



# MOM & BABY BASICS

[sentara.com/maternity](https://sentara.com/maternity)



## Call 911

### Postpartum Symptoms:

- ~Pain in your chest
- ~Shortness of breath
- ~Seizures
- ~Thoughts of hurting yourself or your baby

## Call Your Doctor

### Postpartum Symptoms:

- ~Temperature of 100.4 F or greater
- ~Excessive bleeding with large clots
- ~Unusual pain or tenderness in the abdominal area
- ~Redness, heat, swelling, drainage, opening of abdominal incision
- ~Excess fatigue that interferes with daily activities
- ~Pain in lower leg or uneven swelling
- ~Foul smelling vaginal discharge
- ~Unrelieved headache

## Call 911

### Baby Symptoms:

- ~Difficulty waking baby
- ~Difficulty breathing, choking
- ~Bright red bleeding from circumcision that will not stop

## Call Your Doctor

### Baby Symptoms:

- ~Temperature below 97 F or above 100.4 F
- ~No wet diapers within 24 hours
- ~Persistent vomiting
- ~Refuses feedings
- ~Bright red bleeding from umbilical stump
- ~Foul odor or drainage from umbilical stump
- ~Any rash that does not clear up
- ~Signs of jaundice (yellow eyes/skin)
- ~If you believe your baby to be in pain

North Carolina and Virginia Poison Control Center: 1-800-222-1222

Up to date resources for Car Seat Requirements: 1-800-732-8333 • [www.buckleupnc.org](http://www.buckleupnc.org)

MOST NEW AND EXPERIENCED MOTHERS RECOVER  
WITHOUT PROBLEMS OR COMPLICATIONS.

MOST BABIES GROW AND THRIVE WITHOUT  
PROBLEMS OR COMPLICATIONS.

ALTHOUGH RARE, THE SIGNS AND SYMPTOMS  
LISTED ON THE OTHER PAGE ARE CONCERNING AND REQUIRE  
IMMEDIATE MEDICAL ATTENTION.

PLEASE TEAR OUT AND PLACE ON  
REFRIGERATOR FOR REFERENCE.



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## ***Happy Birthday, Baby!***

Congratulations on the new addition to your family. We realize you've probably spent the last few months eagerly awaiting your baby's arrival. Now that your baby is here, you want his or her first days to be special. This guide will answer many of the questions you may have about taking care of yourself and your baby during the next few weeks. Sentara takes your baby's safety seriously. Your nurse will review our safety and security guidelines with you and your family. Please let your nurse know if you have any questions or concerns.

During your stay with us, we'll teach you the new baby basics, so you'll feel confident taking care of your baby when you get home.

## **TAKE GOOD CARE OF YOURSELF**

During the first few days and weeks of your child's life, your needs can easily take a back seat to taking care of your baby. Remember that you need special attention now, too. When you go home, you should take it easy for the first couple of weeks. Listen to your body and get plenty of rest. A good rule to follow is to sleep when your baby is sleeping. An increase in vaginal bleeding and/or increased pain is one sign that you are overdoing it.

Talk with your physician regarding activity restrictions, and try to limit trips up or down stairs. Don't lift anything heavier than your baby for the first few weeks. Lift baby and other objects by bending at the knees.

You can begin postpartum exercise while you are in the hospital by starting with Kegels and walking around the unit. Start with short distances and increase gradually. Limit automobile rides for the first couple of weeks.

## **ACCIDENT/FALL PREVENTION AT HOME**

- Wear slippers with non-skid soles while walking if you have floors without carpet.
- If you feel dizzy, weak or light-headed when you get up, ask for help.
- Be very careful if you have area rugs or throw rugs.
- Make sure that your walking areas are clutter free and that stairs are clear. Be sure to use the handrails when going up or down the stairs.
- Pets can be a trip hazard if they are underfoot.
- Place your baby in their crib when you feel drowsy, so that they are protected from falls as well.
- Be cautious walking with your baby in your arms while taking pain medication.



## YOUR SPECIAL CONCERNS

### MENSTRUATION

You will have a menstrual-like flow (lochia) for about four to six weeks. For the first couple of days, the flow will be bright red. It will gradually change in color to pink after three or four days, then yellowish-white after 10 days. Bleeding may increase with activity. Heavy bleeding with clots should be reported to your doctor. Douching is not recommended. Tampons should not be used during the postpartum period, as they could easily lead to infection.

