



# GOING HOME

*A Teaching/Learning Reference Guide for New Families*



DOING WHAT'S BEST.

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# RESOURCE NUMBERS

## **MOTHER'S HEALTHCARE PROVIDER**

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PHONE NUMBER

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FOLLOW-UP APPOINTMENT

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## **BABY'S HEALTHCARE PROVIDER**

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PHONE NUMBER

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FOLLOW-UP APPOINTMENT

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## **McLAREN BAY REGION**

MAIN NUMBER (989) 894-3000

FAMILY BIRTHPLACE (989) 894-3020

EMERGENCY DEPARTMENT (989) 894-3111

## **BREASTFEEDING SUPPORT SERVICES**

LACTATION CONSULTANT (989) 894-3935

LALECHE LEAGUE INTERNATIONAL 1-800-525-3243

BREASTFEEDING NATIONAL NETWORK 1-800-TELL-YOU

GREAT LAKES MOTHER BABY CAFE (989) 992-1803

**POISON CONTROL CENTER 1-800-764-7661**

## **LOCAL NUMBERS (CHECK YOUR LOCAL AREA AND FILL IN:**

POLICE (NON-EMERGENCY ONLY)

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FIRE DEPARTMENT (NON-EMERGENCY ONLY)

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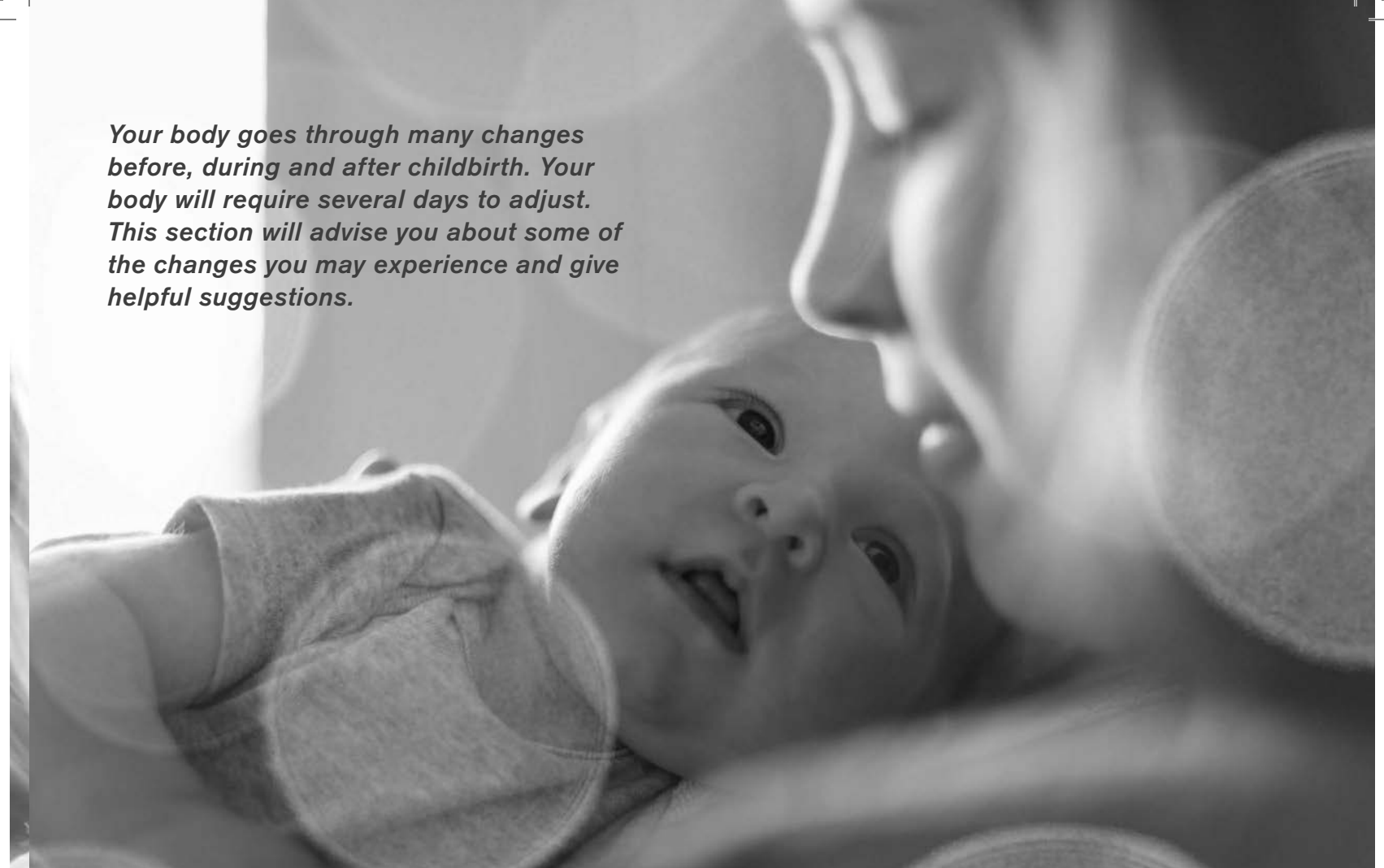
## **EMERGENCY - 911**

