



*Babies Do
Come With Instructions*

LaChance
MATERNITY CENTER
AT HEYWOOD HOSPITAL

Congratulations!





Congratulations on the new addition to your family and thank you for choosing the LaChance Maternity Center at Heywood Hospital as the place to have your baby!

Every member of our staff understands that the birth of a child is one of life's most precious moments, and we are delighted to be part of this exciting time in your life.

Our staff is committed to providing you and your family with the highest quality, individualized care. We consider every birth, every newborn, and every family special.



We believe that the most satisfied patients are those who are well-informed. This guide, therefore, provides you and your family with helpful information for once you leave the hospital. Please read this booklet and keep it handy. While it cannot replace the information you received from your care team, it will be a helpful reference for you.

Please know that we respect and appreciate the trust you have placed in the LaChance Maternity Center at Heywood Hospital. If you have any questions or concerns, call our Maternal Child Practice Leader at (978) 630-6475. Thank you for choosing the LaChance Maternity Center at Heywood Hospital.

Win Brown
President and CEO
Heywood Healthcare

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Vice President Patient Care
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Creating an exceptional birth experience is our passion at the LaChance Maternity Center. Our expert team of physicians, nurses and doulas provide personalized attention that promotes a tranquil and memorable delivery.

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INFANT CARE

Infant Behavior

Every baby has their own unique personality. The first step in getting your baby to respond is learning to recognize your baby's readiness to interact. Your baby will respond best when in the "quiet alert" or "active alert" state.

Levels of Responsiveness:

1. When your baby is in DEEP SLEEP, he/she will be very difficult to arouse. Breathing is smooth and regular and your baby will lie nearly still, except for an occasional twitch or startle. One third of your baby's sleep time is spent in deep sleep.
2. Babies are more responsive when in LIGHT SLEEP and may smile or make brief fussy sounds.
3. When a baby is DROWSY, they may open or close their eyes, breathe irregularly and move around. During this state, your baby may return to sleep or awaken further and begin to show interest in feeding.
4. When a baby is in the QUIET ALERT state, their eyes will be wide open with a bright, interested look. This is the best time for interaction and when babies will share their personality with you.
5. During the ACTIVE ALERT state, movement increases and your baby is more sensitive to stimuli.
6. CRYING is the state when your baby is saying, "I've had enough". This means your baby is tired, hungry, uncomfortable or over-stimulated and is temporarily out of control.

Seeing and Hearing

Your new baby is able to see and focus and can see you the most clearly when being cradled in your arms. Babies enjoy watching things, especially human faces. Showing your face, while also using your voice, will increase your chances of holding your baby's attention.

To encourage equal eye muscle development, be sure to hold your baby in both your right and left arms for about the same amount of time, rather than favoring only one arm.

You will be amazed at how well your baby can hear. Your baby has been listening to your voice for several months from within your womb and will recognize your voice and the voices of other family members.

Smiling

Smiling is a natural reflex that is present from birth. It can range from a fleeting grin to a full-fledged expression of delight. Your baby can also mimic facial movements that you make such as "o" lips or a tongue thrust. Assume a smile is genuine and smile back!

Reflexes

Your baby has many automatic behaviors called reflexes that are present at birth. Some movements are smooth and some are jerky. Most reflexes are present to protect the baby, like the sucking reflex. Other reflexes are present for things the baby will do later. Some of the reflexes that you may observe are the "startle", "walking", "grasping", "crawling" and "sucking" reflexes. These automatic reflexes eventually will decrease and voluntary movements will then increase.

NEWBORN CARE

Normal Newborn Appearance

When your baby is born, he/she will be wet, slippery and possibly covered with a white, cheese-like substance known as vernix caseosa. This substance helps to protect your baby's skin from wrinkling and infection while in the amniotic fluid. Most of the vernix will be gone by the time of birth, however the earlier your baby is born, the more vernix you will see.

Other common characteristics in a newborn that you may see include the following:

Molding

At birth, the bones in your baby's skull are not yet fused together. This allows a baby's head to move through the narrow birth canal. This also accommodates your baby's rapidly growing brain during infancy. You may notice at birth, that your baby's head looks elongated or out of shape. This is referred to as molding and is normal.

Fontanelles (Soft Spots)

Fontanelles are the soft spots located on the top and back of your baby's head. The front or "anterior fontanelle" usually completely closes in about 18 months. The smaller fontanelle, the "posterior fontanelle" in the back will close in about 2-6 months. If you notice that these soft spots continually bulge or sink, your baby's doctor should be notified.

New parents are sometimes afraid to touch these soft spots and as a result do not shampoo the scalp in these areas. This can lead to cradle cap. These soft spots are covered by a tough membrane, so washing or brushing the hair will not hurt your baby.

Lanugo

Babies often will have fine, soft hair, called lanugo, all over their bodies. Lanugo helped to protect your baby's skin while he/she was developing inside your uterus. If your baby was born prematurely, he/she will have more lanugo than a full-term baby.

Eyes

All baby's eyes tend to be bluish-gray in color at birth. It may take up to 9 months before the true color of their eyes will be known. Their best vision is up to 12 inches away. In the United States, all newborns are required to receive a treatment to the eyes shortly after birth to protect them from the infection known as gonorrhea which can cause blindness if not treated. The antibiotic ointment used to treat the infant can cause the baby's eyes to become slightly inflamed or swollen, but will clear in a day or so.

Genitals

If you had a boy, you may notice that the genitals appear to be very swollen. This is due to the pressure that was placed on them as the baby was moving down the birth canal and also from maternal hormones. This is a normal expectation. If you had a girl, she may have very swollen labia. Additionally, baby girls will often have a lot of mucousy vaginal discharge. This is due to the hormones that are passed to the baby girl from her mother. Occasionally, around the fifth day of life, baby girls may sometimes have a little blood-tinged mucousy vaginal discharge. This is normal and again is due to maternal hormones.

Breathing

Newborns do not have a mature breathing pattern at first. As a result, you may notice that your baby may pause for a second or two between breaths or when he/she sneezes or he/she may make little noises in his/her sleep. As long as your baby is calm and the lips, tongue and mouth are a normal color, then there is no reason to be concerned.

