



*Caring for You
& Your Baby*



Introduction

Dear Mom and Family,

This book is given to you to help you take care of yourself and your new baby.

The book includes six sections:

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Please read this book and share it with others who will help care for your baby.

The information in the book will answer many questions. However, if you have other questions or concerns, please call your health care provider or the resources listed in this book. We hope you find this book helpful during your first few weeks at home and as a future reference for questions.

This book belongs to:

The purpose of this book is to provide general information. The content is not intended to be used in place of consultation with a health care provider. The publisher and authors disclaim any expressed or implied warranties for the use of this book in any other way than stated. Readers are advised to consult with a doctor whenever diagnosis or treatment is necessary.

Mother's Care

The postpartum period

The postpartum period is the first six weeks after the birth of your baby. It is the time when your body returns to its pre-pregnant state of health. If you had a cesarean birth, your care will be much the same as if you had a vaginal birth. Your body will go through the same changes in the postpartum period.

Uterus

The biggest change your body makes after childbirth is in the size of your uterus. After the baby's birth, your uterus slowly returns to normal size. This takes about six weeks. Your uterus will shrink by contracting, which may feel like cramps, during the first few days. If you are breastfeeding and these cramps bother you, take a pain pill 30 minutes before a feeding.

After childbirth many women can feel their uterus has a firm lump at or just below the belly button. The nurse will check the location of the uterus each day and teach you how to find the fundus (top of the uterus). About four weeks after childbirth you will no longer be able to feel your uterus.

Lochia

Lochia is the heavy, bright red bleeding (flow) from your vagina that occurs after your baby's birth. During the first 24 hours, you may need to wear two pads. After the flow decreases, only one pad is needed. Pads for "nighttime" use or pads with wings work well for the two weeks after childbirth. **Do not use tampons.**

Your vaginal flow will be bright red for two or three days. It fades to pink or brown which lasts for two or three weeks. The flow then changes to yellow and after that to white.

If you are too active after you go home, your vaginal flow may increase and return to a bright red color. **If this happens you need to do less and rest more.** In 10 to 14 days you may have an increase in the amount of bleeding. This bleeding may last for 12 to 18 hours. Vaginal bleeding can last for four to six weeks after birth. It also may stop and start at times.

Call your health care provider if you have an increase in the number and size of blood clots.

If you do not breastfeed, your first period will begin within five to 12 weeks after childbirth. For many women, the first period is heavier than a normal period. If you breastfeed, you may have a period as early as five weeks or as late as 18 months after childbirth. This depends on how often and how long you breastfeed.

While you are in the hospital, tell your nurse if any of these occur:

- Any increase in bright red flow
- You pass large blood clots from your vagina
- Any foul smelling vaginal flow

Peri care

- Each time you pass urine or have a bowel movement, clean your bottom with warm water using the peri bottle.
- Spray water from front to back onto your bottom.
- Pat your bottom dry from front to back using toilet tissue.
- Put on a clean pad.

If you have had stitches, do the following:

- Apply medicated spray to help heal and relieve pain.
- When you shower, use the hand held nozzle to spray warm water onto your stitches.
- Take a sitz bath at home by filling the bathtub with three to four inches of warm water and soak your bottom for 15 to 20 minutes, two or three times a day.
- Apply an ice pack or frozen tea pads to your stitches.
Your nurse can tell you how to prepare tea pads for home use.

Your stitches will dissolve in about three weeks.

Bowel care

Tell your nurse when you have a bowel movement. It is important not to become constipated (straining to pass a hard stool).

To prevent constipation:

- Eat six to 11 servings of whole grain breads and cereals daily.
- Drink eight to 10 glasses of liquids, such as water, juices and milk.
- Take stool softener medicine as instructed.
- Eat more foods high in fiber, such as fruits and vegetables.

Call your health care provider if you have not had a bowel movement within three days after childbirth.

Bladder care

The first weeks after childbirth you will pass urine often. It is important for you to empty your bladder every two to four hours to avoid infections.

Call your health care provider if you:

- Have burning pain or urgency when you pass your urine
- Are unable to pass urine
- Pass urine in small amounts

Lori's Gifts
Mom & Baby Shop has
physician-recommended
products to promote health
and comfort for you and
your new baby.

Location:

First floor,
Family Birthplace
Phone: 402-481-7101

We deliver to
patient rooms.