If you do not nurse your baby, you can expect to have your first period six to eight weeks after the baby is born. Nursing mothers may not start menstruating again for several months and/or until they stop nursing. Your first period may be heavy.

Your period may also be irregular for the first couple of months. Just because you are not having a period does not mean you are not ovulating, and **you can become pregnant while breastfeeding**. Consult your doctor about birth control.

### PERINEAL CARE

Continue to use your peri bottle after each toilet use for seven to ten days. Pat the area dry with tissue. Always wipe from front to back to help prevent infection. You may use mild soap when washing.

Your perineum may be tender and sore for several days to two weeks, especially if you have stitches. Your stitches will dissolve on their own. To relieve discomfort, you can do several things:

- Kegel exercises will improve blood flow to the area and speed healing.
- An anesthetic spray or foam can be used to lightly numb the area around your stitches.
- Take a sitz bath, in a clean tub or with a sitz bath basin, by sitting in about four inches of very warm water for 10–20 minutes, three to four times a day.
- Take pain medication, such as acetaminophen or ibuprofen according to the package instructions to help decrease swelling and pain. Prescribed pain medication may be ordered by your physician, if needed.

## BATHING

When you go home, you may shower or bathe at any time, unless instructed otherwise by your physician. Avoid using powders, perfumes, lotions, etc., near or on your abdominal or perineal incision or stitches. If you are breastfeeding, avoid using powders, perfumes, lotions, or soap on your nipples.

## SEX

Your doctor will advise you how long to wait before having intercourse. Most physicians recommend waiting four to six weeks. Even after your doctor gives you the go-ahead, you may find that you're not very interested. This is normal and may last several weeks to several months. Fear of intercourse because of pain contributes to these feelings. Use of a water-soluble lubricant (K-Y Jelly, Lubrafax) may help the first few times intercourse is attempted. A slight change in position, including the use of a pillow to raise the hips, may help ease discomfort. Any other problems or questions concerning sex should be discussed with your doctor. Do not forget birth control, talk to your physician about the best choice for you.

## CARE OF YOUR BREASTS

- Breastfeeding mothers - Please refer to the "Guide for Successful Breastfeeding" provided to you by our lactation consultants.
- Bottle feeding mothers—Approximately three to five days after you give birth, your breasts will swell and fill with milk. This may be uncomfortable for several days and may also cause leaking. Following are some things you can do to help manage during this time:
- Wear a supportive bra 24 hours a day for at least two weeks.
- Avoid anything which would stimulate your breasts, such as facing the shower head, clothes rubbing on nipples, and/or frequent touching or handling of your breasts.
- Avoid running hot water over your breasts.
- Place an ice pack under each armpit to help decrease swelling and pain. Ice packs can be made from: small frozen bags of vegetables, frozen unpopcorned popcorn, frozen sealed bag of rice, or anything small and frozen in a sealed bag.
- Apply fresh cold cabbage leaves to your breasts; reapply every 15 minutes.
- Take pain medication, such as acetaminophen or ibuprofen according to the package instructions to help decrease swelling and pain.
- DO NOT use any kind of breast binding—this could damage your breast tissue.
- There are no safe medications that will "dry up" your milk.



## YOUR DIET

Well-balanced meals are an important part of your diet. Your body has been through a lot and needs good nutrition for healing. Eat regularly even though your busy schedule and desire to lose weight may tempt you to skip meals. Your doctor will tell you if you have any special dietary needs. Eat extra protein daily and continue to take your prenatal vitamins.

Excessive dieting can reduce the quantity of breast milk if you are nursing. Nursing mothers have greater nutritional needs. You will need about 300 to 500 calories a day more than usual. You should include adequate sources of calcium in your diet. Some calcium-rich foods include cheese, milk, yogurt, green leafy vegetables, sardines and salmon. Drink if you are thirsty, at least eight glasses of water per day. Limit caffeine and sugary drinks.

