

Going Home

*A Teaching/Learning Reference Guide
for New Families*



 **McLaren**

FLINT

Going Home



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Resource Numbers

Mother's Caregiver _____

Phone Number _____

Follow-up Appointment _____

Baby's Caregiver _____

Phone Number _____

Follow-up Appointment _____

McLaren Flint

Main Number (810) 342-2000

BirthPlace at McLaren (810) 342-2279

Emergency Department..... (810) 342-2308

McLaren Connect 1-877-625-2736

Breastfeeding Support Services

Lactation Consultant 1-810-342-4887

LaLeche League International..... 1-800-525-3243

Breastfeeding National Network..... 1-800-TELL-YOU

Immunization Clinics (*Genesee County*)..... (810) 237-4546

Poison Control Center 1-800-764-7661

Local Numbers (*Check for Your Area and Fill in the Blank*)

Police (*Non-Emergency Only*) _____

Fire Department (*Non-Emergency Only*) _____

Emergency 911

Introduction

McLaren Flint congratulates you on the birth of your new baby. This booklet was developed for you as a reference guide during the first few days at home. Please feel free to call us if you have any questions or concerns not covered in this guide. Also, this guide does not take the place of advice from your health caregiver. Questions you may have that are not covered in this guide should be discussed with your physician, midwife or lactation consultant.





Your body goes through many changes before, during and after childbirth. Your body will require several days to adjust. This section will advise you about some of the changes you may experience and give helpful suggestions.

Caring for Mother

Rest

- Take care of yourself and your baby.
- Limit visitors for the first week or two.
- Try to rest when your baby sleeps.

Your Feelings

- After birthing, many new mothers feel “blue”. Depression, crying and mood swings are common in the first few weeks. They are considered normal.
- If you feel blue after the first few weeks, contact your health caregiver. Other signs of depression can be a change in eating patterns, lack of energy or trouble sleeping.
- If your baby’s crying upsets you, call a friend who can care for your baby. Use the time to take care of yourself: Take a walk, a bath, or listen to soft music.

Your Body's Changes

It took your body nine months to get ready for the birth of your baby. It will take a few weeks for your body to return to its "non-pregnant" state. The following paragraphs help you understand what to expect.

Your Uterus (womb)

Right after you give birth, your uterus can be felt at the level of your belly button. It will get smaller and move downwards about the width of a finger each day. Your uterus begins to return to its pre-pregnant state right after your baby is born, but the complete process takes about 6 weeks.

Vaginal Discharge (Lochia)

Discharge from the birthing canal is normal after birthing. You may have spotting, bleeding or a discharge for up to 6 weeks. The discharge is called Lochia. Lochia smells similar to the flow from your period (menses). It should not have a foul odor. The discharge changes over time. In the beginning it is dark red with small blood clots. This may last for about 4 days after giving birth. Then the flow's color changes to a reddish-brown or pink. That lasts for about 10 days after the birth of your baby. Then the color changes again to cream or yellow. This may continue as long as 4 weeks.

Stitches

You may have stitches from the birth of your baby. These will be absorbed as the incision heals. Pain or itching may occur during the healing process. For comfort and to help your body to heal, use the following measures:

1. Each time you use the toilet, use your "peribottle" to rinse. Do this for about 4 weeks or until your flow stops.
2. For relief of itching and burning, use medication recommended by your caregiver.
3. Witch hazel pads, such as Tucks, may be used instead of toilet paper. These may also

be used as a moist compress by placing them on your stitches. Do not leave them on for more than 30 minutes.

4. A sitz bath soaks the affected area and promotes healing. It also soothes pain and itching. Prepare the sitz bath using package instructions. This can be done 2-3 times a day.
5. A tub bath may also help. Use mild soap and do not use bubble bath or bath oils in the water.

Cesarean (C-Section)

If you had a Cesarean Section to give birth, your body also has to heal from surgery. Special care is needed for your incision as well.

- You may shower or take a tub bath.
- Keep incision area clean with soap and water only.
- Air dry incision area for 15-20 minutes 2 or 3 times each day. If the incision tends to be covered by a belly roll you may want to gently lift your belly to allow air to dry the area.
- If you have Steri Strips, do not remove them. They will loosen and fall off by themselves.
- You do not need a dressing over your incision but may wear loose gauze over it for comfort.
- The area may itch while it heals. Avoid scratching it.
- Wear cotton or mesh panties.

When to call your caregiver:

- Report any fever over 101 degrees.
- Report any drainage, redness, hardness or opening of your incision.

Return to your caregiver so she/he can take out the stitches or staples if you still have any.

