



WHERE EVERY MOMENT MATTERS



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Dear Mom:

Hello, and congratulations on your newborn! What a spectacular feat you have accomplished! We hope you find your stay at Verde Valley Medical Center happy and comfortable.

This is a time of joy, but may also be a time of anxiety for many new parents. Much of your time has been spent reading about and preparing for childbirth. Now your infant is here, and you will have questions and concerns about caring for baby and yourself. We hope the information in this booklet will help you with some of your questions. Please take time to read through this material and alert us, your nurses, to the topics about which you need additional information or education.

It is our sincere hope that you and your family leave Verde Valley Medical Center feeling informed and supported by your regional medical center staff.

As you leave the hospital, we will give you various gifts, provided to you at no charge. Some of these gift packs contain baby products and services. Please be aware that we do not endorse any of these products or services. They are given as a promotion to increase your awareness of currently available items.

Again, congratulations! Enjoy your new bundle and please ask us any questions you need answered. You can always reach us at 928 639-6520.

Sincerely,

Verde Valley Medical Center



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Mother Care



Body changes after delivery

Motherhood may have taken its toll on your body. You probably have some excess weight in unaccustomed places, stretch marks, flabby skin, and hidden problems like vaginal looseness and dryness. It took several months for these changes to take place, and it will take several months for your body to return to what is more normal for you.

Your postpartum period is a time of rapid physical and psychological changes during which your body returns to its non-pregnant state. You and your family will begin to adjust to your new baby. The following information and suggestions may be useful while you are in the hospital and later, when you are at home.

Medications

You may need some mild pain medication for a few days after delivery to relieve slight uterine cramping sensations, or for perineal (the area between the vagina and anus) discomfort. Your doctor has ordered medications that will be available for you while you are in the hospital.

Various “over-the-counter” medications for pain are available to use at home. The most common is acetaminophen, such as Tylenol. Usually aspirin is not recommended. Discuss with your doctor which over-the-counter medication is suggested. You may want to write it here:

If you had a cesarean delivery or a postpartum tubal ligation, you may need stronger medication. Medication will be available while you are in the hospital. When you return home, your doctor may give you a prescription that you will need to have filled at your pharmacy.

Your doctor may recommend taking a stool softener for several days until your episiotomy discomfort has subsided.

Vaginal drainage

For the first 24 hours following the birth of your baby, you may expect vaginal bleeding similar to the bleeding you experienced on the heaviest days of your period. Vaginal bleeding and spotting are normal for the first three to six weeks following delivery. The color of the drainage will change from bright red to dark red or brown. By the end of the first week, it should be pink, yellow, or cream colored. The drainage should not exceed a normal menstrual flow.

In the first few days at home, you may notice a slight increase in flow. This is usually due to an

increase in activity. It may be a sign that you need to rest. Avoid douching or using tampons until you receive your doctor’s okay.

Call your doctor if:

- Vaginal drainage increases and does not slow down when you lie down or rest.
- You pass red clots the size of a small plum or larger.
- You are soaking through a maxi-size pad in less than one hour.
- Your drainage smells bad. It should normally have a “fleshy” odor like your menstrual period.

Perineal care

During delivery, the muscles and tissues of your vaginal walls and perineum (vaginal and anal area) were stretched and you may have had an episiotomy. An episiotomy is an incision made on the perineum to prevent tearing as the baby’s head is delivered. With or without an episiotomy, your muscles will be stretched and weakened after delivery. They may be swollen and tender. Discomfort will lessen each day. It is important to keep this area clean. Here are some suggestions to ease the pain and to prevent infection:

Cleanliness:

- Wash your hands before touching your vaginal area.
- Squirt warm water from a squirt bottle onto your perineal area while urinating or after each time you urinate.
- Wipe or pat yourself dry from front to back.
- Change your sanitary pad often.
- Don’t use tampons or douche until after your post-partum check up.

Pain Relief:

- Use ice packs on your perineum in the first 24 hours to help reduce swelling and discomfort.
- Sitz baths, available for your use in the hospital, also are helpful at home. Ask your nurse for assistance and instructions.
- Use Tucks or topical medications.
- Sit sideways on the toilet.
- Use pain medications as needed. If the pain gets worse instead of better, notify your doctor .

Afterpains

It is normal for you to experience “afterpains” or cramping for several days after delivery as your uterus shrinks or contracts back to its non-pregnant state. Breastfeeding mothers may have even more cramping during and after feedings.

If you are uncomfortable with the afterpains, try relaxation and breathing techniques similar to those used during labor. Mild pain medication may be necessary. Even though they are uncomfortable, the contractions are important and temporary.