**2-1-1 IS A FREE NUMBER THAT CONNECTS PEOPLE IN NEED WITH RESOURCES THAT CAN HELP. CALL 24 HOURS A DAY, 7 DAYS A WEEK.**

# INTRODUCTION

McLaren Bay Region 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.*

## **REST**

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

## **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 heal, use the following measures:

1. Each time you use the toilet, use your “peribottle” to rinse. Do this for about four 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 100.4 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
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.

## **MOOD CHANGES AFTER YOUR BABY'S BIRTH**

The time after birth and adjusting to parenthood can be challenging. You are experiencing many physical and emotional changes, and some may be very confusing and perhaps frightening. You may find yourself asking: "Am I all alone?"

Some new mothers have a variety of reactions that are commonly described as "Baby Blues", which occur during the first one to two weeks after birth. Symptoms may include crying for no obvious reason or feeling tired, impatient, restless or anxious. However, if your symptoms last more than two weeks, it could be Postpartum Depression (PPD).

Postpartum Depression (PPD) can happen any time during the first year after birth. Women who have dealt with PPD describe their feelings as:

- "It feels scary"
- "I cry almost every day"
- "It feels out of control"

- "I feel sad and depressed a lot and have no interest in things I used to enjoy"
- "Everything looks hopeless"
- "Sometimes I have frightening thoughts and feelings"
- "I feel like a bad mother"
- "I feel so guilty"
- "I can't concentrate"
- "I can't sleep"

Talk to someone you trust about the way you are feeling. Let your partner know. Find supportive people who can help you, and accept their help. If self-help measures are not enough, call your health care provider. You are not alone.

McLaren Bay Psychiatric Associates: 989-922-4900

Bay Arenac Behavioral Health: 1-800-327-4693

List Psychological Services: 989-460-1000

[www.depressionafterdelivery.com](http://www.depressionafterdelivery.com)

[www.postpartum.net](http://www.postpartum.net)

[www.postpartumDADS.org](http://www.postpartumDADS.org)

[www.ppdsupportpage.com](http://www.ppdsupportpage.com)

[www.postpartumprogress.com](http://www.postpartumprogress.com)

# **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.

## **BIRTH CERTIFICATES/ESTABLISHING PATERNITY/YOUR BABY'S BIRTH CERTIFICATE**

Here at McLaren Bay Region's Family BirthPlace, we want make sure your baby's birth certificate is complete, correct, and available to you as soon as possible after delivery. You will receive a Birth Certificate Worksheet from your nurse at the hospital to be filled out. If you need help filling out this worksheet, please call Health Information at 894-3865 or ext. 43865 within the hospital. Some important things to know about birth certificates:

- After your baby is born, the birth certificate needs to be completed and signed before leaving the hospital. You need to decide the baby's name and how you want it spelled
- The birth certificate will be ready in approximately six weeks from signing. You will be able to pick up an official copy of the birth certificate at the Bay County Clerk's Office. The Bay County Clerk's office is located at 515 Center Avenue Bay City, MI 48708. Their phone number is (989) 895-4280
- Social Security cards will be mailed directly to the mother's address in 8-10 weeks. If you need the baby's social security number (for taxes, passport, etc.), call your local Social Security office
- If you make any changes or corrections to the birth certificate after you leave the hospital, there will be a \$50 charge

## **SINGLE PARENTS**

Single parents wanting to claim paternity for their baby, need to complete and sign an AFFIDAVIT OF PARENTAGE in the presence of a hospital Notary Public. The mother and the father of the baby must have a current valid driver's license or state-issued picture ID. If you do not claim paternity the father's name CANNOT be on the birth certificate.