Bladder & Bowel function

Bladder infections are common after birthing. Symptoms are:

1. A burning sensation when you go to the bathroom.
2. Urinating frequently in small amounts.
3. Fever or backache.

To prevent bladder problems:

1. Drink at least 6 to 8, 8 oz. glasses of water daily.
2. If you are not diabetic, drink cranberry juice to avoid bladder infection.
3. After going to the bathroom always wipe from the front to the back.

When you drink plenty of fluids you flush out your bladder and prevent constipation at the same time. Within 2 to 3 days after your baby's birth you should have a bowel movement. You can prevent hard stool with the following steps:

1. Take a walk.
2. Drink plenty of fluids.
3. Drink prune juice.
4. Eat bran cereals and other food high in fiber.
5. Take a fiber supplement.

Hemorrhoids are common after birthing. They are small veins in the rectum that are swollen and can be painful. To help them heal:

1. Avoid straining during bowel movements.
2. Use the comfort measures listed under stitches on page 5.
3. If you are not feeling well, call your caregiver.

Mother's Diet

A diet that includes five servings of fresh fruits and vegetables, whole grains, and protein will help you to heal and to produce milk. There are no foods you must eat and none that must be avoided. You can eat anything you like in moderation. Moderate amounts of caffeine or chocolate are usually okay. You do not need to force fluids, but drink water, fruit juice, milk, soups, and other liquids to take care of your thirst. If you have pale urine when you go to the bathroom, you are drinking enough.

Family Considerations

Siblings

Brothers and sisters may react to your new baby in different ways. Some may feel left out because the baby takes your time. That may cause them to be jealous. They may even regress to previous levels of behavior. To help them accept the new baby:

1. Set aside time for the other children. Make them feel loved and wanted.
2. Allow older children to help when they want to.
3. Read a book or watch a movie with the other child(ren) while you are feeding the baby.

Resuming Sexual Activity

You may resume sexual activity after your cervix has healed and closed. This can take between two and six weeks.

- ❖ Use birth control of your choice as determined in consultation with your caregiver. You can get pregnant before you have your first menstrual period.
- ❖ You might feel uncomfortable the first time you resume intercourse (have sex). You may find that different positions (woman on top) may give comfort. Also, lubricants (water soluble jelly) may increase the comfort.

If you are breastfeeding, your breasts may leak. Pressing gently but firmly on the nipple may stop the leaking.



Breastfeeding

Breastfeeding is going well if:

- Your baby is breastfeeding at least 8 times in 24 hours.
- Your baby has at least 5 wet diapers every 24 hours.
- Your baby has at least 3 tablespoon-size bowel movements every 24 hours.
- You can hear your baby gulping or swallowing at feedings.

Your breasts feel softer after a feeding.

Your nipples are not painful.

Breastfeeding is an enjoyable experience.

Warning Signs! Call your baby's doctor and lactation consultant if:

- Your baby is having fewer than 5 wet diapers a day by Day 5.
- Your baby is having fewer than 3 stools and/or they are still tarry by Day 5.
- You don't feel as if your milk has "come in" by Day 5.
- Your baby is breastfeeding fewer than 8 times in 24 hours.
- Your milk is in but you don't hear your baby gulping or swallowing frequently during breastfeeding.

- Your nipples are painful throughout feeding.
- Your baby seems to be breastfeeding "all the time," or consistently falls asleep within a minute or two at the breast.

Community Resources

IBCLC

Find a group in your area online at www.ilca.org

WIC Breastfeeding Support Groups

Call (810) 237-4606 for more information. You do not need to qualify for WIC assistance to participate.

Michigan LLL

Find a group in your area online at www.llli.org.

Online Resources

Hold/positioning/latch, breastfeeding, and hand expression videos:

Jack Newman MD

www.breastfeedinginc.ca

Stanford University

www.newborns.stanford.edu/Breastfeeding

General Evidence-Based Breastfeeding Info

www.kellymom.com

African-American Breastfeeding Support

www.mochamanagerial/bb360

International Lactation Consultant Association

www.lactationmatters.org

Safe Sleep and Breastfeeding

www.cosleeping.nd.edu

Medication/Herbs and Breastfeeding Compatibility

www.toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT

Human Milk Sharing

www.hm4hb.net

Breastmilk Pumping

www.workandpump.com



Sore Nipples

Source: Rachel Bell, RN, IBCLC

- Ensure proper positioning and latch.
- Prior to feeding, apply ice to gently numb your sore nipple.
- After feeding: (1) apply warm salt water and rinse, (2) express milk and rub-in, and (3) apply lanolin or coconut oil, which does not need to be removed prior to feeding.
- In between feedings: air dry (use a nipple shell if you cannot go topless).
- Avoid the use of nipple shields, which can reduce your milk supply and make nipples sorer.