You can help your uterus get back into shape by:

- Frequent urination
- Massaging your uterus (ask your nurse to show you how)
- Lying on your abdomen
- Breastfeeding
- Walking

Hemorrhoids

Hemorrhoids are varicose veins of the anus that may have developed during your pregnancy or delivery. They usually shrink by themselves. If you have hemorrhoids, the following may be helpful:

- Ice packs
- Tucks, or anesthetic foam or spray
- Sitz baths

Avoid constipation by:

- Drinking plenty of fluids
- Eating a high fiber diet (fruits, vegetables, whole grains)
- Moderately exercising and walking

It may be one or two days before you have your first bowel movement. Stool softeners may be prescribed by your doctor while you are in the hospital. Over several weeks, the hemorrhoids will shrink and discomfort will decrease. If your hemorrhoids are too uncomfortable, ask your OB practitioner to recommend an ointment.

Cesarean birth incision

If you have had a cesarean birth, your incision may be closed with internal stitches that will dissolve by themselves, or metal staples which will be removed before you go home. After the bandages come off, the incision usually requires no other special care. Cotton underwear is preferable to nylon because it allows better air circulation to the incision.

If you see or feel any of the following, call your doctor:

- Redness at the incision site
- Increased tenderness or swelling
- Bleeding or drainage from the site
- Separation of the incision
- Fever of **100.4° F** or greater

Rest/limitations

It is very important that you rest as much as possible after having your baby. It will be easier to cope with the physical and psychological

demands of parenting if you are well rested. Caring for your baby and enjoying this special time together should be a high priority now.

Some suggestions are:

- Limit visitors for the first few weeks.
- Take frequent rest periods during the day. Nap when your baby does.
- Turn the telephone off when you are resting.
- Avoid heavy lifting, heavy house work, and climbing stairs.
- Listen to your body. If you feel tired or your bleeding increases, slow down.
- When others offer help, take it! Suggest help with laundry, cleaning or meals.
- If you had a cesarean delivery, other limitations may be necessary. Ask your doctor what is recommended.

Exercise

The following exercises can help strengthen the loose muscles of your abdomen and may be started the day after your baby is born whether you had a vaginal or cesarean delivery.

Abdominal tightening: Lie flat on your back with your knees bent. Breathe in and then breathe out. Squeeze in your abdomen; hold tight; count to five; then relax. Do this four times in the morning, at noon, and at night.

Posture: Bend your knees, not your back, when picking up children or objects. Stand tall, tighten abdomen, pull in your bottom.

After several weeks, you can usually begin some light form of exercise.

Walking is an excellent way to burn calories. Before you begin any exercise program, check with your doctor. Moderation is the key in the beginning. It will take about four to six weeks after a vaginal delivery and six to 10 weeks after a cesarean to feel like yourself again. Take it easy at first!

Vaginal tightening: Kegel exercises may be started immediately after your delivery. They promote good vaginal, bladder and bowel tone. Practice them frequently, as many as 50 to 100 times a day for the rest of your life.

- Get into a comfortable position. It may be easier at first to do them when you are lying down with your knees bent.
- Pull in your muscles as if you are stopping yourself from urinating.
- Pull in your muscles as if you are stopping yourself from having a bowel movement.
- Squeeze and hold all these muscles as you count to five.
- Relax muscles.
- Repeat.

In addition, your doctor can recommend other types of exercises for you.



Emotional changes/postpartum depression

In the early weeks following delivery, some women experience some of the symptoms listed below. They are normal and usually temporary. It is important that you rest and take care of yourself. If any of these symptoms continue for more than several weeks, or if they are severe, contact your doctor and discuss your feelings.

- Loss of appetite
- Emotional swings
- Moodiness
- Unusual fatigue
- Anxiety
- No interest in the baby
- Inability to sleep

If you feel like harming yourself or your baby, call your doctor, 911 or the National Child Abuse Hotline at 1 800 422-4453.

Breast care

Because of hormonal changes following delivery, milk production is stimulated. By about the third or fourth day after delivery, your breasts may become engorged (filled with milk, increased blood supply and other fluids). They may be tender and warm. This is temporary. For engorgement the following may help:

Breastfeeding moms:

- Relaxed environment.
- Warm soaks or shower before nursing.
- If your baby has difficulty latching on, try pumping your breasts or manually expressing a little milk to soften the nipple for easier grasping.
- Frequent feedings from both breasts; encourage your infant to nurse freely.
- Mild pain medications.
- Supportive bra.

Bottlefeeding moms:

- Ice packs.
- Mild pain medication.
- Avoid stimulation of breasts and nipples.
- Snug supportive bra worn continuously, even at night.

Preventing milk production: If you are bottlefeeding your infant, stopping or preventing milk production is usually not a problem. A snug-fitting bra, worn continuously for the first several days, can be of help. In addition, ice packs, etc., as mentioned above may be used.

