windy, or sunny days, use a hat that will cover his/her ears.
- Choose clothes that do not have loose strings, buttons, or zippers.

Play Time

The most important thing your baby learns in his/her early days is that you love him/her and will take care of him/her. The best thing you can do is to pick your baby up and take care of his/her needs every time he/she cries. You cannot spoil a newborn. Your baby is learning and growing.

At birth, your baby can:

- See
- Hear
- Smell
- Taste
- Feel

Try to give your baby some activity for each of these senses. During this play time, it is a good idea for your baby to be on his/her tummy and his/her back. This change in position will help with stimulation and muscle strength.

- Babies see best 10 to 12 inches from their eyes.
- They like black and white things or other sharp contrasts.
- Your baby likes to look at faces more than anything else.
- Your baby mostly likes high-pitched sounds, like singing nursery rhymes.
- Your baby loves to hear you talk.
- It is never too early to start to read to your baby.
- Your baby will know you by your special smell and you will recognize his/her smell.
- Your baby loves to be touched, held, and stroked (like petting).
- Take some time to gently massage your baby's arms and legs.
- Take some time every day to just play with your baby.
- Please keep safety in mind.

Sleep

Some babies seem to sleep almost all of the time and others may sleep little and seem fussier. Both patterns are normal.

- Your baby should sleep on his/her back.
- Do not use pillows, bumper pads, heavy quilts, loose heavy blankets, or stuffed animals in the crib. A sleep sack is a good substitute for blankets.
- Babies will wake, need changing, feedings, may play a little, or may need some soothing before they go back to sleep again.

Do not expect your baby to sleep through the night for some time. By 3 months of age many, but not all babies, will sleep 7 to 8 hours at night.

- During nighttime feedings, change his/her diaper and feed your baby, but do not play or do other activity to wake him/her up.
- When your baby is older, he/she may waken during the night and settle back to sleep. Give him/her time to fall back to sleep at night before picking him/her up. If he/she is hungry, he/she will let you know.

Crying

Babies may fuss and cry to tell you they are hungry, have a dirty diaper, feel uncomfortable, or need to be held. Crying is the only way your baby can let you know what he/she needs. Sometimes even when your baby is clean, dry, fed, warm, and cuddled, he/she may keep crying. This can be very frustrating and upsetting. Many babies have a time each day (often in the evening) when they are fussy and irritable. Though it may drive you crazy at times, it is normal.

Here are some things that help:

- Babies like to move.
- Hold your baby close and walk, rock, or sway with him/her.
- Take a comfortable deep breath in and relax your shoulders and arms as you breathe out. This will help you feel more secure and relaxed.
- Try wearing him/her in a baby sling, or swaddle your baby and hold him/her close. Put him/her skin-to-skin on your chest so that his/her ear is over your heartbeat. (This works very well for dads.) A blanket covering both of you will be warm and relaxing.
- Sing or hum songs to him/her while you cuddle.
- Some background music or continuous "white" noise, like a vacuum cleaner running, can be relaxing.
- Try a baby swing. Roll up baby blankets or towels to prop your baby.

Frustrated or Upset?

Have a friend or relative take over the care of your baby for a while, especially if you start to feel like you are at your wit's end or might "lose your temper."

- Put your baby in his/her crib.
- Call someone to come over and help.
- Take a few minutes to relax and cool down.

- **After your helper arrives, a walk or drive to the store, a warm shower, or a nap will help you feel better.**

Some parents are afraid too much attention will “spoil” your baby. A newborn cannot be spoiled — he/she needs cuddling, rocking, and loving. When he/she cries, he/she needs more attention, not less. If your baby is fussing and crying for more than 3 hours a day and none of the above seems to work, call your baby’s doctor. Some babies have a condition called colic. A baby who has colic is usually healthy and growing and has excessive crying that cannot be soothed, no matter what you do. If your baby has colic, there may be more ideas or help your baby’s doctor can give you.

Newborn Stuffy Noses

All babies can be “stuffy” in the first 4 months of life. During that time, they do not know how to breathe through their mouth, except when crying. Even after that, nasal congestion can make sucking difficult.