Milk Supply

Source: Kelly Bonata, IBCLC

Is your milk supply really low? If your baby is gaining weight well on breastmilk alone, then you do not have a problem with supply. An adequate number of wet and dirty diapers during the first 6 weeks is also indicator that baby is getting enough milk.

Potential Causes of Low Supply

- Supplementing
- Nipple Confusion
- Pacifiers
- Nipple Shields
- Scheduled Feedings
- Sleepy Baby
- Stopping a feeding before a baby ends the feeding him/herself
- Offering only one breast per feeding
- Health or anatomical problems with baby that prevent him/her from removing milk adequately from the breast
- Mom's health (uncontrolled anemia, hypothyroidism, retained placenta, postpartum hemorrhage), previous breast surgery/injury, hormone problems (e.g., PCOS), anatomical problems, medications/herbs, smoking, and alcohol

Increasing your Milk Supply

If you suspect that your supply is low, then you should get in touch with a Lactation Consultant. If your baby is not gaining weight or is losing weight, you need to keep in close contact with his/her doctor, since it is possible that a medical condition can cause this. Supplementing may be medically necessary for babies who are losing weight until your milk supply increases. If supplementing is medically necessary, the best thing with which to supplement your baby is your own pumped milk.

Milk production is a demand and supply process. If you need to increase milk supply, it is important to understand the mechanism by which milk is made. To speed milk production and increase overall milk supply, the key is to remove more milk from the breast and to do this frequently, so that less accumulates in the breast between feedings.

1. If you have any concerns, talk to our lactation consultant. They are available to help. A lactation consultant can diagnose problems and refer you to a physician when indicated.
2. Nurse more frequently.
3. Take a nursing vacation over the weekend. That is, do nothing but breastfeed.
4. Offer second breast when baby appears to be finished with the first one.
5. Use breast compression during breastfeeding.
6. Avoid pacifiers and bottles.
7. Give baby only breastmilk.
8. Take care of yourself. Sleep when baby sleeps. Relax. Keep well-nourished and hydrated (although drinking extra water does not increase supply).
9. Consider pumping and the use of a galactagogue (an herbal substance that increases milk supply). Both should be managed by a Lactation Consultant.

Pumping

Source: International Lactation Consultant Association

Beginning pumping - What is normal?

It is typical for a mother who is nursing full-time to be able to pump around ½ to 2 ounces total from both breasts per pumping session. Moms who pump more milk per session may have an oversupply of milk, or may respond better than average to the pump, or may have been able to increase pump output with practice. Many moms think that they should be able to pump 4-8 ounces per pumping session, but even 4 ounces is a rather large pumping output for a mom who is breastfeeding full-time. In the beginning it is quite normal to need to pump 2-3 times to get enough milk for one feeding for baby (remembering that the pump cannot get as much milk from the breasts as a baby nursing effectively can). Many moms are able to pump more milk per session when they are separated from baby. Hand expression of breasts during pumping has been shown to increase yield by 50% over pumping alone.

How often should I pump once I return to work?

Returning to work before your baby is 6 months old requires expressing milk approximately every 3 hours when separated. For example, for an 8-hour shift you will be separated from your baby for about 10 hours (work, lunch, commute). Over the 10-hour period, it is recommended that you express three times. Once your baby is taking well to solids, you may have the opportunity to reduce the number of pumping sessions each day. Remove the session that is the least productive for you. Each session should empty the breast in approximately 15 minutes time.

SAMPLE PUMPING SCHEDULES (BF = BREASTFEED, P = PUMP)

Schedule 1

5:30 am	P-home
6:30 am	BF-home
9:00 am	P-work
Lunch	P-work
3:30 pm	P-work
5:00 pm	BF-sitter's
8:00 pm	BF-home
10:30 pm	P-home
1 or 2 night	BF-home

Schedule 2

5:00 am	P-home
6:00 am	BF-home
7:30 pm	BF-daycare
10:30 am	P-work
12:30 pm	P-work
3:00 pm	P-work
6:00 pm	BF-daycare
7:30 pm	BF-home
11:00 pm	BF/P-home
Night	BF-home

Schedule 3

6:30 am	BF-home
7:30 am	P-home
8:30 am	BF-when sitter arrives
10:30 am	P-work
1:00 pm	P-work
5:00 pm	BF-home
6:30 pm	BF-home
9:00 pm	BF-home
10:30 pm	P-home
2:30 am	BF-home

Schedule 4

6:00 am	BF-home
7:00 am	P-home
8:30 am	BF-when sitter arrives
12:30 pm	P-lunch
3:30 pm	P-work
6:00 pm	BF-home
7:30 pm	BF-home
10:00 pm	P-home
Night	BF-home

Handling and Storage

Source: Academy of Breastfeeding Medicine

How much milk will I need each day?