Rest and activity

It takes about six to eight weeks for your body to return to normal after the baby's birth. Slowly increase how much you do each day.

The first two weeks at home:

- No heavy lifting, hard work or sports
- Be sure to rest each day – nap when the baby naps
- Gradually increase your activity each day

Postpartum fatigue

Postpartum fatigue (extreme tiredness) may cause women to have:

- Decrease in fighting colds
- Lack of energy
- Decreased confidence in role as a parent
- Self-doubt
- Feelings of sadness, crying or anxiety
- Postpartum depression
- Poor bonding with the infant
- Problems in marriage or relationships

What can you do to cope with postpartum fatigue?

- Eat healthy foods to keep your body nourished
- Plan simple meals and flexible meal times
- Plan your day so you can rest between activities that are tiring
- Increase daily activity slowly
- Rest each day
- Sleep when your baby does
- Take time each day to relax with music or a book
- Breastfeed in comfortable position
- Limit visitors at home and in the hospital
- Have friends and family care for other children
- Ask older children to help (if able) with things such as folding laundry and setting the meal table

Resuming sexual activity

Ask your doctor when you can resume sexual intercourse. Your vagina may be dry due to hormone changes in your body. Water-soluble lubricant may be used for comfort. During sex many women are more comfortable using a side by side position or being on top. Do not use tampons or douches for the first six weeks after childbirth or until your health care provider says this is OK.

Be sure to discuss birth control methods with your health care provider and partner before you go home.

Methods of birth control:

- The “pill”
- Hormone shot every three months
- IUD (intrauterine device)
- Condom and diaphragm
- Spermicidal-foam, creams and vaginal suppositories
- Natural family planning
- Tubal ligation and /or vasectomy
- Subcutaneous implant

Remember, breastfeeding does not protect you from getting pregnant.

Cesarean birth

If you had a cesarean birth, follow the care guidelines in the first part of this notebook as well as these few differences:

- It will take you longer to resume all your usual activities. At first your incision may be painful. Movement soon after childbirth such as walking is helpful. Some days you may have more pain from the incision. The doctor will send pain pills home with you. Take pain pills as advised by your health care provider.
- Wash your incision daily with soap and water and pat dry. Your stitches will dissolve on their own. It is normal for your incision to pull, feel numb and itch. This will go away in a few months.
- Some health care providers use narrow strips of tape across the incision. You may shower with these strips on. Just pat dry. The strips will fall off in about five to seven days. If they don't fall off in a week, gently remove them.
- Do not lift anything heavier than your baby for the first six weeks after childbirth.

When to call your health care provider:

- Change in vaginal drainage – very large amount
- Yellow, foul smelling drainage
- Passing large clots
- Fever of 100.4 degrees or greater not helped by taking Tylenol or Ibuprofen
- Severe abdominal pain or cramps not relieved by pain pills
- Burning when passing urine
- Pain or streaks in the breast
- Leg pain with swelling usually in the calf or behind the knee
- Feelings of harming yourself or the baby
- Baby blues that last longer than one week

Check your incision daily

Call your health care provider if any of these happen:

- Yellow pus-like drainage
- Areas of redness, swelling, tenderness
- Opening of the incision
- Fever of 100.4 degrees or greater

Baby blues

A temporary depression may occur the first week or so after childbirth. It is sometimes called “baby blues.” About 70 to 80 percent of women have brief times of depression which may begin the third postpartum day. It is thought to be caused by:

- Changes in hormones
- Discomfort
- Adjustment to being a parent
- Lack of sleep

Symptoms of baby blues include:

- Weepiness
- Lack of energy
- Worried about baby’s health
- Mild depression
- Feeling worthless
- Forgetfulness
- Feeling very sad
- Trouble concentrating

How to handle baby blues:

- Try to get some extra sleep – nap when the baby naps
- Don’t worry about housework or laundry
- Accept offers of help from others
- Pamper yourself by taking a relaxing shower or fixing your hair
- Eat a well balanced diet
- Avoid or drink less coffee, tea or pop
- Find good child care to allow you time for yourself, to see friends and to get out
- Join a mothers’ support group
- Write about your feelings in a journal – expressing your thoughts does help
- Talk to a loved one, trusted friend or your health care provider
- Don’t be afraid to ask for help

Is it more than the blues?