## DIGESTION

Labor can cause decreased muscle tone of the bowels immediately following delivery. You may not have a bowel movement for up to three days after delivery. Hemorrhoids, having stitches, and lack of fluids can also disrupt normal digestion. One of the side effects you may experience when taking pain medications is constipation. To prevent constipation, you need to drink at least eight glasses of water each day. A diet with lots of fruits and vegetables will also assist in preventing constipation. If you continue having difficulty moving your bowels, consult your doctor about laxatives or suppositories. If you have hemorrhoids; you may get relief from sitz baths, anesthetic spray or foam, cool astringent compresses (such as Tucks), or rectal suppositories. If hemorrhoidal symptoms persist, contact your doctor.



## GAS PAIN MANAGEMENT

Patients frequently complain of gas pain after a cesarean delivery. If you experience this problem, the following activities may help relieve your discomfort:

- Walk
- Turn from side to side in the bed.
- Lie on your back with your legs extended and a pillow under your knees. Slowly raise your right leg and move it toward your abdomen, bending it at the knee and at the hip. Put your hands on your knee and pull your leg down on to your abdomen. Hold this position for a count of 10, then slowly lower your leg back onto the bed. Take two or three deep breaths and repeat the exercise with your left leg. Expel gas during the exercise as you feel the need.
- Decrease gas-producing foods such as dairy products, carbonated beverages, and greasy foods. Try eating smaller, more frequent meals. If you are discharged with an order for pain medications, take them as prescribed. Consult your physician if you have any questions.

## EXERCISE

Start out slowly and increase the amount of exercise gradually. You should also begin with simple exercises and build up to the more strenuous exercises. Remember, toning of your stomach muscles will take time. An increase in bleeding and/or feeling unusually tired are signs that you are overdoing it. If you had a cesarean section, ask your doctor when you can begin exercising.

Kegel exercises are encouraged to help restore muscle tone. This exercise consists of contracting the muscles of the perineum with enough force to stop a stream of urine. The contraction is held for a few seconds and then released. The exercise is repeated ten times at least five times each day. Strenuous exercises, such as aerobics or jogging, should be delayed until six weeks after delivery, unless instructed otherwise.

## AFTER A CESAREAN SECTION

If your baby was delivered by C-section, there are a few additional things that you need to know. You have just gone through a major surgery, and your recovery period will be a little longer than recovery after a vaginal birth. You may also experience added discomfort from the incision, so make sure that you take your pain medication, even if you are breastfeeding. This will allow you to get up and move around easier, which will help you heal faster. Avoid driving a vehicle for at least the first two weeks and while continuing to take your prescribed pain medications. Gas pains are often a source of discomfort after a C-section. Walking and following the exercises listed in the Gas Pain Management section of this booklet will help you.

Keep an eye on your incision daily to make sure that it is healing in a healthy way. Avoid direct heat and ice on your incision. After showering or bathing, be sure to thoroughly dry your incision. If you see any redness, swelling, or drainage from your incision, immediately call your doctor. Make sure you don't lift, push, or pull anything heavier than your baby. Another important way to protect your incision is to cover it with a pillow and apply gentle pressure when turning, sitting, coughing or practicing your deep breathing. This will decrease the amount of discomfort and any pulling on the incision. If breastfeeding, you may find that the football or side-lying positions are the most comfortable.

## YOUR POSTPARTUM EXAMINATION

An important part of your recovery is following up with your provider. Please call when you get home to schedule a follow-up appointment per your discharge instructions.

## FOLLOW-UP PHONE CALLS

After your discharge you may receive phone calls to check on your progress, to ask for feedback about our services, or to support you if you are breastfeeding. Please take these opportunities to ask questions.



## YOUR EMOTIONS

For nine months, you and your partner have gone through many adjustments of pregnancy. Anxiety and depression is the #1 complication of pregnancy and childbirth, affecting up to 1 in 5 new mothers. During the postpartum period your hormone levels are adjusting to this major life change, pace yourself and don't feel guilty for needing more rest and time for yourself.

If these feelings should become overwhelming and interfere with eating, sleeping, or taking care of the baby, **CALL YOUR DOCTOR IMMEDIATELY.**



Some signs of postpartum depression include:

- Overwhelmed
- Anxious
- Sad
- Guilty
- Irritable
- Hopeless
- Exhausted but can't sleep

If you feel you might harm yourself or your baby contact 911 or go to the nearest emergency room.