Breastfed infants consume approximately one ounce (30ml) per hour when separated from their mother from age 6 weeks until age 6 months. So, if you are separated for 10 hours Monday – Friday, it is recommended that you provide the caregiver with 10-12 ounces (300-365mL) of breastmilk, although some babies need more. It is important to review appropriate feeding cues with caregivers so breastmilk is not offered at every cry, fuss, or frustration. Remember, this is only one third of the milk the infant will consume each day – the rest of her consumption will be directly from the breast and she will take what she needs when you are back together. Many infants will reverse cycle feed thereby getting their primary calorie consumption in the evenings and nights. Mothers should be aware of this and welcome it as a terrific method for maintaining supply.

How should I package milk?

The method that seems to work best for the busy working mother is to start each week on Sunday night by removing 10-12 ounces of frozen breastmilk from the freezer and thawing overnight in the refrigerator. Milk can then be packaged for the care provider in small bottles (e.g., 2.5ozs / 75ml) for consumption throughout the day on Monday. The mother will then express milk on Monday. Monday's milk will be stored overnight and provided for baby on Tuesday. Tuesday's expressed milk will again be stored overnight in the refrigerator and provided on Wednesday, etc. On Friday, milk is packaged in 1- and 2-ounce bags and frozen, clearly labeled with the date. Using this pattern, the baby will only receive frozen breastmilk once each week as the stressful week progresses. Freezing in small packages will allow mom to pull one or two ounces from her freezer on Thursday or Friday if needed without having to defrost and potentially waste 5 ounces of frozen breastmilk.

1. Milk expression can be achieved by hand or pump.
2. Wash hands with soap and water prior to milk expression.
3. Current evidence supports the use of plastic bags made of polypropylene or glass for milk storage. Containers for milk storage do not need to be sterilized. They can be washed in hot soapy water, and rinsed or washed in a dishwasher.
4. Label each container with the date of milk expression and the name of your child. After a container is filled with milk, space should be left at the top of the container for expansion.

5. Freshly expressed milk can be stored for various amounts of time:

Room	Above 85F	3-4 hours
Room	60F – 85F	6-8 hours
Cooler with Ice Pack	< 60F	24 hours
Refrigerator	< 40F	3-8 days
Freezer	0 F	3 months
Deep Freezer	< 0F	6-12 months

6. Stored human milk may have a soapy smell and/or taste due to lipase activity. This is normal, but does not guarantee your infant will approve.
7. Fresh milk is better than frozen milk. Use the oldest milk first.
8. Milks may be mixed for use by first cooling warm milk before adding it to already stored milk.
9. Previously frozen milk should not be left at room temperature for more than a few hours, nor should it be refrozen.
10. Infants may have a preference for cool, room temperature, or heated milk.
11. Do not use a microwave to heat milk. Submerge frozen milk in a cup of hot tap water. Gently swirl milk to redistribute fat, remembering that over-agitation

can break down important proteins and should be avoided.

12. There is no evidence that supports throwing away milk that has been pumped during a bacterial/yeast infection of the breasts/infant's mouth. However, milk that appears stringy, foul, or purulent should not be fed to the baby.

Mastitis

Source: *Academy of Breastfeeding Medicine*

Definition

Mastitis is an inflammation of the breast, and is a part of a continuum that starts at engorgement of a wedge-shaped area of the breast (aka "plugged duct"), which may then progress into non-infective mastitis, followed by infective mastitis, and then leading to an abscess when not treated. The clinical definition of mastitis is a tender, hot, swollen area associated with a temperature 101.3F or greater, chills, and flu-like aching.

Predisposing Factors

- Damaged nipple, especially if infected
- Infrequent or scheduled feedings
- Missing feedings
- Poor attachment or weak or uncoordinated suckling, leading to inefficient removal of milk
- Illness in mother or baby
- Oversupply of milk
- Rapid weaning
- Pressure on the breast (e.g., tight bra)
- White spot on nipple or blocked nipple pore or duct: milk blister, granular material, infection
- Maternal stress and fatigue
- Maternal malnutrition

Management

- Frequent and effective removal of breastmilk (i.e., continue to breastfeed).
- Prior to breastfeeding, apply warm heat to breast.
- Position infant at breast with chin or nose pointing to the blockage to help drain it.
- Massage breast with edible oil or nontoxic lubricant from blocked area towards nipple.
- Hand express after breastfeeding to removal more breastmilk.
- After breastfeeding, apply cold compress to reduce pain and swelling.
- Never abruptly wean, especially after the onset of mastitis, as this condition could worsen to an abscess, which would then need to be surgically removed.
- Get plenty of rest, fluids and nutrition.
- Discuss any medicine you may need for pain or infection with your healthcare provider.
- See Jack Newman MD's website for more information on mastitis.