## **RECENTLY DIVORCED PARENTS**

If you have been divorced less than 12 months and want to claim paternity other than your ex-husband; you must bring your final divorce papers with you. Divorce papers must state clearly that your ex-husband is not the baby's father and be signed by a Judge in order to file paternity. To claim paternity you will need to complete and sign the AFFIDAVIT OF PARENTAGE form in the presence of a hospital Notary Public. You and the father of the baby must have a current valid driver's license or state-issued picture I.D. when signing the Affidavit of Parentage.

## **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 6-9 wet diapers in 24 hours once milk supply has come in.
- 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.

### BABY'S SECOND NIGHT

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again... and now it's your baby's second night.

All of a sudden, your little one discovers that he/she's no longer back in the warmth and comfort (albeit a bit crowded) womb where he/she has spent the last 8 1/2 or 9 months -- and it is scary out here! Your baby isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, your baby is in a crib, swaddled in a diaper, a t-shirt, a hat and a blanket. All sorts of people have been handling him/her and your baby's not yet become accustomed to the new noises, lights, sounds and smells. Your baby's found one thing though -- and that's his/her voice. And you find that each time you take your baby off the breast where he/she comfortably drifted off to sleep and is put in the bassinet, loud protesting begins.

In fact, each time you put your baby back on the breast, he/she nurses for a little bit and then goes to sleep. As you take him/her off and put him/her back to bed, he/she cries again and starts rooting around, looking for you. This goes on, seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that but the baby's sudden awakening to the fact that the most comforting and comfortable place for him/her to be is at the breast. It's the closest to "home" he/she can get. It seems that this is pretty universal among babies -- lactation consultants all over the world have noticed the same thing.

So what do you do? When he/she drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of your baby's mouth. Don't

move your baby except to pillow his/her head more comfortably on your breast. Don't try and burp him/her -- just snuggle with your baby until he/she falls into a deep sleep where he/she won't be disturbed by being moved. Babies go into a light sleep state (REM) first and then cycle in and out of REM and deep sleep about every 1/2 hour or so. If he/she starts to root and act as though he/she wants to go back to the breast, that's fine. This is the way your baby has of settling and comforting.

Another helpful hint. Your baby's hands were his/her best friends in utero. The infant could suck on his/her thumb or his/her fingers anytime he/she was the slightest bit disturbed or uncomfortable. And all of a sudden your baby's had them taken away and someone has put mittens on! Your baby has no way of soothing with those mittens on. Babies need to touch, to feel, and even his/her touch on your breast will increase your oxytocin levels, which will help boost your milk supply! So take the mittens off and loosen your baby's blanket so he/she can get to their hands. Your baby might scratch the skin, but it will heal very rapidly. After all, he/she had fingernails when your baby was inside you and no one put mittens on then!

By the way, this might happen every once in awhile at home, too -- particularly if you've changed the environment, such as going to the doctor's, to church, to the mall, or to the grandparents. Don't let it throw you -- sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is "home."

Source: ©Lactation Education Consultants. May be reproduced for non-commercial purposes.

## **ONLINE RESOURCES**

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

**Jack Newman, MD**

[www.breastfeedinginc.ca](http://www.breastfeedinginc.ca)

## **Stanford University**

[www.newborns.stanford.edu/Breastfeeding](http://www.newborns.stanford.edu/Breastfeeding)

## **General Evidence-Based Breastfeeding Info**

[www.kellymom.com](http://www.kellymom.com)

## **African-American Breastfeeding Support**

[www.mochamanual/bb360](http://www.mochamanual/bb360)

## **International Lactation Consultant Association**

[www.lactationmatters.org](http://www.lactationmatters.org)

## **Safe Sleep and Breastfeeding**

[www.cosleeping.nd.edu](http://www.cosleeping.nd.edu)

## **Medication/Herbs and Breastfeeding Compatibility**

[www.toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT](http://www.toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT)

## **Human Milk Sharing**

[www.hm4hb.net](http://www.hm4hb.net)

## **Breastmilk Pumping**

[www.workandpump.com](http://www.workandpump.com)

## **SORE NIPPLES**

Source: Kathleen Huggins, RN,MS, IBCLC

- Ensure proper positioning and latch
- In between feedings: air dry (use a nipple shell if you cannot go topless)
- Hand express briefly prior to latching on to allow for deeper latch
- Gently massage breast while nursing to ease milk flow
- Begin feeding with early feeding cues, starting with least sore side first (before baby cries)
- Use good hand washing technique
- Rinse nipples with water or mild soap and water after nursing
- Various nipple ointments may be helpful when applied after breastfeeding (i.e., lanolin or coconut oil)

## MILK SUPPLY

Source: Kelly Bonata, IBCLC

Is your milk supply really low? If your baby is gaining weight well on breast milk 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 an indicator that baby is getting enough milk. Potential causes of low supply include:

- 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 breast milk.
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.