**NATIONAL  
HOPELINE  
NETWORK  
1-800-SUICIDE  
(784-2433)**

**POSTPARTUM SUPPORT  
VIRGINIA RESIDENTS:  
INFO@POSTPARTUMVA.ORG  
NORTH CAROLINA RESIDENTS:  
HTTPS://PSICCHAPTERS.COM/NC/**



## WHEN TO CALL THE DOCTOR

Seek immediate medical attention by **calling 911** if you experience:

- Pain in your chest
- Shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call your doctor if you experience:

- Chills
- Fever over 100.4 degrees F
- Excessive pain during urination
- Red and tender swollen area on one part of the breast
- Redness, swelling, drainage or opening of your incision
- Excessive bleeding with large clots
- Unusual pain or tenderness in the abdominal area
- Foul odor of your vaginal discharge
- Signs of postpartum depression
- Unrelieved headache
- Pain in your calf
- Severe pain under your right breast
- Changes in vision

These signs/symptoms may be caused by infection, blood clot/DVT, high blood pressure/pre-eclampsia, heart problems, breast infection (mastitis), uterine infection, incisional infection, urinary tract infection, or postpartum depression.



## BABY CARE INSTRUCTIONS

### JAUNDICE AND YOUR BABY

Jaundice is one of the most commonly treated medical conditions in healthy newborns. Jaundice is the build-up of bilirubin in the blood, which causes your baby to have a yellow color in the skin. Jaundice is easier to see in daylight or under fluorescent lights, and may be harder to see in babies with darker skin tone. Jaundice usually appears first in the face and moves to the chest, abdomen, arms and legs as it increases. The whites of the eyes may also become yellow. Babies who are jaundiced may be irritable, fussy, or hard to wake, and have difficulty feeding. Jaundice is more common in babies who are breast fed than babies who are formula fed.

When red blood cells are broken down, bilirubin is produced. Before delivery, your liver removed bilirubin for the baby, but after delivery it is common for the baby's liver to take a few days to get better at removing bilirubin. Most babies have mild jaundice that is harmless, but some have higher levels that need to be treated to avoid long-term complications.

Most jaundice requires no treatment. When treatment is needed, your baby is simply placed undressed under special lights in either the hospital or at home. You should not put your baby in direct sunlight to attempt to treat the jaundice as the baby may become cold or sunburned. You may be asked to supplement your baby with expressed breast milk or formula until your milk catches up to your baby's needs. Adequate feedings of breast milk or formula for your baby promotes elimination of the bilirubin in the stool. If your baby is not stooling, the bilirubin can be reabsorbed into the baby's system. Breast feed your baby 8-12 times in 24 hour period and remember that colostrum acts like a natural laxative.

If your baby is sleepy while nursing, stimulate baby by:

- Rubbing feet
- Placing baby skin to skin
- Rubbing back
- Changing diaper

Generally, the jaundice will subside in about 7 to 10 days. If your baby shows signs of jaundice longer than two weeks, you should consult your baby's doctor. Your baby's bilirubin level was checked in the hospital, and may need to be checked again 1 to 3 days after discharge (3 – 5 days of age) because this is frequently when the bilirubin level is the highest.

Babies at higher risk of developing jaundice:

- Born at 37 weeks or earlier.
- Have a high bilirubin or jaundiced in the first 24 hours.
- Not breastfeeding well.
- Blood type incompatibilities.
- Breastfeeding well and your milk has not come in fully.
- Bruising.
- A sibling who was previously treated for a high bilirubin.
- Jaundice that was treated during your hospital stay.



## NEWBORN SCREENINGS

Metabolic, cardiac, and hearing screens were completed on your baby while you were in the hospital. In the event that your baby needs to stay for an extended period of time, the schedule for screening may change. Please refer to the pamphlets given to you for details about these tests. If your baby needed a follow-up test please make sure that you have an appointment scheduled.



## TAKING CARE OF YOUR BABY

The responsibility of a new baby can feel a little overwhelming at first. There's so much to learn, and you want to do it all just right. Despite your concerns, it will all seem like second nature in no time. Try to relax and enjoy your baby. Also, trust your own instincts. Every baby has his or her own personality. Eventually, you will be the expert when it comes to your own baby.