If you have had the “baby blues” for more than a week but are not sure if you need help, ask yourself these questions. If you answer “yes” to any of these questions, call your health care provider:

- Have you stopped talking with friends and relatives?
- Have you lost interest in things you enjoy?
- Have you stopped taking care of yourself or your baby?
- Are you staying in bed all day?
- Are you unable to sleep even when tired, or sleep most of the time, even when the baby is awake?
- Do you think about harming yourself or your baby?
- Have you lost your appetite?

All of the above emotions can be felt by fathers and adoptive parents as well. All new parents are dealing with decreased amounts of sleep, increased stress and adjusting to new roles.

Exercise

Check with your health care provider before you start exercising.

Exercise will help:

- Tone muscles
- Improve your health after childbirth

If the exercise causes a lot of pain, stop and talk with your health care provider.

Importance of pelvic floor exercises

These exercises, also called Kegels, strengthen the muscles at the base (floor) of the pelvis between the pubic bone and tailbone. Pelvic floor muscles are used to stop the flow of urine. Firm, well-toned pelvic floor muscles:

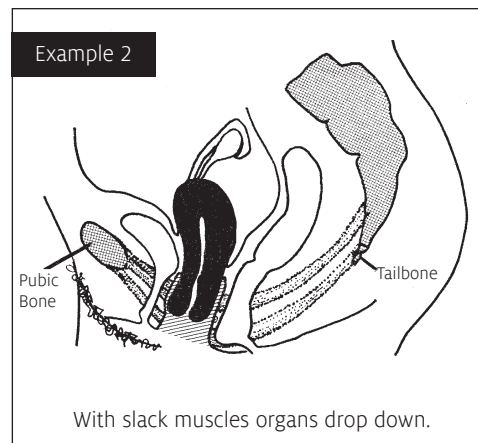
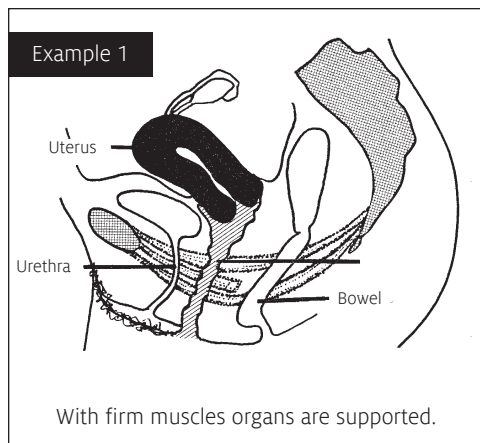
- Support your bottom
- Prevent leakage of urine (incontinence)
- Improve bowel control
- Strengthen the vaginal wall
- Increase sexual pleasure

When the pelvic floor muscles are weak they no longer support the bladder, bowel and uterus.

FitMom

The fitness class provides you with six weeks of access to Bryan LifePointe classes including: aerobics, aquatics, yoga, stretching and strength training.

For more information go to:
bryanlifepointe.com
or call Bryan LifePointe
402-481-6300.



Find your pelvic floor muscles:

Pelvic floor exercises consist of tightening and relaxing the pelvic muscles which are used to stop the urine stream. To find your pelvic floor muscles try to stop or slow the flow of urine while you are seated on a toilet. This will help you feel the muscles you will be tightening and relaxing. Once you know the pelvic floor muscles, empty your bladder fully. Do not practice pelvic floor exercises while you are passing urine. You may use this method only to check your progress once a month. You also may insert one finger into the vagina and try to squeeze the finger to find the correct muscles.

Do not:

- Tighten your thighs, buttocks or abdominal muscles
- Hold your breath

Pelvic floor exercises

- Begin the exercise by slowly tightening, lifting and drawing in the pelvic floor muscles and holding them to a count of five.
- At first you will notice the muscles do not stay tight very long. If you feel the tightness letting go, re-tighten the muscles. At first you may only be able to tighten the muscles for one to two seconds.
- Slowly increase the length of time you can lift the muscles and hold them tight. In a week or two you will notice you can tighten the muscles longer. Over a period of weeks your goal is 10 seconds.
- Rest for 10 seconds between each tightening.
- Do five sets of five “squeezes and lifts” every day. To help you remember to do pelvic floor exercises, tie them to something you do every day, such as:
 - During commercials while watching TV
 - While stopped at a red light
 - Brushing your teeth

These exercises should be done every day, for your lifetime, to maintain firm muscles.