Sore nipple prevention and care: If you are breastfeeding your infant, your nipples may become very tender after a few days. Be certain your infant is latching on well. If necessary, seek help for latch-on assessments.

It is important that you do the following:

- Wash your hands before handling your breasts.

- Start each feeding with the breast your infant nursed less on at the previous feeding. If one nipple is considerably more tender than the other, start the feeding on the less tender side.
- Try various positions for nursing; ask your nurse to demonstrate different feeding positions.
- Be certain your baby has latched on appropriately.
- Allow and encourage your baby to nurse freely until he/she is satisfied. If it is necessary to take your baby off the breast before he/she has finished, put your finger into the corner of your baby's mouth to break the suction.
- Gently smooth onto your nipple a little of your milk to encourage healing.
- After nursing, expose your breasts to air for as long as possible.
- Do not use soap on your nipples.

Nipple soreness will gradually decrease in about two weeks. Call your doctor immediately if you experience any of the following:

- Extreme tenderness of the breasts.
- Hot, reddened areas on your breasts.
- Temperature of **100.4° F** or greater.

Call your baby's doctor or the Obstetrics department at 928 639-6520 if you need more help, assistance or support.

Signs of infection

Call your OB practitioner if you have:

- Heavy vaginal bleeding, saturating a pad more than every half hour to one hour, or if you are passing clots the size of a plum or larger.
- An increased temperature of **100.4° F** or greater.
- The appearance of hard, reddened, tender lumps in either your breasts or legs.
- Swelling, tenderness or oozing of your incision.
- Foul-smelling vaginal drainage.

Menstruation/sexuality

If you are not breastfeeding, your menstrual period may return any time after the first month following delivery. If you are breastfeeding, your period may start as early as the second month following delivery, or it may not return until your baby is weaned.

The first period may seem abnormal. The flow may be heavier or lighter than your periods before you were pregnant.

Sexual intercourse should be postponed until your vaginal drainage has stopped and your episiotomy has healed. A water-soluble lubricant such as K-Y Jelly may be needed for comfort at first. Discuss with your doctor when sexual intercourse may be resumed.

Breastfeeding alone normally does not prevent a repeat pregnancy. Birth control should be considered and used even if you have not yet had your first period. Discuss birth control methods with your doctor.

Nutrition



Proper nutrition is necessary for good health, strength, and energy (see chart on page five). If you are breastfeeding, you should not go on a weight-reduction program until your milk is well established, usually about two to four weeks after you begin breastfeeding.

You can expect to lose about 11 to 14 pounds within the first week. An average weight loss is 22 pounds in six weeks. It may take some time for the rest of your excess weight to come off. Ask your nurse for additional information regarding good nutrition during your postpartum period.

Your doctor may want you to continue taking your prenatal vitamins for several weeks. It is important that you continue to eat a well-balanced diet, especially if you are breastfeeding. Producing milk requires an additional 500 calories a day, but many moms eat a nourishing normal diet and get those extra calories from the fat stored during pregnancy.

Breast self-exam

All women should regularly practice breast self-examination. This should be done around the same time every month after your period. If you are breastfeeding, you will feel the milk glands — familiarize yourself with what is normal for you. Ask your doctor to show you how to examine your breasts. Printed information is also available from your doctor's office or the American Cancer Society.

Postpartum check-up

You will need to schedule an appointment with your doctor for a postpartum check-up. Usually the appointment is made two to six weeks following delivery. This may vary depending on circumstances of your pregnancy, delivery, and recovery period.



My doctor would like to see me again in _____ weeks:

Date: _____ Time: _____

About your release from the hospital

Both your doctor and the baby's doctor will discharge you when you can go home. If you have questions, your nurses can assist you in whatever instructions your doctor and pediatrician may have given for you and your baby.

We trust that your stay with us will have been pleasant. Our good wishes go with you and your family.

Verde Valley Medical Center

Baby Care



Newborn appearance

Head: Your infant's head may be slightly out of shape due to the molding (overlapping of the bones of the skull) during birth. The head shape will gradually become rounded within a few days. There is a soft spot (fontanel) on the top of the head that will close between 10 to 20 months of age. Another one, at the back of the head, will close in a few months. Fontanels allow for growth of the head. No special care or precautions are necessary.

Eyes: Erythromycin ointment is put into your newborn's eyes soon after birth to protect them from bacteria contacted during birth. Cesarean section babies receive eye ointment, also. Some newborns have red areas in the whites of their eyes from the birth process. They are small, broken blood vessels and will disappear in a few days or weeks. Until your baby is 6 months of age, eye color may change. Newborns can see at birth and can tell the difference between patterns, light and dark. They focus best on objects eight to 12 inches away. Babies like to look at human faces best. Hang toys or pictures no more than 13 inches away to stimulate baby's interest in his/her surroundings.