Thrush

Source: *Anne Smith, IBCLC*

Candida (also called yeast, thrush) is a fungus that occurs naturally in the mucous membranes and on the skin. Use of antibiotics promotes the overgrowth of yeast by killing off the "good" bacteria that normally keep the yeast from multiplying too quickly.

If you or your baby have recently been on antibiotics, if you have had a vaginal yeast infection during the last several months (or any time during your pregnancy), or if your nipples are cracked, then you and your baby are at risk for developing a yeast infection. Other factors that make you more susceptible to yeast include use of steroids or hormonal contraceptives, or chronic illness such as diabetes or anemia.

Symptoms of yeast infection in your baby include creamy white spots or patches on the gums, cheeks, and/or tongue. The spots may look pearly, and may be surrounded by redness. If you gently scrape the spot, it may be reddish underneath (unlike a coating of milk on the tongue). Sometimes the inside of the lips or the saliva may have a “mother of pearl” appearance. The baby may be fussy and gassy, and sucking may be uncomfortable for him. He may pull off the breast, or may refuse to nurse at all. It is possible for him to have an overgrowth of yeast and have no symptoms. Yeast can also cause a rash in the baby’s diaper area. The rash is red or bright pink, and may be scaly; it may also contain raised red spots or sore looking pustules. Use of standard diaper rash medications does not clear up yeast rash.

Symptoms in the mother include severe stinging, burning pain, which may be on the surface of the nipples, or may be felt deep inside the breast. Pain often continues throughout the feeding and in between feedings – especially immediately after. Sometimes sharp, shooting pain radiates from the nipple into the breast or into the back or arm. Nipples are sensitive to light touch, so it may hurt to have clothes rubbing against them, and it may be very painful to take a shower and have the hot water spray touch the breast. Nipples may look puffy, scaly, flaky, weepy, or have tiny blisters. They may be itchy, and are often a deep pink color. Generally, they do not look as bad as they feel. Untreated yeast infections can lead to plugged ducts and mastitis because breastfeeding does not occur as efficiently because of the pain. Mother’s may also have yeast vaginally, in the fingernails, under the arms, or in the groin.

Thrush needs to be managed by a doctor and a lactation consultant. Regardless of whether or not both mother and baby have symptoms, both mother and baby need to be treated for thrush. Contrary to its popular use, yeast have

become resistant to nyastatin, and therefore it is no longer a first line treatment. If you believe you have thrush, get professional help as soon as possible. You can also do the following to assist in treatment: wash your hands often, nurse more frequently for shorter amounts of time, drink green tea 3-4 times a day, eat yogurt, take 1-2 capsules of Caprylic acid supplement with each meal, after breastfeeding apply a solution of one cup water and one tablespoon of vinegar followed by an over-the-counter antifungal cream, and decrease consumption of foods high in sugar and/or yeast. There is no evidence to support dumping any breastmilk that you pump during a thrush infection.

Infant Formula

Breastfeeding is the ideal method of feeding your baby. However, sometimes that is not possible. When there is no human milk for your baby, there are different formulas available. Discuss with your baby’s doctor what is best for your baby. Your baby should not receive any cow’s milk for the first year of his/her life.

Preparing formula

It is important to remember that there are different kinds of formula: ready-to-feed, powdered and concentrate. Take time to read the instructions on the label. Too little or too much water added can make your baby very sick.

Your baby’s doctor may have special instructions to mix formula, depending on your baby’s need.

Bottle-feeding

When feeding your baby with a bottle, hold your baby close. Burp baby after 1 to 2 ounces. Try not to hold your baby in the same position all of the time. For equal sided brain development, studies suggest alternating which arm you hold your baby in at feeding time.

Burping

- Whether you are breastfeeding or bottle-feeding, the way you burp your baby will be the same.
- Don't force your baby to burp.
- Breastfed babies take in less air and may not need to burp. If feeding slows down, try burping again. Burp your baby before switching to the second breast.
- Bottle fed babies will need to be burped after every 1/2 to 1 ounce of formula. Try the following positions to burp your baby:
 - Baby sitting on your lap, supporting your baby's head and shoulders.
 - Laying your baby over your lap with baby's stomach resting on your lap.

In all positions, pat or rub your baby's back.

General Baby Care

Your new baby depends totally on you for care. As you get to know and learn to care for your baby during the coming days and months, this section will help you understand and respond to your baby's needs.