### FEEDING YOUR BABY

Breastfeeding is the most nutritious choice for your baby. Benefits of breastfeeding include bonding and cost effectiveness. Breast-fed babies are less likely to have ear infections, respiratory illness, diarrhea, allergies and constipation. Breast milk is also easier for your baby to digest.

Once you go home, if you have questions, you may refer to the "Guide for Successful Breastfeeding" that was given to you in the hospital for further information and telephone numbers to reach your lactation consultant.

You may choose to feed your baby with infant formula. Discuss with your pediatrician the formula types and

preparation. Follow the directions on the container. **DO NOT WATER DOWN OR DILUTE THE FORMULA.** This can be harmful to your baby and prevent your baby in getting the necessary nutrients he or she needs. If you are using formula but are having trouble affording it, please talk with your pediatrician, local health department, food pantry or social services agency. When preparing your baby's bottle:

- Always wash your hands first.
- Clean bottles in hot, soapy water or dishwasher.
- Never heat infant milk in the microwave.
- Always test infant milk by shaking a few drops on your wrist.
- Throw away any remaining milk as bacteria can grow in the formula when left out for more than one hour.
- When making formula for the day, remember it is only good for 24 hours when refrigerated.

Please refer to <https://www.cdc.gov/cronobacter/prevention.html> for more information regarding feeding your baby.

## KEEP YOUR COOL! NEVER SHAKE YOUR BABY!

Having a baby is a very exciting and happy event, however it can also be a very exhausting time. Your sleep patterns have changed, your body may be physically tired from a new experience, and your hormone levels are fluctuating. Add in the stress of learning many new things at once, caring for a newborn, and overcoming any feelings of self-doubt, and you could become frustrated and overwhelmed. You may not have as much patience as usual, and you may have mixed feelings toward the baby when he or she cries. Babies cry for many reasons, and some cry more than others. Crying is your baby's way of communicating to you that they need something, such as a diaper change or they may be hungry, tired, bored, or overstimulated. Sometimes babies cry no matter what you do to try to comfort them. Many of the feelings that you may have during the baby's crying are normal, below are some things you can try to calm your baby.

### TECHNIQUES TO CALM A BABY:

- Check to see if baby needs a diaper change, is hungry, or is running a fever.
- Lay baby down in a crib, walk away and see if he/she will calm down on his/her own.
- Snuggle baby close to you and walk or rock slowly while speaking or singing softly.
- Place baby securely in a baby swing.
- Go for a ride in the car or a walk with the stroller.
- Massage baby's back.

### TECHNIQUES TO KEEP YOUR COOL:

- Take a break from time to time; ask a trusted friend or relative for help.
- Talk with someone about how you are feeling.
- Seek out parent support groups.
- Check with your Primary Care Physician if the crying is excessive over extended periods of time.

Shaken Baby Syndrome is a form of head trauma that occurs when a frustrated caregiver "shakes or slams" a child. Most often this occurs because the caregiver cannot stop the baby from crying.

Shaking your baby can cause:

- Blindness
- Seizures
- Learning disabilities
- Physical disabilities
- Death

**REMEMBER,  
NEVER SHAKE A BABY!**



## TAKING CARE OF YOUR BABY

### THE BATH

Your baby should be bathed every 1 to 3 days. Give your baby a sponge or tub bath per your pediatrician's recommendations. You will need the following items:

- Towel
- Wash cloth
- Mild soap/shampoo
- Change of clothes
- Diaper

Never leave your baby unattended. Keep one hand on the baby at all times. Have everything you need within reach. Test the water before placing your baby in the bath. It should be warm, not hot. Make sure the environment is warm and free from drafts. Then, follow these steps:

- Wash one area at a time. Go from head to toe. Begin the bath by washing the face with plain water and a soft cloth—do not use soap. To keep the eyes clean, remember to wash from inner to outer eyelid. Call your Primary Care Physician if you note any green or thick crusty drainage around the eyes.
- Wash the baby's body, arms and legs using only water for the first week, then a mild soap may be used. Using a separate cloth, wash the baby's bottom and genital area. For washing boys, please refer to the circumcision handout for more information. When washing girls, be sure to wash from front to back to prevent bladder infections.
- The last step is washing the infant's hair (football hold is recommended). Try to avoid getting water in the ears. Wet the hair and use a mild soap/shampoo. Some infants may get cradle cap (dry, scaly scalp). Use a soft brush on scalp and dry the head thoroughly.
- Pat the baby dry and dress.
- Avoid taking the baby out into cold weather immediately after a bath.