Ears: Newborns can hear at birth, just as they were able to hear before they were born. Talking to your baby is very important. Gurgle and coo with your baby. Repeat the sounds your baby makes. Your newborn is used to the sound of your voice and will find it very comforting.

Body: All babies receive a Vitamin K shot after delivery to provide them with a necessary blood-clotting component. Newborn skin is sometimes dry and peeling. They often have rashes, blotchy red areas, and small pimples. No special skin care is required. Consult your baby's

doctor if you are concerned about rashes or blemishes.

Genitalia: Baby boys may have swollen scrotums and baby girls may have swollen labia. Girls may have some clear or blood-tinged drainage due to the hormones present during your pregnancy. These characteristics are normal and will go away soon. No treatment is necessary.

Reflexes: Newborns have several normal movements called reflexes. As your baby gets older, they will gradually disappear. A few of the most visible reflexes are:

- *Startle reflex:* When an infant hears a sudden, loud noise, he/she will jump and their arms will flare out. This reflex usually disappears by about four months.
- *Grasp reflex:* When a finger is placed in a baby's palm, his/her fingers will close around it. This reflex lessens by three to four months.

- *Rooting reflex:* When an infant's lip, cheek, or corner of the mouth is touched, the infant will turn its head toward the stimulation and open its mouth. This reflex is useful when feeding your baby.