### ***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 breast milk, although some babies need more. It is important to review appropriate feeding cues with caregivers so breast milk 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 the consumption will be directly from the breast and he/she will take what is needed 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 breast milk 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 breast milk 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 breast milk.

## **HANDLING AND STORAGE**

Source: Academy of Breastfeeding Medicine

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 100.4F 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 breast milk (i.e., continue to breastfeed).
- Prior to breastfeeding, apply warm heat to breast briefly. (Prolonged heat can cause inflammation.)
- 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 remove more breast milk.
- 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. The infant may pull off the breast, or may refuse to nurse at all. It is possible for him/her 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 anti-fungal cream, and decrease consumption of foods high in sugar and/or yeast. There is no evidence to support dumping any breast milk that you pump during a thrush infection.

## **COMMUNITY RESOURCES**

### **Great Lakes Bay MotherBaby Café**

Call (989) 992-1803 for more information or ‘like’ our Facebook page @greatlakesbabycafe

### **International Board Certified Lactation Consultant**

Find a group in your area online at [www.ilca.org](http://www.ilca.org)

### **Michigan La Leche League**

Find a group in your area online at [www.llli.org](http://www.llli.org)

### **WIC Breastfeeding Support Groups**

Call (989) 895-4002 for more information. You do not need to qualify for WIC assistance to participate

## **FORMULA FEEDING INSTRUCTIONS**

### ***Formula Choice:***

- Use the formula best suited for your baby. Discuss your family’s allergies and medical history with your baby’s health care provider so the proper formula is selected for your baby.
- Most formulas are made from cow’s milk and some are made from soy plant. Hypoallergenic formulas are made of partially digested proteins.

### ***Preparing Formula:***

The CDC recommends the following guidelines for preparation of infant formula. Thoroughly clean and sterilize all equipment before use.

1. Practice good hand washing with soap and water.
2. Wash feeding equipment in hot soapy water, being sure to use clean teat brushes to scrub inside of bottles and teats to remove all traces of food.
3. After washing feeding equipment, rinse in safe water.
4. Sterilizing: If using a commercial home sterilizer, follow manufacturer's instructions. Here are the steps if sterilizing by using boiling water:
  - Fill a large pan with water and completely submerge all washed feeding & preparation equipment, ensuring there are no trapped air bubbles.
  - Cover the pan with a lid. Bring to a rolling boil, making sure the pan does not boil dry
  - Keep the pan covered until the feeding and preparation equipment is needed.
5. Hands should be washed well before removing sterile feeding and preparation equipment. Use of sterilized tongs for handling these items is recommended.
6. To prevent contamination, remove feeding and preparation equipment just before use.

***Use of Powdered Infant Formula:***

This is not sterile, therefore powdered formula is not recommended for pre-term babies or those who may have a weakened immune system. It is best to make powdered formula fresh for each feed, otherwise there is a higher risk for the growth of harmful bacteria.

1. To prepare powdered formula, follow the instructions above. Mix the formula according to the directions on the formula can using safe water that is no less than 158 degrees F/70 degrees C.
  - If you do not have access to boiling water, you may wish to use sterile liquid infant formula. Otherwise, you can prepare feeds using fresh, safe water at room temperature and feed to baby immediately.

2. Be aware that depending on the water source for mixing formula, there may be an increased risk of dental fluorosis (mottled tooth enamel) for your child if the water is fluoridated.
3. If formula must be prepared in advance, immediately place the mixed formula in the refrigerator. It can be stored in the refrigerator for up to 24 hours.
4. To avoid waste, store pre-mixed formula in a sterile jar and pour the volume you think you'll need for a feeding in a bottle just before feeding your baby. Immediately re-seal the storage jar and return it to the refrigerator to avoid bacterial contamination.

***Use of Liquid***

Formulations of infant formula are made to be sterile and should not transmit harmful bacteria when handled carefully. Prepare according to instructions on the formula can using safe water and proper hygiene as described above. Formula prepared from concentrate can be stored safely in the refrigerator for up to 48 hours.

***Re-warming Formula for Feedings:***

1. Remove stored formula from the refrigerator just before it is needed.
2. To decrease the risk of harmful bacterial growth, formula should not be left warming for more than 15 minutes.
3. Never use a microwave oven to re-warm formula!
4. Check the feeding temperature before feeding to avoid scalding the baby's mouth.
5. Discard any re-warmed formula that has not been consumed within 2 hours.