Skin

Babies will sometimes have small patches of deep-pink skin usually found on the forehead, chin and the nape of the neck called “stork bites”. These are not birthmarks and will usually fade away with time. Peeling or cracking skin around the wrists or ankles is common especially if your baby was born after his/her due date. As new skin cells grow, this will clear up on its own. Some babies will also exhibit a rash, known as erythema toxicum, which may appear as red blotches on the skin. This is also referred to as normal newborn rash or baby acne. This is very common, does not cause discomfort, and will resolve without any treatment. The rash usually only lasts for a few days. Often, newborns will have what appear to be flattened white, pimple-like bumps on their noses. These are called milia and are normal. They are clogged pores that will eventually go away. Do not pick or squeeze them. This will cause more harm than good.

Skin-to-Skin

Skin-to-skin contact is when your baby is placed belly-down directly on your chest. This is usually done right after birth, but can be done any time and has numerous advantages. Your baby needs to feel your touch. Skin-to-skin allows you and your newborn a chance to get to know each other and bond. Additionally, skin-to-skin provides a smooth transition for your baby to adjust to life in the outside world. Compared to babies that are kept in a crib or swaddled, a baby who is placed skin-to-skin will stay warmer, calmer, cry less and have better blood sugars. Skin-to-skin also provides for the best start for breastfeeding. Research has shown that infants who have been placed skin-to-skin will breastfeed better and will keep nursing an average of six weeks longer. Keeping your baby skin-to-skin for the first few weeks makes it easy to know when to feed him/her, especially if your baby is a little sleepy.

Feeding

Feeding is your special time with your baby. It is one of the best ways to establish trust and a loving bond with your baby. Never prop your baby’s bottle instead of holding him/her while feeding. Your baby cannot control the intake and could choke.

Also, do not give honey to your baby before one year of age. Impurities in honey can cause a condition known as botulism, which can cause paralysis or even death.

Breastfeeding

Breast milk is produced on a supply and demand system. The more frequently your baby nurses, the more milk your body will produce. Breast milk is also digested more quickly than formula, therefore your baby will probably feed more frequently than a formula fed baby. 8-12 feeds in 24 hours is a normal feeding pattern for your baby.

Bottle Feeding

If you have chosen not to breastfeed your baby, then you should use a commercially prepared infant formula fortified with iron. Infant formula is available in three forms: powdered, liquid concentrate, and ready-to-use. The “ready-to-use” formula is completely prepared, nothing needs to be added, but this is usually more expensive. The same formula can be prepared using either the powdered or liquid concentrate.

Whenever preparing infant formula, it is always important to correctly follow the proper mixing instructions, as improper dilution could be harmful to your baby. It is equally important to follow the manufacturer’s instructions for bottles and nipples regarding proper cleansing and maintenance of their products.

Feed your baby every 2-4 hours through the day and when he/she is awake at night, increasing the amount of the feeding as your baby tolerates it. Babies are our best guide as to how much they should take at a given feeding. A baby will stop feeding when he/she is satisfied. Throw away any formula left in the bottle; germs can quickly grow in it. The only food babies need from birth to 6 months of age is breast milk or formula. Cow’s milk is more difficult to digest and the iron in it is not absorbed well and should not be given to your baby until he/she is one year old. As your baby gets older, discuss further feeding instructions with their doctor.

Please feel free to call the Lactation Consultant if any of the following occur...

(Resource numbers are available in the back of this booklet)

- Baby will not latch on
- Baby breastfeeds fewer than 8-10 times in 24 hours
- Baby had not fed “well” for two consecutive feedings
- Baby seems hungry all the time
- Baby makes clicking noises while nursing
- You do not hear the baby swallowing during the feeding
- Grazes or feeds >12 times in 24 hours
- Baby has no weight gain by day 3 to 5
- Does not have 5-6 wet diapers per day
- You have sore nipples
- You experience pain during feeding
- You have bleeding or cracked nipples
- You do not feel that your breasts are fuller before, and softer after feedings
- You do not feel that your milk is letting down
- You are thinking of giving up
- You are thinking of using a supplement
- You have a sore, red, hot area on your breast
- You have flu-like symptoms
- You are uncertain of how things are going
- Infant is irritable, restless or sleepy and refuses to feed
- Less than three stools per day
- Not back to birth weight by day 14

Other things to remember about formula feeding include the following:

- Never prop the bottle as your baby lies in bed or an infant seat. This is a choking hazard and promotes tooth decay. Your baby needs your closeness and enjoys being held
- Hold the bottle so that the nipple and neck are kept full of formula. This helps keep the baby from swallowing air.
- Bottles can be washed in the dishwasher or with hot, soapy water. Nipples and top parts should be cleaned in hot, soapy water then rinsed. Most health care practitioners say it is not necessary to sterilize and boil bottles. Check with your baby's doctor.
- Always check the expiration date, do not use if it is outdated.
- Always wash the top of the can first and shake well before opening.
- Open cans of "ready to feed" and "concentrated" should be covered tightly and used within 48 hours.
- Formula prepared from powder should be used within 24 hours.
- Never use liquid formula that was previously opened and left unrefrigerated.
- It is recommended that you DO NOT use a microwave for warming formula as this can create hot spots that can result in serious burns to your baby.
- Warming is best done by placing the bottle in a glass of hot (not boiling) water for a few minutes.
- Test by shaking a few drops onto your wrist — it should feel neither hot nor cold.
- Formula may be given at room temperature or a little warmer.

Burping

Babies may take in excessive amounts of air along with the formula or breast milk during bottle feeding. This is less common when they nurse at the breast. For this reason, it may be helpful to burp them. Usually this can be done after a feeding, but some babies must have their feeding interrupted in order to be burped. When they are more comfortable, they go right back to feeding. A convenient way to burp your baby is to hold him/her upright over your shoulder and pat their back gently until the excess air is brought up. An equally effective method of burping is to support your baby in a sitting position on your lap with his/her chin supported in your hand and gently pat or rub their back. In either case, if your baby seems to want to burp and cannot, let him/her lie down on his/her side for a minute and then try to burp him/her again. Sometimes babies will not burp. If there was not a lot of air swallowed during the feeding, it is likely that they will not. After a few minutes resume the feeding.