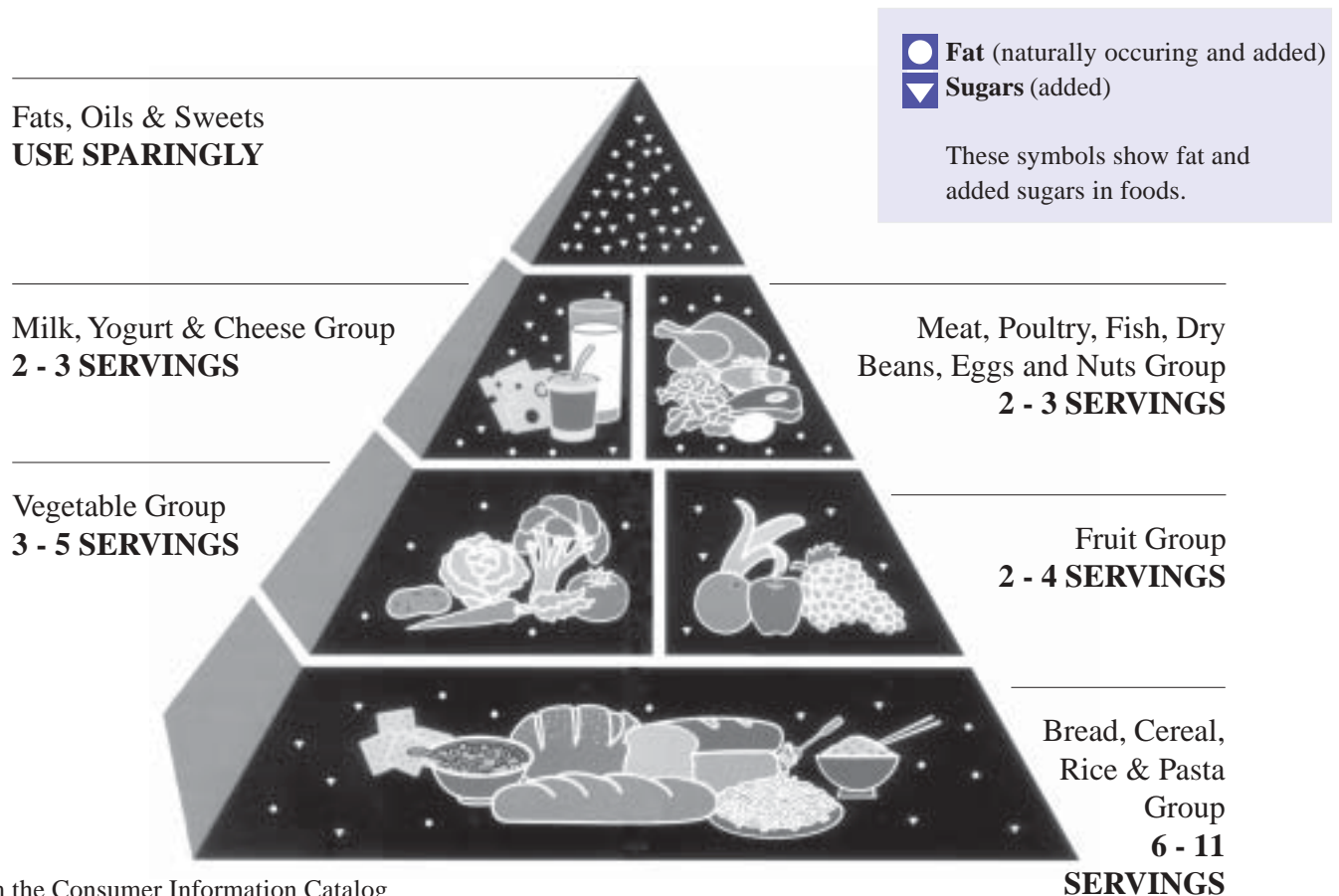
Cord care

Using a cotton ball or cotton-tipped applicator, apply rubbing alcohol to the base of the umbilical cord (baby's navel) several times a day or with each diaper change. Do not cut the cord, pull on it, or pick it off. The dried cord will fall off in about seven to 10 days. If the clamp is left on when you leave the hospital, leave it on until your next visit to your baby's doctor.

Sometimes after the cord falls off, there may be a few drops of bloody drainage. This is no cause for worry. Continue to apply alcohol to the navel (belly button) until it is healed. If there is any oozing fluid or odor coming from the navel, call your baby's doctor.

The Food Guide Pyramid

The food pyramid is an outline of what to eat each day. It's not a rigid prescription, but a general guide that lets you choose a healthful diet that's right for you. The pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain a healthy weight. The pyramid also focuses on fat because most American diets are too high in fat, especially saturated fat.



From the Consumer Information Catalog

Circumcision care

If a plastic ring or “plastibell” was used to circumcise your son, the ring will come off in about seven to 10 days. No special care is needed other than keeping the diaper area clean and dry. If a “Gomco” type of circumcision was done, you will see a small strip of Vaseline gauze wrapped around the end of the penis. Use a small amount of Vaseline on the circumcised area with each diaper change to prevent the diaper from sticking to the penis. Initially, a small amount of bloody drainage is normal and is no cause for concern. The gauze can be removed as the baby’s doctor indicates.



Bathing

Ask your nurse for a baby bath demonstration that shows how to care for your infant:

- Sponge bathe your newborn until the umbilical cord falls off and the navel (belly button) and circumcision are healed.
- Clean your baby from the cleanest part to the most soiled part. Begin with the eyes and face, then move downward on the body.
- Test the water temperature before placing your infant in the tub or sink. The water should be warm. Two or three inches is enough water.
- Bathe your baby in a room that is warm and free of drafts.
- The genitals should be washed and dried at each diaper change.
- Never use cotton-tipped applicators in your baby’s ears.
- Never leave your baby unattended in the bath, even for a few seconds.

Breastfeeding

Your infant will be awake and alert in the first hour or so following birth. If your baby’s lungs are clear and there are no complications, this first hour is the ideal time to start breastfeeding. Your nurse and/or a lactation consultant will assist you in getting started and will be available throughout your hospital stay for encouragement and help. Please do not hesitate to ask questions.

Feeding your infant can be done in a variety of positions. Your nurse will help. Feel free to experiment with different positions to determine what will be best for you and your baby. It will help to be comfortable with more than one position.

Many women feel awkward as they position their babies to start breastfeeding. Babies do not always suck vigorously the first few feedings. Go slowly and try to stay relaxed. You will be more

comfortable with breastfeeding after you and your baby practice.

Call your baby’s doctor if you need more help, assistance or support.

When will my milk come in?

For the first 24 to 72 hours after birth, your breasts produce a nutritious fluid called colostrum. Colostrum is thicker than breast milk and is clear or yellow in color. It is rich with antibodies that will protect your infant from some illnesses for several months. After colostrum, the breasts will begin producing milk that looks much like skim milk.

How long should I nurse?

Allow your infant to nurse freely (at least 15 to 20 minutes on each side). Encourage your baby to empty one breast before starting on the other side. If your baby becomes very sleepy and does not nurse on the opposite side, be sure to start on that side at the next feeding. As much as possible, encourage your baby to nurse from both breasts at each feeding until he/she seems satisfied. Some mothers use a safety pin attached to the bra to help remind them which breast to begin with at the next feeding. You may also know which side to start on simply by feeling your breasts for fullness.

How often should I nurse?

For the first several weeks, you can expect your baby to nurse about every 1 1/2 to three hours. If your baby sleeps through one feeding at night, you sleep, too.

Feeding intervals may vary somewhat. Overall, your baby should nurse eight to 12 times in a 24-hour period. “Demand” feeding is usually best as long as your baby awakens often enough to feed well and stimulate your breasts enough to produce milk.

Does my baby need water?

Breast milk provides all the fluid and nourishment your baby would normally need. Consult with your baby’s doctor before offering water or formula.

How will I know if my baby is getting enough milk?

One way to tell that your baby is getting enough to eat is when he/she has about six to 10 wet diapers or bowel movements per day after your baby is feeding well. Also, your baby should show a weight gain at the two-week check-up with the doctor.