***Transporting formula:***

If you need to transport formula for future feedings, make sure the formula is cooled quickly after preparation and is refrigerated until cold before transporting to decrease the risk of harmful bacterial growth.

***Feeding Patterns:***

Most babies eat every 2 to 4 hours. During the early

weeks, do not let your baby go longer than 4 hours without waking him for a feeding.

- Avoid feeding your baby on a fixed schedule, rather feed your baby when he shows signs of hunger, such as awakening, sucking motions, or bringing his hands or fists to his mouth.

#### ***Feeding Volume:***

- Most babies will take 1 to 2 ounces at a feeding. By the end of the first week most babies are taking 2 to 3 ounces at a feeding.
- It is best to let the baby decide how much to take at a feeding. This volume may vary from one feeding to the next. Do not force your baby to finish the bottle unless there is a weight gain problem and your baby's health care provider has advised you to increase baby's intake.

#### ***Holding Baby for Feedings:***

- Always hold your baby in a semi-sitting position to help prevent ear infections.
- Never prop his bottle.
- Make sure the bottle nipple is filled with formula so baby does not take in excess air with feedings.
- Switch arms when holding your baby to allow both eyes to develop equally. Your baby will love to look at you during feedings.
- If your baby eats very quickly he is more likely to over eat and spit up after feedings. Pacing the feeding will allow for plenty of cuddle time. Interacting with your baby during feedings will promote bonding, trust and brain development!

#### ***Signs That Baby is Getting Enough to Eat:***

- Your baby should have at least 1 soft stool a day and 6 or more heavy wet diapers.
- If your baby has hard formed stools or trouble having a bowel movement, call your baby's health care provider.

## **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 to 2 ounces 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.

## **REASONS NOT TO BREASTFEED**

The American Academy of Pediatrics Committee on Drugs recommends that "Mothers who use 'street drugs' or 'drugs of abuse' should NOT breastfeed their baby because these drugs are hazardous to the nursing infant and to the health of the mother."

Frequent use or having more than a drink or two of alcohol on occasion is not recommended for breastfeeding moms.

Use of prescription drugs in a way other than how they were prescribed is illicit drug use. Commonly abused prescription drugs include Vicodin, Oxycodone, Percodan, Xanax and Adderall. While pain medication may be appropriate for a few days with minimal risk to baby, long term use can significantly affect baby's feeding behavior, growth and development.

Amphetamines tend to accumulate in breast milk, causing irritability and sleeplessness in the breastfed baby.

Marijuana should not be used by breastfeeding mothers. The active ingredient, THC, is concentrated in human milk and a nursing baby will test positive in urine screens for up to 3 weeks after the mother uses marijuana.



Babies exposed to second-hand smoke from marijuana will ALSO have an increase in the amount of drug received AND be exposed to other risks from smoke, such as asthma and Sudden Infant Death Syndrome (SIDS). "Street drugs" are rarely pure and may be laced with other drugs that may be harmful to baby. Some studies have found that marijuana exposure through mother's milk was associated with decreased motor development at age one year. There is concern that marijuana use could alter brain cell metabolism in the delicate, developing brain of an infant.

Illegal substances such as cocaine, heroin, and hallucinogenic amphetamines like "Ecstasy" can pass into mother's milk. Cocaine can cause intoxication in the breastfed baby, while heroin can cause addiction with accompanying withdrawal symptoms. Please be aware that your baby could be exposed to significant amounts of these harmful substances through your breast milk.

No matter what feeding method you choose, use of drugs/alcohol will alter your ability to care for your baby.

Please: Do not knowingly risk your baby's life and well-being. If you have a drug problem, get help!

## **DANGERS OF CIGARETTE SMOKING IN THE HOME**

Second-hand smoke is breathing in someone else's smoke. This is especially dangerous to infants and children, causing serious health problems. Studies show that removing cigarette smoke from a home can reduce the risk of Sudden Infant Death Syndrome (SIDS) by up to 80%.

Third-hand smoke is the smoke, nicotine, and tobacco residue left behind after someone smokes. These chemicals linger on surfaces in the room and on hair and clothing. Exposure to third-hand smoke is known to increase the risk of asthma and other breathing problems, as well as certain types of cancer. These risks are greatly increased in infants, as their lungs are more fragile than adults.