Spitting Up/Hiccupping

All babies will spit up mouthfuls of milk or formula from time to time and occasionally may vomit. This is typically caused by the baby eating too much, too quickly or swallowing too much air while eating. If the baby is gaining weight, you need not worry. Spitting up may persist for eight to ten months, but it should clear when the baby learns to sit and stand. Keeping an infant upright in an infant seat and not passing him/her around after feeding may lessen this problem. You can also slow down the feeding by burping more often. If the spitting up should become increasingly forceful, associated with choking or failure to gain weight, you should consult the baby's doctor. New babies often hiccup during or following feeding. This may be due to an immature digestive system or from overstimulation resulting from eating. In any event, there is no cause for concern and the hiccups will soon resolve on their own.

Pacifiers

For reasons that are yet unknown, research has conclusively shown that using a pacifier at sleep time (following a feeding session) can significantly reduce the risk of SIDS during the first year of life. The evidence in this regard has been mounting for some time and it is now recommended as an option for parents. The following guidelines are offered to ensure the best outcome:

- Breastfed infants should not be offered a pacifier until one month of age to ensure that breastfeeding is firmly established.
- Pacifiers should not be forced on babies that reject them.
- Pacifiers do not need to be reinserted once the baby falls asleep.
- Pacifiers should not be coated in any sweet solution.
- Do not use a string or other device to attach pacifiers around your baby's neck or to clothing.

Experts feel that quite possibly the stimulation of the sucking reflex by the pacifier keeps babies from falling into a deep sleep and heightens their arousal response throughout the night.

To address concerns in regard to breastfeeding and long-term dental problems, the AAP carefully evaluated existing evidence on these issues. The evidence that it can help reduce the risk of SIDS far outweighed evidence that it might interfere with successful breastfeeding or cause long-term dental complications. In fact, according to the American Academy of Pediatric Dentistry, non-nutritive sucking habits are considered normal and, in general, sucking habits in children to the age of five are unlikely to cause long term problems.

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Use of a Bulb Syringe

Your nurse should have shown you how to use the bulb syringe before you were discharged from the hospital. If you do not have a bulb syringe when you get home, you may purchase one at most drug stores. Because babies breathe through their noses most of the time, you may need to clear the nose with the bulb syringe if the baby should spit up, have mucous in the nose or has a stuffy nose. For the first few days of life, your baby may have excess mucous which may cause him/her to gag. To help your baby when he/she gags, turn him/her on his/her side and firmly pat his/her back as if to vigorously burp your baby. If he/she still gags, the bulb syringe may be needed.

- Always squeeze the bulb syringe before inserting it into your baby's mouth or nose to create a vacuum.
- Gently place the pointed end of the bulb syringe at the opening of the nostril. Do not insert the tip beyond the opening.
- Release the bulb.
- Remove the bulb and squeeze it onto a tissue or wash cloth to remove any mucous or secretions from the bulb syringe.
- If needed, repeat this procedure on the other nostril.
- The mouth can also be suctioned in the same manner by placing the pointed end in one side of the mouth, avoiding the tongue and inside the back of the throat, and then releasing the bulb. Repeat on the other side of the mouth.
- Clean the bulb syringe by squeezing and releasing in warm soapy water.

Sleep Patterns

Most newborns will sleep more than they do anything else (as much as 18-22 hours a day). Babies who are receiving enough to eat, and who do not have any problems digesting their food, will more likely sleep between feedings with only brief periods of wakefulness. Some infants, on the other hand, are awake for longer periods of time with no apparent problems. In either case, it is probably best to allow your child to determine the amount of sleep wanted and needed.

To establish some sort of routine, it may be helpful to put your child to sleep after each feeding. Your baby's periods of wakefulness will usually occur around the same time each day, often in the late afternoon.

Understanding that the time the baby chooses to sleep may not coincide with your nighttime sleeping pattern helps you to manage your awake and rest periods more effectively. Whenever possible, sleep (nap) when your baby does – day or night. You will be better able to cope with the demands of a new baby when well rested.

The Letters in **PURPLE** Stand for

P	U	R	P	L	E
Peak of Crying	Unexpected	Resists Soothing	Pain-like Face	Long Lasting	Evening
Crying increases through month 2, decreases in months 3-5	Crying comes and goes and you don't know why	Crying may not stop no matter what you try	A crying baby may look in pain even when they are not	Crying can last as much as 5 hours a day or more	Crying may occur more in the late afternoon and evening

The word *Period* means that the crying has a beginning and an end.

Crying

Crying is your baby's means of communicating with you. There are many reasons why babies cry: hunger, thirst, overstimulation, discomfort, such as being too warm or too cold, the need for a diaper change or gas bubbles. Babies also cry when they need to be held or cuddled. That is often why your baby will stop crying when you pick him/her up. You CANNOT spoil your baby by picking him/her up. Your baby's need to be close to you is just as important as other physical needs. On the other hand, there is no reason why your baby cannot be left to fuss for 10-15 minutes if you have checked him/her to be sure that there is nothing wrong. Some babies cry just before falling asleep as a tension outlet. Your baby has different cries and you will soon learn to tell them apart.

Techniques to sooth a crying baby

Once you have determined that your baby is not hungry, in need of a diaper change, uncomfortable due to temperature or other source, or ill – you can try one or a combination of the following techniques:

- Skin to skin contact. Undress baby, leave only the diaper on. Place infant directly on your chest and cover with a light blanket.
- Dim the lights and decrease noise levels.
- Swaddle your baby — snug baby's shoulder and arm into and across his/her body and tuck the blanket around the opposite side. Repeat with the other side. Next, flip up the bottom of the blanket and tuck the ends around baby.
- Prior to swaddling put the blanket in the dryer for a few minutes to warm it. You can then swaddle your baby or if gassy put the blanket over your shoulder and hold infant as if you were burping him/her. The warmth will help ease stomach discomfort.
- Rock baby gently. While standing sway back and forth while gently jiggling baby up and down.
- Sing or talk softly to your baby. Play soft music, or try white noise (fan, vacuum).
- Try a walk outside (in proper weather) or a ride in the car.
- If your baby is inconsolable, contact his/her healthcare provider. Your baby may need medical care.