At about 2 to 3 weeks of age, your baby may get fussy and act hungry. This may be from a growth spurt that increases the demand for milk.

Breastfeeding works on the supply-and-demand principle. The baby will increase your milk supply by nursing more frequently and for longer periods of time. Your milk supply will be adequate for your baby's increased needs within a 24-hour period.

Why does my milk leak when I hear my baby cry?

This "let-down" reflex (also known as the milk-ejection reflex) is often triggered by seeing, hearing or even thinking about your baby. This is normal and any leaking will usually stop by about six weeks after delivery. By this time, you may not feel the "let-down" reflex anymore. This does not mean that your milk is drying up, but that your supply of breast milk is adjusting to breastfeeding.

What should I do if I have problems breastfeeding after I go home?

Contact your baby's doctor first. Other contacts include the area lactation consultants, La Leche League, your childbirth educator, or friends and family who have successfully breastfed their infants. See the community resources section at the end of this booklet.

When should I use a breast pump?

Your baby's doctor or the La Leche League can help answer your questions and guide you. A breast pump could be a valuable item to have, especially if you plan to go back to work or school.

Bottlefeeding



Breastfeeding is best for your infant, but if you choose to bottlefeed, your baby's doctor may recommend a specific type of formula that will be available for feeding your infant while you are in the hospital. It is important that you do not change or alternate formula brands without advice from your baby's doctor.

A few helpful hints are:

- Get into a comfortable position with your infant, holding baby close to your body.
- Never prop your baby's bottle.
- Check the temperature of the formula by letting a few drops of formula fall onto your wrist. It should be close to room temperature.
- Your baby will want to eat every two to four hours. Feeding upon demand is usually preferable to a rigid feeding schedule. Some doctors recommend giving water between feedings. Ask your baby's doctor for recommendations.
- When bottlefeeding, support your baby's head; touch the nipple to your baby's lips until the baby takes it into his/her mouth and begins to suck. Tip the bottle so that formula

covers the nipple and neck of the bottle to prevent air from getting into your baby's stomach.

- Relax and enjoy the feeding times with your baby.

Bottles, nipples and caps should be scrubbed after each use with hot, soapy water and rinsed well. They can then be air dried on a rack or dried with a clean towel. Nipple holes should be tested regularly. The holes should be large enough to allow a fast drip of formula without forming a stream.

A 24-hour supply of formula may be prepared ahead of time if desired. Prepared bottles must be refrigerated. Forty-eight hours is the maximum storage time for refrigerated, prepared formula and open cans of pre-mixed formula.

Be sure to watch the infant feeding video for other helpful hints before you go home. Please do not hesitate to ask your nurse for assistance at any time.

Burping and spitting up

All babies need to be burped during and after feedings. Bottlefed babies may need to be burped after each ounce of formula.

- Hold your baby upright over your shoulder and gently pat or rub your baby's back until he/she burps, *or...*
- Place your baby on your lap holding the baby in a sitting position. Slightly lean your baby forward with your hand supporting his/her head. Gently pat or rub your baby's back.
- It is normal for a baby to spit up a little milk after a feeding, often with a burp. If your baby spits up large amounts, or if the milk projects or is "shot out" forcefully more than once a day, call your baby's doctor.

Choking

When your baby tries to cough, cry or clear the throat, do not interfere if he/she can breathe. If your baby is choking and not breathing, start artificial breathing and have someone call 911 immediately. Then follow these steps:

- Hold your baby, face down, over your arm; supporting the head in your hand.
- Give four back blows between the shoulder blades with the heel of your other hand.
- Quickly turn your baby over onto his/her back. Continue to hold the infant's head lower than the body.
- Check mouth to see if you need to use the bulb syringe or if an object has popped loose and the baby is breathing. Remove the object only if you can reach it. Be careful not to push it farther down the throat.
- If necessary, turn the baby to a face-down

position, and repeat the back-blows sequence until your infant's airway has cleared.

Life-saving skills are important to learn. It is recommended that every parent take a class in CPR (cardiopulmonary resuscitation). Call your local fire department or consult the cardiopulmonary resuscitation section at the end of this booklet to find out about classes offered in the community.

A bulb syringe will be in your infant's crib at all times while you are in the hospital. Please ask your nurse to demonstrate how and when to use. Be sure to take the syringe home with you.

Urine and stool patterns

Newborns wet their diapers about six to 10 times a day. Your baby's first bowel movements will be a dark, greenish-black, tarry-like substance called meconium. This may last for several days. Babies may have bowel movements after every feeding, or may go several days between stools.

- Breastfed babies' stools are very soft and are mustard-colored.
- Bottled babies have stools that are formed and are a greenish-yellow color.
- Stool patterns vary from baby to baby. Constipation and diarrhea may vary. Some infants normally have stools before and after every feeding, but that pattern may not be normal for another infant.