For help to quit smoking, call 1-800-QUIT-NOW or 1-800-784-8669. You can also visit [www.baycounty-mi.gov](http://www.baycounty-mi.gov) or [betobaccofree.gov](http://betobaccofree.gov).

## **COUNSELING SERVICES AVAILABLE**

### **Bay-Arenac Behavioral Health**

Regional Coordinating Agency for Mental Health and Substance Abuse Services

Women's Specialty Services:

Call 1-800-448-5498

For emergency services 24 hours a day/7 days a week:  
Call 1-800-327-4693 or 895-2300  
(Outpatient, intensive outpatient, residential, methadone, women's and children's specialty programs)

### **Bay County Neighborhood Resource Center**

709 Ninth Street, Bay City

(989) 895-3510

Provides parenting and prevention programs.

### **McLaren Bay Psychiatric Associates**

690 S. Trumbull Street, Bay City

(989) 922-4900

### **Bay Psychological**

1420 Center Ave., Bay City

(989) 686-1990

### **List Psychological Services**

126 Washington Ave., Bay City

(989) 684-7977

or

3741 E. Wilder Rd., Bay City

(989) 460-1000

### **Sacred Heart Rehabilitation Center**

1106 Washington Avenue, Bay City

(989) 894-2991

Monday - Friday hours available

# 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.

**Five Childhood Vaccines can protect your baby from these seven diseases:**

Vaccine	Number of Doses	Recommended Ages	Other Information
DTaP (Diphtheria, Tetanus, Pertussis)	5	2 months, 4 months, 6 months, 15-18 months, 4-6 years	Some children should not get pertussis vaccine. These children can get a vaccine called DT (diphtheria & tetanus).
Hepatitis B	3	Birth, 1-2 months, 6-18 months	
Polio	4	2 months, 4 months, 6-18 months, 4-6 years	An additional dose of polio vaccine may be recommended for travel to certain countries.
Hib ( <i>Haemophilus influenzae</i> type b)	3 or 4	2 months, 4 months, (6 months), 12-15 months	There are several Hib vaccines. With one of them the 6-month dose is not needed.
PCV13 (pneumococcal)	4	2 months, 4 months, 6 months, 12-15 months	Older children with certain health conditions may also need this vaccine.

## IMMUNIZATIONS

### HEPATITIS B VACCINE

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

Your healthcare provider might offer some of these vaccines as combination vaccines – several vaccines given in the same shot. Combination vaccines are as safe and effective as the individual vaccines, and can mean fewer shots for your baby.

For more information on immunizations, call 1-800-232-4636 (1-800-CDC-INFO).

Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis).

Vaccine Information Statement (Interim)  
(10/22/2014) - 42 U.S.C. § 300aa-26

Department of Health and Human Services  
Centers for Disease Control and Prevention

## CARE OF GENITALS FOR BOYS AND GIRLS

### CIRCUMCISED BOYS:

- Watch for bleeding. Call your baby's doctor if bleeding occurs.
- After every diaper change, 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 or health care provider 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 10 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 SECURITY AT HOME

McLaren Bay Region takes important precautions to ensure the safety of your newborn while you're in the

hospital. Here are a few suggestions to help keep your baby safe once you bring him/her home:

- Newspaper and birth announcements should never include your address.
- Outdoor decorations such as balloons or signs could attract a potential abductor.
- Allow only people you know well and are comfortable with into your home.
- Be careful of new acquaintances, especially if you met them since you became pregnant.

## 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 list to make your home 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.

#### **Online Resources:**

- Safe to Sleep Public Education Campaign [www.nichd.nih.gov/sts/Pages/default.aspx](http://www.nichd.nih.gov/sts/Pages/default.aspx)
- Centers for Disease Control and Prevention [www.cdc.gov/sids/Parents-Caregivers.htm](http://www.cdc.gov/sids/Parents-Caregivers.htm)
- Cribs for Kids [www.cribsforkids.org](http://www.cribsforkids.org)

### **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**

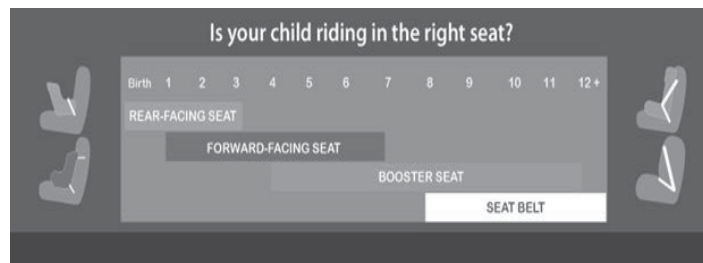
In the beginning, your new baby may spend a lot of time in the crib or in an infant chair. The main concern at this stage is to keep the baby from falling or from getting too cold or hot. As the baby starts crawling and moving on his/her own, you need to take more safety measures.