Immunizations

You may have received a green immunization card if your baby received the first dose of the Hep-B vaccine at McLaren Regional Medical Center. It is important to follow up with the vaccines as scheduled. This insures that your baby is safe from many illnesses. If you have any questions or concerns, contact your health care provider.

Care of Genitals For Boys and Girls

Circumcised Boys:

- Watch for bleeding. Call your baby's doctor if bleeding occurs.
- After every diaper change, wash gently around the circumcision with water only. Apply petroleum jelly and gauze to the glans (head of the penis) for 24 hours and diaper loosely.
- The glans may look dark red at first and then change to pink covered with yellow. This is normal and will go away in 2 to 3 days.

Uncircumcised Boys:

- Wash the penis with water. You do not have to retract the foreskin from the penis. This will remain attached until your son is older.
- Ask your baby's doctor for advice as your son becomes older.

Girls:

- Wash the genitals from front to back. Do not use soap, as it can be irritating.

- ❖ You may notice an occasional white mucous discharge and/or blood streaks with diaper changes. This is normal and will stop after a few weeks.
- ❖ You may notice a rusty powder in the diaper. This is called “brick dust” and is normal.

Umbilical Cord Care

When you first take your baby home, he/she still has a part of the umbilical cord attached. There are no nerve endings in the cord. It does not cause pain when you care for the cord.

- ❖ Clean the skin around the cord with a mild soap and water. Be sure to clean the base of the cord thoroughly.
- ❖ Check with your caregiver for any special preference for cord care.
- ❖ Do not put the diaper over the cord until after the cord falls off.
- ❖ It will take 7 to 14 days for the cord to fall off.
- ❖ When the cord falls off, you may notice a few small drops of blood, and the area may look yellow. This is normal. If there is a foul odor, drainage or a large amount of bleeding, call your baby’s doctor.

Stools/Wetting

- ❖ When your baby is 10 days of age, he/she should be wetting 6 to 10 diapers a day.
- ❖ The number of stools a baby has differs with each infant. Each baby will develop his/her own pattern by the second week of life.
- ❖ The number of soiled diapers is most numerous by the third to sixth day of age. This will decrease by the second week of life. Some babies soil their diaper with each feeding; others have a soiled diaper every 3 to 4 days.

- ❖ In the first 12 to 48 hours, the stools are thick, black and sticky. This is called meconium. Bottle fed babies will develop brownish, pasty stools (the consistency of peanut butter).

Bathing

- ❖ Bathe your baby only 2 to 3 times per week.
- ❖ Bathe your baby at a time that fits into your schedule. If your baby is not sleeping at night, bathe your baby before putting him/her to bed. The warm bath will relax your baby.
- ❖ Avoid bathing your baby right after he/she has eaten as it may cause your baby to throw up.
- ❖ When bathing, the room should be warm and free of drafts.
- ❖ To remove dried food, stool, formula or breast milk from your baby’s skin, soak the area with a warm, wet wash cloth for a few minutes before washing.



- Use mild soap without perfumes or colors.
- Wash your baby starting with the head and moving toward the toes. Be sure to rinse the soap off well. Soap may cause dry skin.
- Clean your baby's ears and nose with a wet wash cloth wrapped around your finger.
- Never use cotton swabs to clean the nose and ears.
- Cut your baby's nails while he/she is sleeping. Use scissors with rounded tips or baby clippers.

Infant Clothing

Clothing for your baby needs to be comfortable. It is also important to protect your baby. Babies should not use sunscreen until they are 4 to 6 months of age. Here are some tips to use in dressing your baby:

- Dress your baby in the same number of layers as you would for yourself and according to the temperature.
- If your baby is damp around the neck from sweat, has red cheeks, or has skin that is warm to the touch, she/he may be overdressed.
- Dress your baby in a hat or bonnet when going outdoors to protect the head from sunburn.
- Wash your baby's clothing before use. Wash your baby's clothes separately from the rest of your family's clothing and use a mild soap or detergent that is specific for baby clothes.
- Do not use fabric softeners.

Jaundice

Jaundice is caused by too much bilirubin in the blood. Bilirubin is released into the blood when red blood cells are broken down.

- Most jaundice in newborn babies is a normal

event and is not serious. In most cases, the jaundice will be mild and resolve after a few days, often without any treatment.

- Watch your baby for jaundice by looking at the color of the skin and the white of the eyes.

Jaundiced babies will appear "yellow" and will have a yellow after-tone when you press gently on the skin and release. Call your baby's doctor if your baby develops jaundice.