Follow-up care

Schedule an office visit with your health care provider about four to six weeks after childbirth. This visit is very important. Your health care provider will examine you to make sure you are healing and returning to your pre-pregnancy state of health.

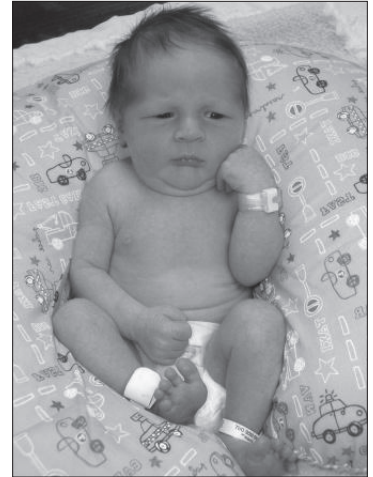
Baby's Care

Appearance and behavior

Every baby looks different, even babies in the same family. Each has his own personality and special needs. However, there are some things that are the same for all new babies.

Skin

Your baby's skin may be very red at birth. It will become pink in the next few days. At times, the hands and feet may look blue. This is due to slower blood flow after birth. The skin may be dry and peeling. This will go away during the first week. Do not use baby oil or lotion. Small white spots may appear on your baby's nose or face. These are called milia and are tiny glands filled with oil. Do not open or squeeze them. They will go away in a few weeks. Some babies develop a red spotted rash called newborn rash. This rash is normal and will go away.



Head

At first your baby's head may appear cone shaped. This is due to the squeezing of the head during labor and birth. Usually the head will attain its normal shape by the end of the first week. Soft spots are areas on the baby's head where the bones have not yet joined. There is no danger of hurting these areas with normal handling. The front soft spot will close between nine and 18 months of age. The back one will close in about four months. The neck muscles are weak and cannot support the baby's head. Support the head and neck when picking up and carrying your baby.

Eyes

Your baby's eyes may appear to be crossed. Babies do not focus well for the first few weeks. They focus best when an object is nine to 12 inches away. Babies like black and white objects. They notice bright colors, shapes and faces. They enjoy looking at and watching your face.

Genitals

The genitals of both boys and girls may appear larger than normal after birth. Baby girls may have a whitish or blood tinged vaginal discharge for a few days after birth. This is normal and due to mom's hormones being passed from mother to the baby.

Movements

Baby's arms, legs or chin may shake or quiver at times. These movements are part of the normal growth of the nervous system. As your baby gets older she will learn to control these movements so she can feed herself, roll over, crawl and walk.

Sneezing and hiccups

Sneezing is the way a baby clears his nose. This does not mean your baby has a cold. Hiccups are not harmful and will go away.

Bathing

A sponge or tub bath may be given two or three times a week. Choose a relaxing time for you and your baby. It's best to bathe your baby before or between feedings. Bathing too soon after a feeding can upset his stomach.

Sponge bath

- Make sure the room is warm and free of drafts.
- Fill the basin with warm water. Water should feel warm when tested with the inside of your wrist or elbow. These places feel heat better than your hands. Make sure the water is warm but not hot. Your baby's tender skin is more sensitive to heat than yours.
- Wash your hands and remove any jewelry that may scratch your baby.
- Talk softly or sing during bathing.
- Place your baby on a padded tabletop, keeping him covered. Never leave your baby or turn your back without one hand on your baby.
- Rinse well to avoid irritation from soap.

Gather all supplies you will need before starting:

- Soft towel or blanket to lay on the table
- Soft washcloth and towel
- Bath basin
- Clean clothes (diaper, t-shirt, sleeper, blanket)
- Mild soap
- Firm hair brush
- Cotton balls

Tub bath

- Use a plastic baby tub or clean sink or tub. Placing the plastic tub on a firm, waist high surface makes it easier to use.
- Fill with one to two inches of warm water. Water should feel warm when tested with the inside of your wrist or elbow. These areas feel heat better than your hands. Make sure the water is warm, not hot.
- Place a towel or foam form in the tub or sink. This will keep the baby from slipping.
- Hold your baby by placing your arm around the baby's back and grasp the baby's opposite arm.
- Look into your baby's eyes: talk softly with your baby as you wash.