## VOIDING AND STOOLING PATTERNS

Your baby should have six to eight wet diapers per day and one to five bowel movements a day. Some babies only have a bowel movement every other day or so, and this can be normal too. Stools may be yellow, brown or green and may be firm, loose or pasty. Generally, breast-fed babies have more frequent, looser bowel movements than formula-fed babies. Watery stools indicate diarrhea, and hard stools indicate constipation. Some babies may grunt and turn red when moving their bowels, and as long as the stool is soft, the baby is not constipated.

## UMBILICAL CORD CARE

Keep the umbilical cord clean and dry. Moving the cord around to clean does not hurt the baby. The cord should fall off within approximately two weeks. Make sure the diaper does not cover the cord.

## DIAPERING

If you use disposable diapers, make sure they are not too tight. Wash cloth diapers in a mild soap with no extra chemicals (like fabric softener) added to the water. Plastic pants should be loose, not tight-fitting.

## DIAPER RASH CARE

No baby likes to be wet, so change the diapers frequently. After each bowel movement, clean the diaper area thoroughly. Some babies have sensitive skin and react to diaper wipes. You may use mild soap and water. If your baby does get a rash, you may use a diaper rash ointment.

## MANAGING BABY'S DISCOMFORT

There are several things you can do to help comfort your baby, such as:

- Swaddling
- Holding
- Talking to baby
- Rocking
- Breastfeeding
- Pacifier





## TAKING CARE OF YOUR BABY

### DRESSING YOUR BABY

A baby does not require any more clothing than an adult. Dress your baby as you would yourself—according to the temperature. Do not bundle your baby in a blanket for sleeping.

### COMMUNICATING WITH YOUR BABY

Newborns sleep most of the time in between feedings, but as the baby gets older, there will be an increase in periods of being awake. Babies need and enjoy stimulation, as well as tummy time during play. Cuddle, rock, gently stroke, talk and sing to your baby. Babies can see and hear. Bright-colored mobiles that play music and small smooth rattles are wonderful toys for the newborn. Nothing is as fascinating as the human face and voice!

### USING THE BULB SYRINGE

The bulb syringe can be used to remove any mucus in your baby's mouth or nose that may hinder breathing. To correctly use the syringe, squeeze/collapse the bulb first and then insert the tip of the syringe into the baby's mouth or nose. Release the pressure on the bulb to allow the suction to occur. Remove and begin the process again. The bulb syringe you received in the hospital, should be replaced with a wide tip bulb syringe that can be taken apart for easy cleaning. The bulb syringe should be cleaned in warm soapy water.

### TAKING YOUR BABY'S TEMPERATURE

Use a thermometer that is designed for use with newborns. Under the arm is the most accurate and safest way to obtain a newborn's temperature. Follow package instructions. Please refer to your baby's doctor with questions regarding different types of thermometers.



## TAKING CARE OF YOUR BABY

### WELL-BABY DOCTOR VISITS

During the first year, your baby should have regular examinations even though he or she is apparently well. If born premature, your baby may be eligible for Early Intervention Services. Follow-up as recommended by your baby's doctor, and do not miss appointments so that baby's milestones can be documented. Your baby will also receive immunizations against preventable diseases such as diphtheria, tetanus, whooping cough, polio, measles, and others. Keep good records of your child's immunizations, as they are required for school and day care attendance.

### WHEN TO CALL THE DOCTOR

**Call 911** if your baby has:

- Bright red bleeding from circumcision that won't stop.
- Difficulty waking baby.
- Difficulty breathing, choking.