Infant Safety

- As your baby grows and begins to experience his/her surroundings, it is important that you make his/her environment as safe as possible. Each year, thousands of infants are injured or killed as a result of accidents.
- Use the following checklist to make your home is as safe as possible:

In the Crib

- Be sure spaces between the slots of your crib are no more than 2 3/8 inches.
- Make sure the mattress fits the crib snugly so your baby cannot slip between the mattress and the sides of the crib.
- No bumper pads, stuffed animals, or blankets in the crib.
- Do not use pillows.
- Keep pins, buttons, coins and plastic bags out of reach.
- Place crib out of direct sunlight. Babies can sometimes get burned if left in the sun.
- Place crib away from cords of draperies and blinds.
- Due to the risk of suffocation, it is not recommended that babies share a bed with other children or adults.

- ❖ Babies should be placed on their back for sleep, not on their sides or stomachs. There is a higher incidence of Unsafe Sleep Deaths for babies sleeping on their stomachs.

In the Bath

- ❖ Always check the temperature of bath water before you put your baby into the water. It should be warm but never hot.
- ❖ Keep one hand on your baby at all times.
- ❖ NEVER leave your baby alone in the tub.

In the House

In the beginning, your new baby may spend a lot of time in the crib or in an infant chair. The main concern at this stage is to keep the baby from falling or from getting too cold or hot. As the baby starts crawling and moving on his/her own, you need to take more safety measures.

- ❖ Guard the stairways with gates at the top and bottom. Only wall-mounted gates should be installed at the top of the stairways.
- ❖ Cover all electrical outlets with safety caps.
- ❖ Keep high chairs, playpens, and infant seats away from stoves, work counters, radiators and furnaces.
- ❖ Always use the restraining systems in strollers or high chairs.
- ❖ Baby-proof your home by removing small objects, breakable objects, sharp objects and large furniture that may be tipped over. Also place baby-safe locks on all cupboards or drawers that you would not want your baby to open.
- ❖ Avoid toys with small parts that may be removed and swallowed.
- ❖ Keep electric cords out of reach.
- ❖ Keep all poisonous products out of reach.
- ❖ Keep plastic bags out of reach.

- ❖ Some plants can be poisonous. You may want to give them away. A list of these can be obtained from the local Poison Control Center.

In the Car

- ❖ Michigan law states that infants (up to one year of age) must be placed in an approved rear facing car seat.



Growth and Development

The following are general rules about your baby's growth and development. Some babies develop faster than others. Try to avoid comparing your baby's growth to another baby's. Babies learn to walk, talk, speak and do other things in their own timeframes. These guidelines are simply meant to give you a general idea.

0-3 Months

- › Sleeps a lot, but not through the night until about 3 months or 12 pounds.
- › Cries a lot in first month but eventually makes other sounds too, like cooing and gurgling.
- › Comforts self with thumb or pacifier.
- › Diet composed of breast milk or formula.

3-6 Months

- › Likes to grab things and put in mouth; make sure small objects are kept out of reach.
- › Begins to roll over: NEVER leave baby unattended on bed, changing table or anything baby can fall from.
- › Can sit up with support.

- › Makes other sounds, like gurgling and cooing, maybe even "dada"
- › Some babies begin solid foods. Start with single-ingredient items, such as rice cereal. Check with your care giver for recommendations

6-9 Months

- › Moves from creeping to crawling.
- › Begins teething.
- › Learns to make more sounds and words like "dada".
- › Develops fear of strangers.
- › Learns to finger-feed.
- › Enjoys dropping and throwing things.

9-12 Months

- › Pulls up and walks along furniture. More mobile, may begin walking.
- › Begins to say a few words.
- › Understands more of what is said to him/her. Likes games such as peek-a-boo and patty-cake.



12-24 Months

- Enjoys walking, climbing, running.
- Can stack a few blocks at a time.
- Uses cup with ease.
- Becomes a picky eater.
- Seems to get into everything.
- Begins to show independence, tries to dress self, turn pages.
- May say simple sentences, like "Thank you".
- Is very possessive; does not like to share.
- Likes to imitate mom and dad.

24-36 Months

- Strings together simple sentences, may stutter.
- Temper tantrums may erupt, especially as child nears age 3.
- Wants things his/her way and wants to do things him/herself.
- May show readiness for potty training.
- Enjoys running, kicking large balls, climbing.
- Vocabulary improved. Can ask for things by name, such as "juice" or "ball".
- Walks upstairs.

Helpful Hints – Common Worries

Sucking

- Most babies have a need to suck. They may suck their fingers, thumbs or any other small object.
- Pacifiers may be used as a substitute for sucking but make sure your baby is not

hungry or wanting attention before giving one to him/her.

- Don't use a bottle of juice for a pacifier! This may lead to decaying of teeth.