Your infant may be constipated when several days go by without a bowel movement and the stool is difficult to pass or is hard in consistency.

Diarrhea is often greenish-colored, more frequent than usual, and watery. It may have a foul odor. Report this to your baby's doctor immediately because babies can dehydrate quickly.

If you are concerned about your infant's urine or stool pattern, consult your baby's doctor.

Signs of illness

It is important to keep your baby from getting sick. Illness can often be prevented by keeping your baby away from large groups of people for the first few weeks. Visitors who are ill or who have small children should be discouraged from visiting for the first couple of weeks. Good handwashing is always important for everyone who holds your baby.

If your infant displays any of the following symptoms, call your doctor. Be prepared to describe the symptoms and have available the most recent results of a rectal temperature.

- Drainage from eyes, nose or ears.
- Behavior changes: lethargy, excessive crying or irritability.
- Pus-like drainage or red streaking on the abdomen around the navel.
- Loose stools with mucus or a foul odor.

- Any rash.
- Refusing feedings several times in a row.
- Profuse vomiting.
- Persistent cough.
- Temperature of **101.0° F**, rectally

Do not give your baby any medications unless recommended by your baby's doctor. If your baby is involved in an emergency situation (choking, falling, bleeding, near-drowning or burns), call 911 and your baby's doctor immediately.

Temperature taking

A new mother should know how to take both a rectal and axillary (under the arm) temperature of her infant before leaving the hospital. Be sure to ask your nurse for a demonstration, or view the video available.

You will need to take your baby's temperature only if you think your baby is sick or feels extra warm or cold to the touch. If you are using a mercury thermometer (glass), before taking a temperature, hold the thermometer at eye level until you can see a solid bar in the thermometer. Shake the thermometer down until the bar reads below **94.0° F**.

Take temperatures with digital thermometers using the same procedures described above. Digital thermometers may be safer and are more accurate and faster than glass thermometers.

Do not use a tympanic (ear) thermometer until your baby is three to four months old. Other types of thermometers are available, but you may want to check with your baby's doctor about reliability and accuracy.

Axillary: Normal temperature = 97.6° F.

Hold the tip of the thermometer firmly in your baby's armpit. Hold your baby's arm close to his/her body at the same time. Hold the thermometer in place until it has registered (the glass/mercury thermometer may take about five minutes). Call your baby's doctor if the temperature is over **99.0° F**.

Rectal: Normal temperature = 99.0° F.

Use only a rectal thermometer (short, stubby-tipped).

Put a lubricant, like Vaseline or K-Y Jelly, on the tip of the thermometer. Hold your baby very still on his/her side, stomach, or back. Grasp feet. Insert tip of the thermometer ½ inch into the anus. Hold in place until the temperature has registered. Call your baby's doctor if the temperature is more than **101.0° F**.

Jaundice

Jaundice is a fairly common occurrence in newborns and is characterized by a yellow color of the baby's skin. This is due to the inability of the infant's immature liver to handle the breakdown of red blood cells. Most newborn jaundice is not serious and usually disappears in a few days without any treatment. If your baby appears yellow, or if the white area of the baby's eyes becomes yellow, call your baby's doctor so he/she can determine if treatment is necessary. Treatment may be determined by a blood test.

Occasionally newborns must be treated for jaundice before they go home. While in the nursery, your infant may be undressed and placed in a heated isolette or in a crib. "Bili lights" above the isolette or crib will treat the jaundice. Jaundice clears after several days of treatment. Be sure to discuss the treatment options with your baby's doctor.



Washing your baby's clothes

- Your usual laundry detergent is normally considered okay for washing your baby's clothes. Try to avoid bleach if possible.
- New items should be washed before using.
- You don't have to wash your baby's clothing and linens separately, unless you wish to do so.
- It is a good idea to rinse your baby's items twice.

Home safety tips

- Keep the hot water heater temperature no higher than **120° F**.
- Never leave your baby unattended in the bathtub, sink, toilet or near a bucket of water or swimming pool. Let the phone or doorbell ring, or take your baby with you.
- Never leave your baby alone on a table or bed.
- Wash your hands before handling your baby and insist that others do also.
- Never leave your baby alone with other small children or pets.
- Never give your baby a plastic bag as a toy.
- If your baby uses a pacifier, do not tie it around his/her neck; it could get caught and strangle your baby. Inspect the pacifier occasionally to see that it will not pull apart and possibly be swallowed.
- Small items can get stuck in your baby's throat. Keep marbles, buttons, paper clips, coins, and other small objects out of reach.
- The slats of your baby's crib should be no more than 2-3/8 inches apart to prevent accidental strangulation.
- Cover all unused electrical outlets with outlet covers.