To clean your baby’s nose, put 3 to 4 drops or 1 to 2 sprays of nasal saline in each nostril, then wait about 2 minutes while the congestion softens. Then clean each nostril using a nasal suction device. The best ones have a short, hard plastic tip and a rubber bulb, not an all-rubber bulb with a long rubber tip you may have been given at birth. You may need to squeeze the bulb as much as 8 to 10 times in a row. The nasal discharge may come out like a string.

Skin-to-Skin Care

Skin-to-skin care is beneficial for all mothers, fathers, and babies. The mother may designate others to use skin-to-skin care to benefit the baby. Skin-to-skin care is the placement of your baby between your breasts, with your baby’s chest flat against your chest (“heart to heart”).

Using skin-to-skin care soon after birth and often for the first year of life can have lifelong benefits to you and your baby. During the early hours and days after birth, skin-to-skin care helps your baby feel safe and secure. It helps your baby bond with you, and you with your baby. It also assists in keeping your baby warm, reducing stress, reducing pain perception after procedures, and promoting effective breastfeeding.

It helps if you wear a robe, shirt, or gown that opens in the front and remove your bra when using skin-to-skin care. Remove your baby’s clothing, leaving only the diaper on your baby. Position yourself in a slightly reclined position (about 25-45 degree angle) using your bed position at the hospital and pillows at home. Be sure you are comfortable. Cover your baby with 1 to 2 blankets, tucking the ends under your arms to secure your baby. Be sure to turn your baby’s head to the side with the chin slightly up to ensure your baby can breathe (maintains an open airway). This position allows your baby to have maximum contact with you.

Taking a Temperature

You cannot tell if a person has a fever by feeling his/her forehead. You need to use a thermometer and always use a digital thermometer. The most accurate way to take a baby’s temperature is rectally. A temperature may be measured as Fahrenheit or Centigrade. Check with your baby’s doctor about the best way to take your baby’s temperature. Contact your baby’s doctor for temperature over 100.4 F (38 C).

Safety

Keeping Your Baby Safe

Accidents kill more children in the United States than all diseases put together. Keeping your baby from having an accident is your job. Here are some things you can do to keep your baby safe.

- Support the back of the head when picking your baby up or holding your baby.
- Don't prop bottles. Your baby can spit up milk and breathe it into his/her lungs.
- Never leave your baby home alone or with other children.

Once at Home — Preventing Abduction

The National Center for Missing and Exploited Children has created the guidelines listed below to provide good, sound parenting techniques to help prevent abduction of babies once taken home.

1. Do not allow anyone into your home who says he/she is affiliated with the facility without properly verified identification as issued by that facility. Find out what additional or special identification is being worn to further identify those staff members who have authority to enter your home.
2. Consider the risk you may be taking when permitting your baby's birth announcement to be published in the newspaper or online. Birth announcements should never include the family's home address and be limited to the parents' surname(s). In general, birth announcements in newspapers are not endorsed by most experts. Also use caution when communicating with those on social media and carefully consider what you post on your social media pages about your baby and you. Specifically do not include the mother's first name or home location when posting the announcement, and remember

what information is already posted in online profiles that could provide these details.

3. Know the use of outdoor announcements, such as signs, balloons, large floral wreaths, and other lawn ornaments, are not recommended to announce a birth because they call attention to the presence of a new baby in the home.
4. Allow only people into your home who are well-known by the mother. It is ill-advised to allow anyone into your home who is just a mere or recent acquaintance, especially if met briefly since you became pregnant or gave birth to your baby. There have been several cases in which an abductor has made initial contact with a mother and baby in the health care facility setting and then subsequently abducted the baby from the family home. If anyone should arrive at the home claiming to be affiliated with the health care facility where your baby was born or other health care provider, remember to follow the procedures outlined above. A high degree of diligence should be exercised by family members when home with your baby. Your baby's family is the domestic security team for their family. All family members should be sensitive to any suspicious visitors.

In addition, there have been cases in which initial contact with a mother and baby was made in other settings, such as clinics, doctors' offices, shopping malls, and bus stations. When taking your baby out, whenever possible, take a trusted friend or family member with you as an extra set of hands and eyes to protect and constantly observe your baby. Never leave a child alone in a motor vehicle even if just for a few moments to run a short errand, such as paying for gas, as it is too easy for someone to steal the car. Always take the child with you. And never let someone you don't know pick up or hold your child.