- 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.
- However, it is recommended that babies and toddlers should ride in a rear-facing car seat until age 2.



- A rear-facing car seat must be buckled into the vehicle seat tightly. The seat should not move more than an inch from side to side or front to back.
- The seat should recline so the child's head lies back on the car seat without falling forward.
- Harness straps should be snug with no slack.
- The harness clip should be at armpit level.
- Always read the instructions that come with the car seat. Follow the weight and height recommendations on the car seat's label.

Source: Michigan Office of Highway Safety Planning

**To learn more or to locate a certified child safety seat technician, visit:**

[www.nhtsa.gov](http://www.nhtsa.gov)  
[www.safercar.gov](http://www.safercar.gov)  
[www.safekids.org](http://www.safekids.org)

## SHAKEN BABY SYNDROME

Knowing what to do to prevent Shaken Baby Syndrome (also known as Abusive Head Trauma) is important. It may be hard to believe, but shaking a baby can forever change or even end a child's life. Here are a few tips to help you prevent the abuse caused by shaking a baby:

- Never shake a baby or young child
- Know which actions may harm a baby or cause Shaken Baby Syndrome, including: spinning a baby, bouncing a baby, or failing to support a baby's head when holding or playing with him or her. Remember, babies are fragile. They need to be treated with care.
- Make sure that anyone who is caring for your baby knows how to hold and handle the child. Tell them to "never shake the baby" and explain that babies are fragile.
- Know what to do if a baby in your care won't stop crying, such as meeting their needs (feed, change diaper, make comfortable), gently rocking or walking with them, taking for a stroller or car ride, putting them in a wind-up swing, talking or singing quietly, calling a friend or relative to give you a break).

Source: Michigan Children's Trust Fund

## LEAD SAFETY TIPS

Protecting children from exposure to lead is important to lifelong good health. No safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. And effects of lead exposure cannot be corrected.

The goal is to prevent lead exposure to children before they are harmed. There are many ways parents can reduce a child's exposure to lead. The most important is stopping children from coming into contact with lead. Lead hazards in a child's environment must be identified and controlled or removed safely.

### *How are children exposed to lead?*

Lead-based paint and lead contaminated dust are the most hazardous sources of lead for U.S. children. Lead-based paints were banned for use in housing in 1978. All houses built before 1978 are likely to contain some lead-based paint. However, it is the deterioration of this paint that causes a problem. Approximately 24 million housing units have deteriorated leaded paint and elevated levels of lead-contaminated house dust. More than 4 million of these dwellings are homes to one or more young children.

### *Who is at risk?*

- Children under the age of 6 years old are at risk because they are growing so rapidly and because they tend to put their hands or other objects, which may be contaminated with lead dust, into their mouths.
- Children living at or below the poverty line who live in older housing are at greatest risk. Additionally, children of some racial and ethnic groups and those living in older housing are disproportionately affected by lead.

### *What can be done to prevent exposure to lead?*

It is important to determine the construction year of the house or the dwelling where your child spends a large amount of time (e.g., grandparents or daycare). In housing built before 1978, assume that the paint has lead unless tests show otherwise.

- Talk to your state or local health department about testing paint and dust from your home for lead.
- Make sure your child does not have access to peeling paint or chewable surfaces painted with lead-based paint.
- Children and pregnant women should not be present in housing built before 1978 that is undergoing renovation. They should not participate in activities that disturb old paint or in cleaning up paint debris after work is completed.

- Create barriers between living/play areas and lead sources. Until environmental clean-up is completed, you should clean and isolate all sources of lead. Close and lock doors to keep children away from chipping or peeling paint on walls. You can also apply temporary barriers such as contact paper or duct tape, to cover holes in walls or to block children's access to other sources of lead.
- Regularly wash children's hands and toys. Hands and toys can become contaminated from household dust or exterior soil. Both are known lead sources.
- Regularly wet-mop floors and wet-wipe window components. Because household dust is a major source of lead, you should wet-mop floors and wet-wipe horizontal surfaces every 2-3 weeks. Windowsills and wells can contain high levels of leaded dust. They should be kept clean. If feasible, windows should be shut to prevent abrasion of painted surfaces or opened from the top sash.
- Take off shoes when entering the house to prevent bringing lead-contaminated soil in from outside.
- Prevent children from playing in bare soil; if possible, provide them with sandboxes. Plant grass on areas of bare soil or cover the soil with grass seed, mulch, or wood chips, if possible. Until the bare soil is covered, move play areas away from bare soil and away from the sides of the house. If you have a sandbox, cover the box when not in use to prevent cats from using it as a litter box. That will help protect children from exposure to animal waste.