- When your baby gets older, childproof your house for potential poisons, such as cleaning supplies, medicines, work shop solvents, etc.

Car seats

Arizona state law requires that all children under 5 years of age or under 50 pounds be secured in a car seat at all times while riding in a motor vehicle. Ask your nurse about the hospital-based car seat program if you do not own a car seat.

Secure the car seat safely, backwards, in the back seat until your baby weighs twenty pounds. After this, you may turn the car seat to face forward. Fasten the shoulder straps and seat belt snugly around your baby. If your car has air bags in the front seat, keep all children under 12 in the back seat.

A video on car seat safety is available through the nursing staff.

Sibling adjustment

No matter how much your older child (your baby's sibling) looked forward to the birth of a baby brother or sister, it is normal for an older child to express feelings of jealousy, concerns over space and possessions, or worries over a parent's love and attention.

Here are some helpful hints:

- Buy your older child a doll that you can give to him/her when you bring your new baby home.
- Have a few inexpensive gifts wrapped that the older child may open when friends and relatives bring gifts for your new baby.
- Have someone else carry your new baby in when coming home from the hospital.
- Do not begin major developmental tasks like potty-training or starting nursery school until after home routines are well-established and the family has adjusted to the new baby.
- Plan for each parent to spend time alone with the older child.
- Expect jealousy and regard it as normal.
- Never leave your new baby alone with an older child unless your child is considered a competent babysitter.



Well-baby check-up

Your baby will need to be seen by his/her doctor, usually within two weeks after birth.

Write the date of the scheduled check-up below:

Date: _____ Time: _____

Your baby should receive periodic "well-baby" check-ups during the first few years of life to monitor growth and development. Consult with your baby's doctor for a recommended schedule.

Immunizations

After birth, your baby's doctor will recommend giving the first dose of the Hepatitis B vaccine to your infant. At about two months of age, your infant will be ready to begin receiving immunizations, or shots. These immunizations will protect your baby from measles, mumps, rubella (three-day measles), polio, diphtheria, tetanus, pertussis (whooping cough), and hemophilus influenza (a cause of meningitis).

Immunizations help your baby build up disease-fighting substances capable of killing bacteria and viruses that enter the body. Some immunizations are given in a series of several shots. Your child is not completely protected until all doses are given.

Keep an accurate record of your baby's immunizations. State law requires proof of immunization before entering school.

Before you are discharged from Verde Valley Medical Center, you will receive information about the recommended immunization schedule.

For information on immunization clinics, consult your baby's doctor or the County Health Department.

Before discharge, your baby will also receive a hearing screening and a metabolic screening (a blood test). The results will be available at the baby's doctor's office.

- Remember, your infant is very intelligent and can sense when you are uneasy.
- New mothers often think their homes must be spotless. If you have the services of a housekeeper, wonderful! Otherwise, take advantage of family and friends who offer assistance with the laundry, dishes, etc. If you can't depend on others to help you, don't try to do it all yourself. Your infant is your top priority. Give him or her all the love and attention you can. The rewards are great.
- Although each child has his or her own personality, always remember that you, as a parent, know what your baby needs. You are in control, not your baby. Much information is available on infant and child care from books, pamphlets, your baby's doctor, and Verde Valley Medical Center, just to name a few resources.
- Not all babies sleep soundly at night. If your baby wakes up and starts to fuss a little, don't worry. Babies usually learn to put themselves back to sleep. You will soon be able to tell when your baby is saying "I'm hungry!" Babies will put themselves on a feed/play/sleep schedule. You will soon see this in your own child. Learn to recognize it, work with it and enjoy it.
- You may be asking "What about me?" That's an appropriate question. You are important to yourself, your infant and your family. Realize that your couple relationship may be less important at first. Plan on a night out alone (or a weekend away) in three or four weeks. A reliable babysitter is a great help.

Remember, your love for your baby will help you through difficult times that may occur. Advance planning, good judgment and common sense are invaluable.

Birth Certificates

For more information on birth certificates and paternity information, call VVMC Birth Recorder at 928 639-6681

National Child Abuse Hotline

1 800 422-4453

Parenting Helps



A note on parenting

A new baby ... a new little person in your home. Exciting, isn't it?

You may be experiencing a wide range of feelings about your little one now: joy, excitement, anticipation for the future. You also might be feeling overwhelmed, frightened, angry and uncertain.

Your infant can be the joy of your life. He or she also is a great responsibility. Your feelings toward parenting may not always be pleasant. Be assured that you are not alone; these emotions have been felt by new parents throughout history and are usually temporary and normal. Help in dealing with them is available from many sources.

You can help yourself, and your infant, by following these suggestions:

- Get some rest. This is not as impossible as it may sound. Try to nap when your baby naps; it will help you to feel less anxious.



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