Sudden Infant Death Syndrome (SIDS)

NEVER lay your baby on a pillow, soft mattress or a water bed. Babies should be placed on their back on a firm surface to sleep. Research has shown that babies who sleep on their bellies or side are at risk for Sudden Infant Death Syndrome (SIDS).

The following guidelines should be followed to reduce the risk of SIDS:

- **Back to Sleep:** Infants should be placed for sleep in a supine position (on the back) for every sleep. Side sleeping is not as safe as supine sleeping and is not advised.
- **Use a Firm Sleep Surface:** Soft materials or objects such as pillows, quilts, comforters, or sheepskins should not be placed under a sleeping infant. A firm crib mattress, covered by a sheet, is the recommended sleeping surface.
- **Keep objects and loose bedding out of the crib:** Soft objects such as pillows, quilts, comforters, sheepskins, stuffed toys, and other soft objects should be kept out of an infant's sleeping environment. If bumper pads are used in cribs, they should be thin, firm, well secured, and not "pillow-like". In addition, loose bedding such as blankets and sheets may be hazardous.
- **Do not smoke:** Avoiding an infant's exposure to second-hand smoke is advisable for numerous reasons in addition to reducing SIDS risk.
- **A separate but proximate sleeping environment is recommended:** The risk of SIDS has been shown to be reduced when the infant sleeps in the same room as the mother.
- **Consider offering a pacifier at nap time and bedtime throughout the first year of life according to the following guidelines:**
 - The pacifier should be used when placing the infant down for sleep and not be reinserted once the infant has fallen asleep. If the infant refuses the pacifier, he or she should not be forced to take it.
 - Pacifiers should not be coated in any sweet solution.
 - For breastfed infants, delay pacifier introduction until one month of age to ensure that breastfeeding is firmly established.
- **Avoid Overheating:** The infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult. Overbundling should be avoided, and the infant should not feel hot to the touch.
- **Avoid commercial devices marketed to reduce the risk of SIDS:** Although various devices have been developed to maintain sleep position or to reduce the risk of rebreathing, none have been tested sufficiently to show efficacy or safety.
- **Do not use home monitors as a strategy to reduce the risk of SIDS:** There is no evidence that the use of electronic respiratory and cardiac monitors decrease the incidence of SIDS.
- **Avoid development of positional plagiocephaly (malformation of the skull):**
 - Encourage "tummy time" when the infant is awake and observed. This will also enhance motor development.
 - Avoid having the infant spend excessive time in car seat carriers and "bouncers" in which pressure is applied to the back of the head. Upright "cuddle time" should be encouraged.
 - Alter the supine head position during sleep. Techniques for accomplishing this include placing the infant to sleep with the head to one side for a week and then changing to the other and periodically changing the orientation of the infant to outside activity (eg, the door of the room).
- **Educate any secondary caregiver (child care providers, grandparents, babysitters, etc.) regarding the Back to Sleep campaign.**

Shaken Baby Syndrome (SBS) or Abusive Head Trauma (AHT)

In the United States, SBS or AHT is the leading cause of child abuse. Frustration with a baby's crying is the primary trigger. SBS or AHT occurs when an infant is shaken violently. The back and forth movement of the baby's head can cause increased pressure on the brain and bleeding. The muscles of the baby's neck are not strong enough to undergo this "whiplash" type of movement and the brain is extremely fragile. The effects of this type of abuse include irreversible brain damage, problems with memory and attention, vision problems or blindness, paralysis, seizures, speech and learning difficulties, severe mental retardation, hearing loss, cerebral palsy, musculoskeletal injuries and even death.

Signs and symptoms of SBS or AHT:

- Difficulty staying awake
- Difficulty feeding
- Extreme irritability

- Seizures or vomiting
- No smiling or vocalization
- Inability to focus with eyes or track movement
- Irregular, labored or stopped breathing

If you become frustrated:

- NEVER, EVER SHAKE OR THROW YOUR BABY
- Take a deep breath
- Close your eyes and count to ten
- Put the baby down in a safe place, such as his/her crib, and walk away for a few minutes to collect yourself
- Ask a family member, friend or neighbor for help so that you can take a "time out"
- Do not pick the baby up until you feel calm and in control
- Seek immediate medical attention for your baby if he/she has been violently shaken; this may save your child's life

Safety

Your baby depends on you for many things, including safety. The LaChance Maternity Center offers monthly classes on Heartsaver CPR/AED training. We highly recommend attendance to obtain as much information possible on safety, accident prevention, and what to do in the event of an emergency.

Safety tips for your newborn

- Never leave your baby unattended on a dressing table or elevated surface. Even a newborn can fall off. Always keep one hand on your baby during diapering or changing. If changing becomes too difficult because the baby moves too much, change the baby on the floor.
- Always keep the rails of the crib up and be sure the slats are no more than $2\frac{3}{8}$ " inches apart. The mattress should be the same size as the crib with no space in between that could trap your baby.
- Always place your baby on a firm surface, no pillows, stuffed animals, waterbeds, or surfaces that may mold around the baby's face.
- The American Academy of Pediatrics recommends placing your infant on their back to sleep to help reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Play gently, do not toss or shake your baby. This could cause permanent brain damage or even death. Always protect your baby's head from any jerking movements.
- Never prop your baby's bottle when feeding or put your baby to bed with a bottle. This could result in choking as well as ear infections and tooth decay. Your baby likes to be close to you when feeding, and holding your baby while feeding provides your baby comfort and enhances bonding.
- Always check the temperature of the contents of your baby's bottle. Microwaving is not recommended as it can create hot spots that can cause serious burning.
- Always check the temperature of your baby's bath water. It should be lukewarm, never hot. Set the water temperature in your home NO higher than 120 F.
- Never hold hot liquids while holding your baby and keep them out of baby's reach.
- Keep all small objects, items with sharp edges, strings, cords or ties away from your baby. If possible, check package for the recommended age before giving a toy to your child. Balloons should also be avoided. Clean toys frequently.
- Never tie toys or pacifiers around baby's neck. Strings, ribbons, even necklaces can choke a baby. Make sure the guard is large enough so that it will not fit into your baby's mouth. Clean pacifier frequently with hot soapy water.
- Always secure your baby in an approved car seat when traveling in a car.
- Infant abduction is a national problem. Never leave your baby alone in a car, store, or in your home. Do not ever leave your baby in the care of a stranger — even for a minute! Avoid birth announcements published in the newspaper or banners, balloons on your mailbox or front door.
- Never leave your baby alone with a pet.
- Make sure plants are out of your baby's reach. Many of them are poisonous.
- Always supervise pre-school age children when they are around the baby.
- Do not smoke and do not allow smoking around your baby. It increases the risk of ear and lung infections. It may also increase the risk of SIDS.