Call the doctor if your baby has:

- Temperature less than 97 degrees or more than 100.4 degrees.
- Foul odor or drainage from umbilical stump.
- Bright red bleeding from umbilical stump.
- No wet diapers within 24 hours.
- Any rash that does not clear up.
- Persistent vomiting.
- Signs of jaundice (yellow skin or eyes).
- Refuses feedings.
- If you believe your baby to be in pain.
- Any unusual change in behavior
- Lime green vomit



## SAFE SLEEP ENVIRONMENT

Every year infants die as a result of unsafe sleeping environments. The American Academy of Pediatrics recommends the following guidelines to reduce the risk of Sudden Unexpected Infant Death (SUID):

REMEMBER THE ABC'S OF SAFE SLEEP.

- **A-Alone:** Never sleep with your baby in the bed, chair or couch.
- **B-Back:** Always place your baby on his back for sleep.
- **C-Crib:** Always place your baby in a crib or bassinet with a firm mattress and a fitted sheet.
- Never have pillows, blankets, bumper pads, stuffed animals, or loose bedding in the crib.
- Room sharing for at least 6 months to one year.
- Only bring your baby to your bed with no pillows, sheets or blankets near baby when feeding or comforting.
- Never sleep with your baby!
- It is unsafe to fall asleep in a recliner while holding your baby. Please place your baby in his bed when you are tired.
- Consider using a clean pacifier when placing your baby to sleep (if breastfed, use once breastfeeding is well established).
- Avoid using products that claim to prevent SUID: always talk to your healthcare provider.
- Routine sleep is not recommended in any form of infant seat carrier, strollers, swings, or infant slings.
- Reduce the risk of flat spots developing on baby's head: provide "Tummy Time" while awake and avoid long periods in car seats, carriers, or bouncers.
- Prevent your baby from overheating at night: dress infant in light sleeper and keep room temperature between 65-70.
- Avoid smoking around your baby. This includes second-hand smoke including clothes, furniture, etc.

If after reading this information you have additional questions, please contact your baby's physician.

## POISON PREVENTION

If your child ever swallows a substance that could be poisonous, call the Poison Control Center immediately. Remember that many substances, such as children's medicine and vitamins, can be poisonous if your child takes more than the recommended dosage. The Poison Control Center will ask what your child ate or drank, how much they swallowed, and their age and weight. Do not give any emergency treatment on your own, the Poison Control Center will tell you what you should do.

The North Carolina and Virginia Poison Control Center number is: 1-800-222-1222, put this phone number in your cell or near home phone.

To prevent poisoning:

- Keep medications and household products in the original container.
- Lock them up and put where children cannot reach them.

## CAR SEATS

Please refer to the following resources for your most current state law requirements.

- 1-800-732-8333
- [www.buckleupnc.org](http://www.buckleupnc.org)



## CAR SEAT PROGRAMS

Car seats may be available to families through your local health department. The health departments require that you take a class on how to install and correctly use the car seat before they will issue you a car seat. You should call and make arrangements for this class several weeks in advance. Seats are issued and picked up at the health department. The number for the Virginia Department of Health Child Passenger Safety information line is 1-800-732-8333. A second source from the state, if any seats are available, can be found by calling 211 or visiting [www.211virginia.org](http://www.211virginia.org). North Carolina residents please check out [www.buckleupnc.org](http://www.buckleupnc.org) for programs available in your county.

## USING YOUR CAR SEAT WITH YOUR NEW BABY

In order for your car seat to function properly, it must be installed and used correctly. The following are some reminders that can help you ensure your baby's safety and comfort when he or she travels in a car safety seat:

1. For your baby's safety, it is VERY IMPORTANT that you read and follow the instructions which come with the safety seat (instructions vary with different manufacturers). Products such as head positioners and seat inserts that were not with the seat when purchased should not be used.
2. Your new baby's safety seat should:
  - Meet federal safety standards.
  - Be an infant-only or convertible safety seat.
  - Be a new or used seat that has the manufacturer's instructions and all working parts. Refer to the expiration date.
  - Have no cracks in the shell of the seat or damage to the straps or buckles.
3. To dress your baby for a safe ride:
  - Put your baby in a legged suit; do not use any other types of clothing unless it has a slit cut for the harness straps.
  - Do not dress your baby in bulky clothes or wrap in a blanket. This can make the harness straps and retainer clip fit improperly, and can cause overheating.
  - Do not place anything behind your baby or under the baby's bottom. This would prevent your baby from being secured safely with the straps.
4. Follow car manual and car seat instructions on how to install and position your baby in the safety seat.
5. Your local AAA, fire department, rescue squad, or police station may be able to assist you with car seat installation.
6. You can also check [www.safekids.org](http://www.safekids.org) for car seat technicians. North Carolina residents please visit [www.buckleupnc.org](http://www.buckleupnc.org).
7. Never take your baby out of the safety seat while the car is moving. Find a safe place and stop if your baby needs attention. Your baby will be safe and, as he or she grows older, will understand that riding in the car means being buckled up – always!