General Safety

- Be sure your home has smoke alarms and carbon monoxide detectors and that they have batteries and are working properly.
- Have a fire exit plan.
- Keep a list of emergency phone numbers next to your telephone.
- Never leave your child home alone, not even “just for a minute” to run to the neighbors.
- Never leave your baby alone with young brothers or sisters who do not understand how helpless he/she is.
- Never leave your baby where pets can reach him/her.
- Never shake your baby or small child.
- Don’t tie pacifiers around your baby’s neck.
- Do not carry hot liquids or food and your baby at the same time. Do not keep hot liquids around your baby.
- Do not smoke around your baby and do not allow anyone else to do so. Secondhand smoke can hurt your baby’s lungs.
- In pleasant weather, outside air is good for your baby, but do not leave him/her in the direct sun. Babies’ tender skin burns easily and quickly. Begin using sunscreen at 6 months of age.

Car Safety

Infants must always ride in car safety seats. It is the law in all 50 states. Be sure to read and follow the directions for your specific car seat and the motor vehicle that you will be using it in.

- When in a motor vehicle, your arms are the most dangerous place for your baby.
- In a low-speed, 30-mph crash, the force on your baby is like falling from a 3-story building. If you are not using a seat belt, your baby would be crushed between you and the windshield or dashboard.
- Refer to your vehicle owner’s manual for correct car seat placement. Infants and children under 20 pounds and less than 1 year-old should be placed in a rear-facing car seat. Make sure the safety belt or LATCH system is holding the seat tightly in the vehicle and that the seat is placed in a belt or LATCH position.
- The seat should not move more than 1 inch forward or sideways. When checking to make sure the seat is secure, place hands over the belt path and NOT over the top of the seat. The top of the seat should be able to move to allow absorption of crash forces in the event of a crash.
- It is best to start with a small, infant-only car seat to protect infants from birth to 20 to 22 pounds.
- An infant can progress to a convertible seat once they have reached the maximum weight or height requirement for the infant-only seat. A convertible seat can be used for rear-facing or forward-facing, depending on the weight and age of the child. Always make sure your baby is within recommended height and weight limits for your car seat.
- The seat for an infant should be rear-facing until the child is over 20 to 22 pounds and 1 year-old. It is now recommended that infants and toddlers remain rear-facing until the age of 2 or the maximum weight recommendation for the seat. Some convertible seats can be used rear-facing for up to 35 pounds. Read your car seat manual for specifics about your baby’s car seat.
- Never place a rear-facing infant seat in the front passenger seat in front of an activated air bag.
- When your baby is placed in a rear-facing seat, make sure the seat is secured at a 45-degree angle.

- As your baby grows, keep the shoulder harness strapped at or below your baby's shoulders as long as they remain rear-facing. You should not be able to pinch any of the webbing material between your fingers. The chest clip should be placed at the infant's armpit level to keep the straps securely in place and to avoid harm to the internal organs in the event of a crash.
 - The safest place for children 12 and under to ride in most motor vehicles is in the back seat. A child 12 and under should never ride in a seat with an activated front air bag.
- Read your motor vehicle owner's manual for specifics about your vehicle.
- Whenever possible, an adult should be seated next to the infant in a car seat for direct observation of the infant while traveling.
 - Minimize the amount of time that your baby spends in a car seat for the first several months to only that which is absolutely necessary.
 - Never leave your child unattended in a car for any reason — even for a minute.

Resources

My Baby's Doctor's Phone Number: _____

My Doctor's Phone Number: _____

Family Birthing Center: **814-676-7845**

WIC of Venango County: **814-678-7766**

State Health Center

Venango County: **814-677-0672**

Clarion County: **814-226-7180**

Crawford County: **814-332-6947**

Forest County: **814-755-3564**

Poison Control Center: **1-800-222-1222**

PA SIDS Alliance: **1-800-721-7437**

UPMC Physician Referral: **1-800-533-8762**

Once again, congratulations from UPMC Northwest on the birth of your baby. Thank you for letting us be part of this very important time in your life.



UPMC Northwest

100 Fairfield Drive
Seneca, PA 16346

814-676-7600

UPMCNorthwest.com

To make an appointment, or for more information, call **1-800-533-UPMC** or visit us at **UPMC.com**.

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