Car Safety

Although your arms are normally a very secure place for your baby, this is not true in a car where an impact may cause serious injury. To help assure the safety of your new baby on the trip home from the hospital and for every ride by car, you must correctly install and properly use an infant car safety seat. Parents, passengers, and baby must always “buckle up” correctly whenever in a vehicle. Massachusetts law requires every person in a passenger motor vehicle to wear a safety belt or sit in a child passenger restraint. More specifically, Massachusetts law requires that infants and small children sit in federally approved child passenger restraints until they are at least 8 years old or at least 57 inches tall. Children who are at least eight years old or at least 57 inches tall must wear safety belts. State law mandates a child be rear facing until they are both 1 year old and 20 pounds – both criteria must be met before becoming forward facing. The center of the back seat is considered to be the safest spot. Do not place an infant or child in the front passenger seat if the vehicle has a passenger side airbag. Inflation of the airbag on impact could cause serious harm to your child. The safest place for ALL children is in the backseat.

Do not use a car seat that...

- Was in a crash — even after a 5mph car accident the car seat should not be used again.
- Does not have a label with the date of manufacture and seat name or model number. If either are absent, you cannot check on recalls.
- Does not come with the manufacturer's instructions, YOU NEED to know how to safely use the car seat.
- Has ANY missing parts or cracks in the frame of the seat.
- Is greater than five years old. Most manufacturers recommend that car safety seats only be used for 5-6 years.
- Be a good example — ALWAYS wear your seatbelt!

Never leave an infant or a child unattended in a car, not even for a minute.

Always keep the car door and window closest to the baby locked.

Pets

- If possible, have someone bring home items that smell like the baby before you are discharged from the hospital. This will allow your pet to get used to the baby's scent.
- When you arrive home, have someone else bring the baby to another room, so that you may have a relaxed reunion with your pet.
- When introducing your pet to the new baby, make it as calm and relaxed as possible. Allow your pet to approach the baby when they are ready. Reward your pet for calm behavior. If your pet becomes too excited, have them take a break in another room.
- Whenever possible, involve your pet when you are spending time with the baby.
- Create a positive association with the baby for your pet. For example, you could give your pet a treat or a toy while you feed the baby.
- Continue to give your pet the attention he/she needs.
- Keep the baby's crib or other sleeping locations off limits to cats. Keep the door to the baby's room closed while they are sleeping or install a crib tent over the crib to keep the cat out.
- NEVER LEAVE YOUR BABY UNSUPERVISED WITH YOUR PET

For more information visit www.aspc.org/pet-care/cat-care/cats-and-babies or www.aspc.org/pet-care/dog-care/dogs-and-babies

Babysitters

When choosing a babysitter for your child, use the following guidelines:

- Ask friends or family members that you trust
- Ask your friends for recommendations
- Swap off childcare with friends who have children
- Avoid using a sitter under the age of 12
- Arrange an advance meeting with the babysitter
- Check the sitter's references
- Choose a sitter who is trained in infant/child CPR and first aid

Provide your sitter with the following information before you leave:

- Your name(s)
- Your cell phone number(s)
- Children's names, ages, dates of birth, height, weight, hair and eye color
- House phone number, if applicable
- Address
- Nearest intersections or directions to the house in the event that they need to give directions to emergency services
- Name and phone number of child's doctor
- Number for emergency services (911)

Common Newborn Conditions

Jaundice

Jaundice is a common and usually harmless condition in newborn babies. It occurs due to a buildup of bilirubin in the blood. Bilirubin is a yellowish substance formed during the normal breakdown of old red blood cells. It is this bilirubin that causes the baby's skin and sometimes the whites of the eyes to become yellowish-orange in color.

Jaundice usually occurs around the second or third day of life and will generally disappear within a week to ten days. This is physiologic or normal jaundice and requires no treatment. If jaundice occurs before day two or is severe, treatment will likely be required. Breastfed babies with jaundice should be fed often, every 2-2½ hours or less as this extra milk will cause more bowel movements and help the body get rid of the bilirubin. Bottle fed babies should continue to be fed formula, every 3-4 hours.

Depending on the severity, breastfeeding mothers may be instructed to supplement their feedings with formula for a time to aid in decreasing jaundice.

Sometimes babies with jaundice require medical interventions.

Treatment with light (phototherapy) helps to remove the bilirubin from the blood faster. This treatment is safe and effective. The lights break down the bilirubin into a form that the baby can excrete. The baby's clothes are removed and the eyes are covered to protect them. A "biliblanket" may be ordered for some babies, this does not require being naked or eye protection. Phototherapy continues until the amount of bilirubin in the blood drops to a safe level and stays there. The bilirubin is checked regularly by testing a small sample of the baby's blood obtained from the heel.

Every effort will be made to keep you and your baby together despite any treatment he/ she may need.

When home, if you notice a yellow color to the whites of your baby's eyes or skin you should notify the baby's doctor. Report poor feeding or excessive sleepiness as this often accompanies abnormally high bilirubin levels.