Crossed Eyes

- When your baby is awake or alert your baby's eyes should look straight at you. But when your baby is tired, one eye may turn in. This should occur less often as your baby grows older and gains better control of his/her vision.
- If your baby continues to cross his/her eyes past 3 months of age, check with your caregiver for advice.

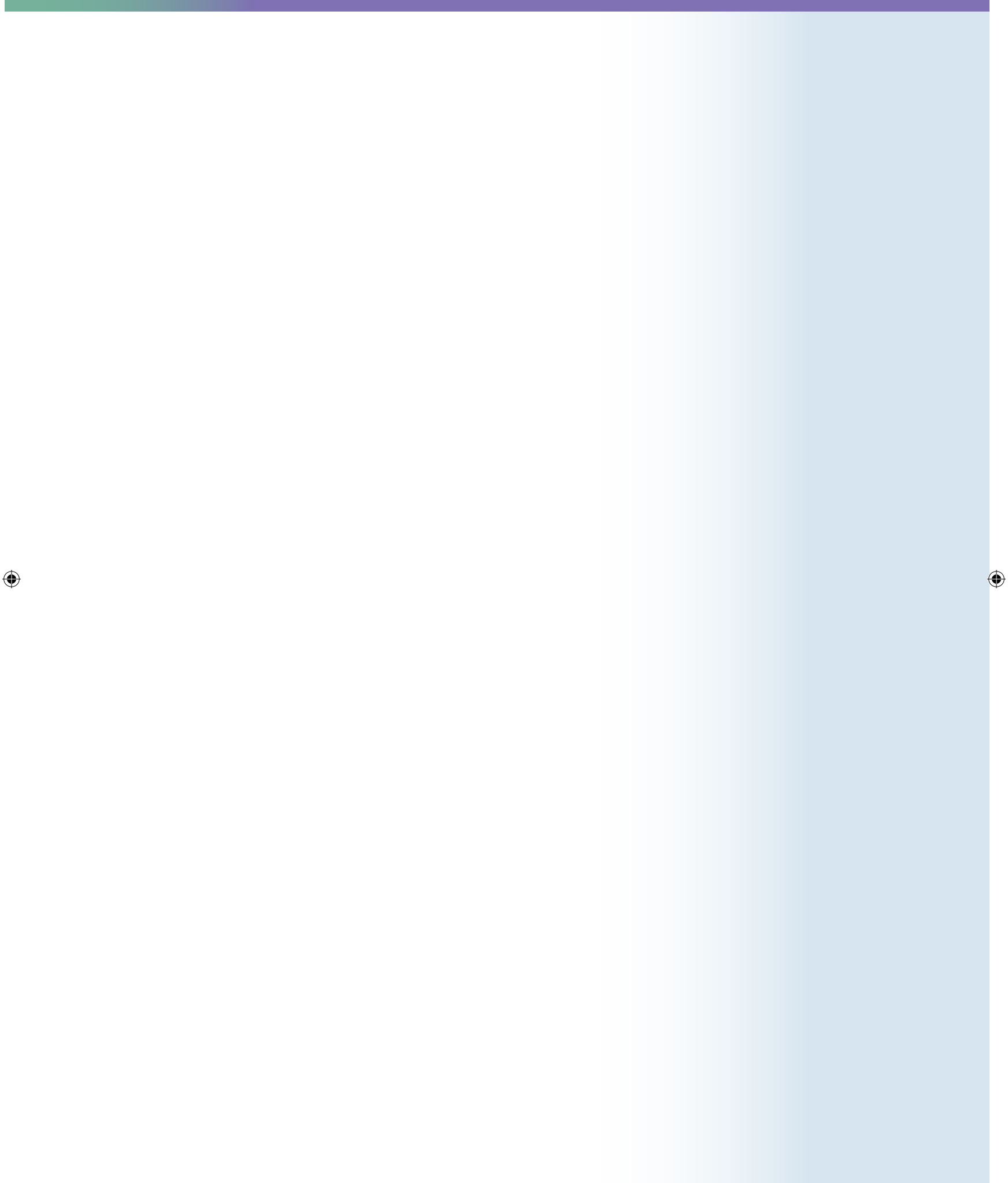
Colds

- Many babies have a slightly stuffy, rattley noise in their nose nearly all the time. This is not a cold but can be caused by narrow air passages.
- Babies may have two or three colds in the first year.
- During colds, most babies become a little fussy and lose part of their normal appetite. They may have runny noses with clear, watery drainage that turns thick and sticky in a few days. Check with your caregiver to see if your baby requires any medication.

Notify Your Caregiver at Once if:

- Your baby seems very weak and does not have enough energy to cry loudly or to eat.
- Your baby has to work hard to breathe.
- Your baby cries or moans as if in pain for several hours.

Notes





FLINT

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