***To further reduce a child's exposure from non-residential paint sources:***

- Avoid using folk medicine and cosmetics that may contain lead
- Avoid eating candies imported from Mexico
- Avoid using containers, cookware, or tableware

to store or cook foods or liquids that are not shown to be lead free

- Remove recalled toys and toy jewelry immediately from children
- Use only cold water from the tap for drinking, cooking, and making baby formula (Hot water is more likely to contain higher levels of lead. Most of the lead in household water usually comes from the plumbing in your house, not from the local water supply)
- Shower and change clothes after finishing a task that involves working with lead-based products such as stained glass, making bullets, or using a firing range

Information obtained from [cdc.gov](http://cdc.gov)

# GROWTH & 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 time frames. 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 health care provider 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 has crossed eyes past 3 months of age, check with your health care provider for advice.

## COLDS

- Many babies have a slightly stuffy, rattly 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.
- Call your pediatrician if you suspect a fever and rectal temperature is 100.4 or greater.

## NOTIFY YOUR HEALTH CARE IMMEDIATELY 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.

# DOMESTIC VIOLENCE

Domestic violence/abuse is a pattern of controlling behaviors carried out by one person in an intimate relationship to maintain power and control over the other. It may include physical assaults, sexual assaults, emotional abuse, social isolation, threats, stalking, and intimidation. These are all tactics used by one person in a relationship to control another. The partners may be married, dating, living together, sharing children, or separated. You do not have to be physically assaulted to be abused.

When someone you love hurts you, you may feel alone, as if you are the only one having this problem. Although nobody likes to think of themselves as abused, over one third of all women are abused at some time in their lives. One in six abused women reports that her partner first abused her during pregnancy, which greatly threatens both mom and baby's health.

If you are being hurt or threatened by your partner while you are pregnant, you have a higher chance of:

- Injury to your uterus
- Miscarriage, stillbirth or premature baby
- Getting a dangerous vaginal infection from forced or unprotected sex with someone who has an infection
- Increased first and second trimester bleeding
- Violence also increases your baby's risk of:
  - Weighing too little at birth
  - Having trouble nursing or taking a bottle

- Having sleeping problems
- Being harder to comfort than other babies
- Having problems learning to walk, talk and learn normally
- Experiencing lasting emotional trauma
- Being physically and sexually abused
- Being hurt during a fight

## HOW AM I BEING TREATED?

These Questions May Help You See If You Are Being Abused:

- Do you ever feel like you are walking on eggshells to avoid upsetting your partner?
- Does your partner put you down, call you names, or make you feel bad about yourself?
- Has your partner ever made you do something humiliating or degrading, or embarrassed you in front of others?
- Has your partner intentionally damaged your possessions or threatened to do so?
- Does your partner make all the big decisions and/or control the money?
- Are you afraid that if you left, you would be attacked, harassed, followed, or spied on?
- Has your partner threatened your children, family, friends, or pets?
- Has your partner ever pushed, shoved, slapped, kicked, choked, restrained you physically, or hurt you in any other way?
- Has your partner ever used a weapon to threaten you or threatened to kill you?
- Has your partner forced you to have sex or do sex acts against your will?

If you answered “yes” to any of the questions, you may be feeling confused, scared, embarrassed, and unsure of where to turn. You may even feel you are to blame and that you did something to somehow cause the abuse.

You are not alone. Abuse can affect people of all gender, ages, races, ethnic groups, backgrounds, incomes levels, and educational levels. In order to have a healthy pregnancy and baby, you must be free of violence and fear. You do not deserve to be abused! It can be helpful to talk things over with someone. If you are experiencing domestic violence, you can contact your health care provider for help. Additionally, there are community resources available that will help you develop a safety plan for you and your baby.

Resources:

Bay Area Women’s Center

24-hour crisis line, emergency shelter, counseling and advocacy services and support groups

Phone: (989) 686-4551

[www.bawc-mi.org](http://www.bawc-mi.org)

### ***National Domestic Violence Hotline***

24-hour toll-free information and referrals from anywhere in the U.S.

Phone: (800) 799-SAFE, (800) 799-7233





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