Colic

Colic is the sudden onset of abdominal pain that generally occurs in infants under 3 months of age. An infant with colic cries loudly and will pull his or her legs up against the abdomen. The infant's face may become red and flushed and his/her fists may be clenched. When a bottle or the breast is offered, the infant may suck vigorously for a few minutes and then stop and begin crying again. The crying can sometimes last for hours and tends to occur in the evening or night. The cause of colic is not well understood. It is believed that it may occur as a result of overfeeding, swallowing too much air or from formula high in carbohydrates. The reason though is unknown. Recent research suggests that it may be just an extreme form of normal crying. Colic can be very frustrating and frightening for a new mother. Holding your colicky baby can be helpful since the warmth of your body can ease the abdominal cramping. If you feel that your baby may have colic, you should speak with your baby's doctor. A thorough history will be taken to rule out any abnormality and a method of treatment will be discussed. Usually by the time your infant reaches 3 months of age, the colic will disappear.

Bathing

Bath time is a special time for parents and babies. To keep the cord dry, a sponge bath should be done until the cord has fallen off. Once the cord and circumcision, if you had your baby circumcised, have completely healed, you may start tub bathing your baby. When and how often you bathe your baby is a personal choice. It is a time to get to know each other better and enjoy the smells, sounds and feelings of being close. Pick a time when you will not be rushed or distracted. The room should be warm and draft free. Most parents choose a time before an evening feeding, that way the baby may fall asleep after the feeding. An evening bath often helps the baby relax and sleep better. This is a great bonding activity for the parent that may have been at work during the day. Your baby does not need a complete bath daily, especially if their skin is dry. Daily sponging of the face, neck and hands is important. You must continue to cleanse the diaper area well with every diaper change. Use a mild, non-drying soap. Before bathing, be sure to gather all the supplies that you will need. Your baby will likely cry, as babies do not like to be undressed and are not used to the bathing routine. It is not due to your inexperience as a parent! After some time, your baby will begin to enjoy his/her bath and so will you!

General Guidelines

Always start with the eyes and face. Do not use soap or Q-tips for the ears. Wash baby's arms, legs and body with soap. Be sure to rinse soap off, and then dry the baby carefully – pay special attention to the folds of the skin. Shampoo baby's head (can be done prior to putting baby in the tub) 2-3 times a week even if there is no hair. It is advisable to use a soft brush over the scalp as this stimulates the circulation and helps prevent cradle cap. Dry skin is common for newborn babies in the first few weeks of life. Avoid oily preparations that may clog pores. NEVER leave your baby unattended while bathing for any reason. If there is an emergency, wrap your baby in a towel and take him/her with you. A child can drown in as little as 2-3 inches of water.

Umbilical Cord Care

Recent research has been done on the use of ointments and alcohol, which have traditionally been used to treat the cord upon discharge from the hospital. The research has shown that there is not enough evidence to support the use of these products as they do not decrease the incidence of infection nor do they decrease the amount of time it takes for the cord to fall off. Therefore, you do not need to put anything on the cord; it will fall off naturally in 1-3 weeks. You will want to keep the cord area “clean and dry” by folding the diaper so it does not rest on the cord. Always wash your hands prior to the handling of the cord area. If the cord should get soiled with urine or bowel movement, simply cleanse the area with any baby wash product and rinse with plain water. Dry the cord as you dry your baby. This does not cause pain for your baby. Normal healing of the cord may create a “gooey appearance and smelly odor”. These symptoms have not been associated with infection. If however you notice redness, warmth, foul smelling discharge or swelling at the base of the cord, you should notify your baby's physician. A small amount of blood may be present as the cord is falling off.

Finger Nails

For the first few weeks, baby's nails are soft, thin and pliable and should be left alone. Clothes with attached mitts, mittens or newborn socks can be used to protect your infant from scratching him or herself. But, these may also prevent the baby from self-soothing by sucking hands, fingers and thumb. You may use the soft side of an emery board or nail file to soften the sharp edges of the nails. Once the nails harden and grow out a little you may carefully trim them straight across with baby nail scissors (they have rounded tips). Do this while the infant is sleeping or very relaxed. Do not try to shorten your baby's nails by biting or tearing them!

Cradle Cap

Cradle cap is a common scalp condition of an infant that is characterized by yellow crusty or oily scaly patches on your baby's scalp. If your baby develops cradle cap, you may try applying petroleum jelly (Vaseline), baby oil or mineral oil to the scalp at night. This will soften the patches which can then be removed when shampooing the scalp the following morning. You may also try using an adult medicated shampoo for seborrhea, leaving it on the scalp for 10 minutes, then rinse. Be extremely cautious in not allowing the shampoo to enter your baby's eyes or mouth. This can be done twice a week until the condition clears.

Care of the Penis

If your baby boy was not circumcised, you should not attempt to force the foreskin back. As your baby develops, the foreskin will become easier to retract and will eventually retract completely. The age at which the foreskin begins to retract varies considerably from baby to baby. The penis of uncircumcised babies should be cleansed routinely during diaper changes and while bathing.

If your newborn baby has been circumcised, he may have a plastic ring, Vaseline or Vaseline gauze on his penis. The ring will fall off in 5-7 days. The gauze will have been taken off at the first diaper change and then more than likely Vaseline will be applied to the penis with every diaper change until the bleeding stops and healing begins to take place, usually 3-5 days. Keep the area clean with regular soap and water.

The penis may look red and you may notice a yellowish secretion for the first few days. This discharge is normal; do not attempt to wash it off. This discharge should gradually disappear within a week. If it persists or a cloudy fluid or bleeding develops, you should consult the baby's doctor.

Two weeks after the circumcision, begin to gently pull back any remaining foreskin from the head of the penis when the baby is bathed. This will prevent the formation of adhesions.

Bowel Movements and Urinating

During the first few days of life, a baby's bowel movement is smooth, sticky and green-black. The stools, called meconium, have been formed in the intestines before birth. By the end of the second day however, bowel movements will be influenced by the baby's diet. A bowel movement produced by reflex may follow every feeding, especially during the early weeks of life. Breastfed babies will usually have several stools a day during the first few months and the stool generally will be soft, yellow-green mustard like in color and may be seedy in texture. Formula fed babies may have firmer and less frequent stools. Some babies may go several days without a bowel movement. If they are irritable and bloated you should call the baby's doctor. Constipation is rare in newborns, however, if your baby should have hard, pebbly bowel movements, check with your baby's doctor for advice. Remember that every baby's bowel movements are different and as long as your baby is continuing to eat, has a good appetite, is gaining weight and generally doing well, there is nothing to worry about.