## HOME SAFETY

### SIBLINGS

Suggestions to help these situations:

- Try to ignore or down play regressive behaviors.
- Praise for age-appropriate behaviors, such as dressing or playing by themselves.
- Allow siblings to touch and hold baby when interested, with supervision.
- Teach them what they can do with/ for baby, not just what they can't do.
- Acknowledge negative feelings, or help them to express these feelings. With your understanding, you both can then problem solve as to what will help them feel better.
- Be firm that hitting or any type of forceful act is not allowed.
- Plan activities or snack for sibling when parent is busy with the baby.
- Give the sibling a new doll or stuffed animal to take care of alongside parent.
- Plan a specific time each day for each parent to spend with sibling to allow for that special "alone" time.
- Encourage relatives or friends to spend time with sibling, either playing in the home or taking a fun outing.
- Have small presents for the older child for those times when he or she might be feeling left out.
- Model how to play with the baby, and then emphasize how the baby reacts through reaching or smiling at them.

## WATER SAFETY

Children must be watched/supervised by an adult at all times around water. Children can drown in only an inch or two of water. Always stay within an arm's reach of children while they are in/around water. Never leave your child unattended to answer the phone, retrieve something you forgot, care for another child, etc.

Some additional safety precautions to follow:

- Keep young children out of the bathroom unless you are with them; keep the doors closed at all times.
- Keep all hot tubs and whirlpools covered with a lockable cover.
- Keep swimming pools locked (or the gate surrounding them locked) at all times when not in use.
- Keep any chemicals, etc used for cleaning/maintaining hot tubs, pools locked and covered or dispose of them after use.
- Watch children closely near open holes, wells, fountains, pools, lakes, rivers, etc. Be sure to fill in open holes in your yard.
- Learn CPR (it's usually offered by the Red Cross or local hospitals).

## TIPS TO PREVENT SCALDING BURNS

Children ages four and under are at the greatest risk of burn trauma causing death and harm. Scald burns are the most common cause for risk.

Here are tips that you can use at home to keep your child safe:

- Never heat baby bottles in a microwave.
- Set your home water heater to less than 120° F.
- Always feel the water, to make sure it is not too hot on your skin, before placing child into bath. (There are items to buy to help you see if the water is too hot)
- Face child away from faucets in bathtub.
- Do not leave child alone in sink or bathtub.
- Do not hold a child while drinking hot drinks or foods.
- Use back burners and place pot handles toward the back of the stove.
- Check foods heated in the microwave before feeding young children.
- Keep children out of the kitchen while cooking.
- Keep hot liquids and foods away from edges of tables or counters.
- Use cool mist humidifiers or vaporizer instead of hot steam vaporizer.

## ANIMAL SAFETY

Even the most loving animals will have to make transitions to a new baby in the home and can react in many ways. Remember to wash your hands after contact with your pet.

The following tips may help your pet adjust to your new baby:

- Personal item from baby such as a blanket or hat used in hospital taken home prior to baby's arrival so your pet is aware of baby's scent.
- Have someone else take the baby so you can give your pet a warm, but calm, welcome.
- Have some treats handy to distract your pet.
- Don't force your pet to get near the baby.
- Always supervise any interaction between your baby and your pet.
- Give your pet loving attention when the baby is sleeping.

## GUN SAFETY

Talk to your children about the dangers of guns and tell them to stay away from guns.

For those who choose to keep a gun in the home:

- Always keep the gun unloaded and locked up.
- Lock and store bullets/clips in a separate location.
- Be sure to hide the keys to the locked boxes.





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Atención: si habla español, tiene a su disposición servicios lingüísticos gratuitos. Llame al 844-809-6648.

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