All babies will normally have 6-8 wet diapers a day. The urine should be clear or a light yellow color. If your baby does not have at least 5-6 wet diapers per day, you should inform your baby's doctor. Occasionally, babies may have uric acid crystals in their urine that leave orange or rust colored spots on the diaper. This may be noted during the first day or two of life, and is not a cause for concern.

Diapering

Diapers should be changed when wet or soiled to prevent skin rashes. You may find that changing your baby just before or after each feeding will probably be sufficient for comfort and prevention of diaper rash. Some babies have particularly sensitive skin and may require more frequent changes.

Choose a safe area to change your baby's diaper. Be sure to have all you will need in reach; diapers, wipes (best to use alcohol free), and a container for disposal are great to have in a designated changing area. Always keep one hand on your baby at ALL times. Babies can roll unexpectedly! Undo baby's diaper – if you have a boy place a clean cloth or diaper over his penis to prevent a surprise shower! If your baby has had a bowel movement wipe off as much as you can with a clean area of the diaper. ALWAYS wipe front to back, especially important if you have a baby girl. Clean his/her bottom with a baby wipe or wash cloth – be sure to wipe all the little folds clean, as well as underneath the scrotum, pat dry. Once thoroughly cleansed, apply clean diaper.

Diaper Rash

Changing your baby's diaper as soon as possible after he/she wets or has a bowel movement is the best way of preventing a diaper rash. Many babies will develop a diaper rash. If the rash gets worse or persists for several days, you should contact your baby's doctor.

Suggestions for treating mild diaper rash:

- Change the baby more frequently, and always change the diaper as soon as it is soiled.
- Be sure to cleanse and dry the entire area during each diaper change.
- Expose the diaper area to air frequently. This sometimes works well while the baby is napping.
- Use a protective ointment such as A&D for red, raw skin and Desitin or any ointment suggested by your baby's doctor for rash.
- If you have been using diaper wipes, discontinue their use and switch to a wash cloth moistened with plain warm water to cleanse the diaper area.
- Powders and baby oils are not recommended.

Clothing

Your baby will need to be dressed in several layers in order to keep warm. The baby should be dressed in a diaper, a t-shirt or onesie, an outfit (pajamas, gown or set of infant clothes), and then swaddled in a receiving blanket.

When the temperature is hot (over 75 degrees), you can dress your baby in a single layer of clothing.

A general rule is to dress the baby in one more layer of clothing than you are wearing.

Premature babies may require an extra layer of clothing until they reach the weight of a full-term baby and their body is more able to adjust to temperature changes.



Immunizations

Immunizations are important and can protect your child from the crippling effects and sometimes death caused by the following harmful diseases: measles, mumps, rubella, chicken pox, diphtheria, tetanus, pertussis, influenza, haemophilus influenzae type B, hepatitis A and B, rotavirus, pneumococcal disease and polio. The majority of healthcare experts believe that the benefits of immunizations far outweigh the risks. The Public Health Service strongly recommends that all healthy children be immunized and Massachusetts state law requires that children be immunized before they are allowed to enter school. Minor fussiness or a slight temperature elevation commonly occurs within 24 hours or less after receiving the immunization.

If your baby reacts in any one of the following ways, notify the baby's doctor immediately:

- Temperature (rectally) of 103 degrees F or higher
- Inconsolable high pitched crying
- Excessive sleepiness
- Paleness, limpness or weakness
- Convulsions

Mouth Care

The American Academy of Pediatric Dentistry advises that you schedule your child for their "first visit by first birthday."

Oral Hygiene Tips

- Clean your baby's gums after each feeding with a soft infant toothbrush or a water-soaked infant washcloth to remove food and stimulate the gum tissue.
- When the baby's teeth begin to erupt, gently brush them with a small soft-bristled toothbrush twice daily.

- Avoid saliva-sharing behaviors with your baby. This includes sharing utensils or cups, and cleaning dropped pacifiers, bottle nipples or toys with your mouth.
- At-will (ad libitum) breastfeeding should be discouraged after the first baby teeth begin to erupt, usually between 6 and 12 months of age, and other sources of nutrition have been introduced.
- Thumb and pacifier sucking habits will generally only become a problem if they go on for a very long period of time. Thumb sucking is perfectly normal for infants. Thumb sucking that continues beyond age three requires a professional evaluation.
- Children should not fall asleep with a bottle containing anything but water.
- Children should be weaned from the bottle at 12-14 months of age.
- Children should only be offered juice in a cup at meal or snack time. Drinking juice from a bottle should be avoided.

Teething

In general, most babies will begin teething around 6-7 months, but some may start as early as 2-4 months. This can last until age 3. Teething can cause tender gums as the teeth erupt. Teething causes some babies to eat poorly, become irritable and fussy and have difficulty with sleep. However, most babies are not affected by teething. You may offer your baby a clean, chilled teething ring, a cool spoon, a cold wet washcloth or you may simply rub their gums using a clean finger.

Newborn Screening Tests

The purpose of the Newborn Screening Program is to test all newborns in Massachusetts for a number of disorders. Before your baby was discharged from the hospital, a small sample of blood was taken to perform this test. The chance that your baby will have one of the disorders that he/she is being tested for is small. In most instances, early diagnosis and treatment can prevent the disabilities associated with these disorders. The results of the test will be reported to your baby's doctor. If there is a need for follow-up or treatment you will be notified.

Temperature Taking

A baby's temperature varies with the time of day and with the amount of activity. A healthy baby's rectal temperature may range between 99.5 and 100.1 F (37.5 and 38.8 C). A temperature of 100.5 degrees F or higher is usually abnormal and should be reported to your baby's doctor. Whenever your baby is extraordinarily restless or fussy, it may be an indication of illness and you may want to take his/her temperature. A rectal temperature is an accurate measure of the baby's body temperature. Old thermometers with mercury should NOT be used. A digital thermometer is recommended.

To take a rectal temperature, coat the end of the thermometer with petroleum jelly or a water soluble lubricant. Place your child on his/her stomach and spread the buttocks to see the anal opening. Gently insert the thermometer no more than one half inch. Hold the thermometer between two fingers as you lay the palm of your hand across the child's buttocks. Never let go of the thermometer. Don't leave the baby alone with the thermometer still inserted. When the thermometer beeps, gently remove it. If your baby has an abnormal temperature (100.5 degrees F or higher) you should contact your baby's doctor.

Your baby's temperature may also be taken axillary (under the armpit). This can be accomplished by using a digital thermometer. First make sure that the armpit is clean and dry. Then place the tip of the

thermometer into the deepest part of the armpit and bring your baby's arm across the chest to hold the thermometer in place. Make sure the tip of the thermometer is completely covered. Holding your baby during this procedure will give them a sense of comfort and security.

An axillary temperature is generally 1 degree Fahrenheit lower than the baby's actual temperature. Therefore, it is important that you add 1 degree to the axillary temperature you obtain. For example, if you obtain an axillary temperature of 99.5 F, the actual temperature of your baby is 100.5 F.

Your doctor may suggest these tips for bringing the fever down:

- Keep your baby lightly dressed.
- Don't cover the baby with heavy blanket or quilts.
- Give sponge baths by sitting the baby in a tub of lukewarm water and sponge the skin allowing the water to evaporate from the skin (do not use alcohol or cold water).
- Under the direction of your baby's doctor, give acetaminophen (Children's Tylenol, Panadol, etc.). Use the correct dosage for the baby's age and weight. This may be given every four hours to keep the temperature down.

Dosing Information for Healthcare Professionals

Infants'
TYLENOL *Children's*
TYLENOL

Use this chart to determine the proper dose of TYLENOL® for your patient.
If possible, use weight to dose; otherwise use age.

WEIGHT		AGE	DOSE: Every 4 hours as needed. Do not give more than 5 doses in 24 hours.	
			Infants' TYLENOL® Oral Suspension	Children's TYLENOL® Oral Suspension
			Active Ingredient: Acetaminophen 160 mg (in each 5 mL)	Active Ingredient: Acetaminophen 160 mg (in each 5 mL or 1 tsp)
6-11 lbs		0-3 mos	1.25 mL	—
12-17 lbs		4-11 mos	2.5 mL	—
18-23 lbs		12-23 mos	3.75 mL	—
24-35 lbs		2-3 yrs	5 mL	5 mL (1 tsp)
36-47 lbs		4-5 yrs	—	7.5 mL (1½ tsp)
48-59 lbs		6-8 yrs	—	10 mL (2 tsp)
60-71 lbs		9-10 yrs	—	12.5 mL (2½ tsp)
72-95 lbs		11 yrs	—	15 mL (3 tsp)

mL = milliliter

tsp = teaspoon

Remind parents and caregivers:

- Read and follow the label on all TYLENOL® products
- Repeat dose every 4 hours while symptoms last
- Do NOT give more than 5 doses in 24 hours
- Do NOT use with any other product containing acetaminophen
- Use only the dosing device (syringe or dosing cup) that came with the product

All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL)

When to Call the Doctor

If your baby develops any of the following conditions, you should call and notify the doctor:

- The baby's skin or eyes become yellowish in color
- A fever or rash with a rectal temperature of 100.5 degrees F or higher
- Refusal to eat two consecutive feedings
- Repeated or continuous vomiting
- Diarrhea or constipation
- Blood or mucus in the bowel movement
- The baby is inactive and unusually quiet, listless or drowsy
- The baby has less than 5-6 wet diapers per day
- Redness around the base of the umbilical cord, on the abdomen
- Inconsolable high pitch cry
- Convulsions

Suggestions for Illness Prevention

You can prevent some illnesses of your baby by following these suggestions:

- Make sure everyone washes their hands before touching the baby
- Keep you baby's room at a comfortable temperature, around 70 degrees
- Do not take the baby outside when there is severe weather
- Stay away from crowded areas
- Do not allow family or friends to visit if they have a cold or any contagious illnesses such as impetigo, chicken pox, tuberculosis, measles, mumps, german measles (rubella), whooping cough or the flu
- Wash pacifiers with hot, soapy water frequently
- Clean toys that are put in baby's mouth periodically and when visibly soiled



IMPORTANT PHONE NUMBERS & RESOURCES

Infant's Doctor: _____

Phone Number: _____

Mom's Doctor: _____

Phone Number: _____

Heywood Hospital Nursery (978) 630-6337

LaChance Maternity Center 24-hour Hotline (978) 630-6216

Massachusetts Poison Control Center (800) 222-1222

Breastfeeding Consultation Service (978) 630-6216
 Outpatient Consultation
 Breastfeeding Products and Pump Rentals

Childbirth/Parent Education (978) 630-6216
 Hospital Tours
 Register for childbirth classes in your fourth month of pregnancy
 Prenatal and Postpartum Classes:
*Childbirth Education: 2-Week (evenings) and 1-Day (Saturday),
 Prenatal Breastfeeding, Sibling Preparation, Mother & Baby,
 Heartsaver CPR/AED Training, New Parents Group.*

Gift Shop (978) 630-6540

Interpreter Services (978) 630-6166 or TTY (978) 630-6800

March of Dimes Resource Center 888-MODIMES (888-663-4637)
*Toll free resource for questions about pregnancy, genetics, drug use,
 environmental hazards, birth defects, newborn care, support groups,
 and related topics.*

Patient Accounting Department (978) 630-6206
Financial questions during your hospital stay.

Social Services (978) 630-6166 or (978) 630-6386

Volunteer Services (978) 630-6554

WIC Gardner (978) 630-3344

WIC Leominster (978) 534-9117

WIC Fitchburg (978) 345-6272



242 Green Street, Gardner, MA 01440 | (978) 630-6216 | heywood.org