For bathing and other baby care items, check Lori's Gifts Mom & Baby Shop located on the first floor of the Family Birthplace. 402-481-7101.

We deliver to patient rooms.

Washing your baby

Whether giving your baby a sponge bath or a tub bath, start with the cleanest area and work to the dirtiest.

Eyes

Wash each eyelid moving from the inner to the outer corner. Use a clean part of the cloth for each eye.

Face

Wash with plain water using a soft washcloth. Pat dry.

Ears

Wash only the outer edges and behind the ears. Do not use Q-tips or try to clean the inside of the ear.

Wax in the ear canal protects your baby's ears.

Head

Wrap your baby tightly in a blanket. Rest the baby in a "football hold" with your arm under his back and head in the palm of your hand. Wet the scalp and apply a small amount of soap. Massage the soap into the hair with a firm brush. Using a brush on the baby's head will not hurt the soft spot. Never hold your baby under the faucet because the temperature may change and burn your baby. Rinse and pat dry.

Use the firm brush to style the hair. Brush your baby's hair daily. Good scalp care prevents a flaky buildup of oil called cradle cap.

Rest of the body

Unwrap the blanket and remove the baby's clothing. Wash his entire body, making sure to wash all the creases.

Turn the baby over and wash his back and bottom. Pat dry.

Genitals

When washing the genitals of a baby girl, separate the labia and clean from front to back using cotton balls or wash cloth.

There may be a thick white coating inside the labia. It is normal. Do not try to scrub it out. This coating is called smegma.

For a baby boy, who has been circumcised, cleaning the penis is important. Clean the area by squeezing warm water from a washcloth over the circumcision with the bath and with each bowel movement. The uncircumcised penis requires no special care. Clean the penis with warm water. Pat dry. Do not pull the foreskin back over the penis. It will loosen gradually as he grows. Your health care provider will tell you when you can pull back the foreskin.



1. Wrap your baby, with arms inside, in a blanket. Hold like a football under your arm supporting your baby's neck. Wet hair and lather with soap or shampoo, depending on your preference.



2. Use a scrub brush while hair is still lathered with soap or shampoo. Scrub in a circular motion to prevent cradle cap and promote hair growth.



3. Rinse hair. After rinsing hair, the amount of soap or shampoo in the bath water is enough to wash the rest of your baby's body. Do not use more soap or shampoo as this will dry out your baby's skin.



4. Use soapy water to wash the rest of the body. Be sure to wash in all creases. Support your baby's head while doing this.



5. Wash baby's entire body. Towel dry.

Personal care

Circumcision care

It is important to keep the circumcision clean and dry to prevent infection and help healing. Circumcision is the removal of skin from the end of the penis. At first, the area will be red and swollen. In a day or two soft yellow patches will appear at the end of the penis. This is part of healing and not a sign of infection. It will disappear as the area heals, usually within one week.

One of these three methods is usually used to care for a circumcised penis:

- Vaseline gauze may cover the area to prevent the diaper from sticking to the penis. When the gauze falls off, apply Vaseline to the area of the diaper that touches the penis to prevent sticking.
- If a surgical dressing has been applied, do not remove it. The dressing will absorb and fall off on its own.
- When a PlastiBell circumcision is done there will be a clear plastic ring around the end of the penis. Do not remove it. It will come off as the area heals, within five to seven days. Do not use Vaseline on the penis if a PlastiBell was used.

Call your baby's health care provider if you notice any of the following:

- Bleeding from the circumcision
- Increased redness or swelling
- Temperature over 100.4 degrees rectally or 99.4 degrees axillary

Cord care

Allow the cord to dry on its own. Your baby's umbilical cord will dry and fall off in seven to 14 days after birth. Look at the cord every day. If there is drainage, wipe the cord with plain water using a cotton ball or washcloth. Fold the diaper below the cord until it falls off.

Stools

Your baby's first bowel movements will appear black and tarry. These are called meconium stools. Two or three days after birth the stools will change from black to green then yellow. A breastfed baby's stools are golden yellow and loose. The stools of a bottle-fed baby are usually pale yellow, thick and pasty.

Diapering

Check the diaper before and after feedings and change whenever it is wet or dirty. Don't use any powder or ointments on the baby's bottom. Wash your hands with soap and water after you finish changing the diaper. Diaper rash is bright red.

To treat diaper rash:

- Change diapers often
- Use a different brand of diaper wipe or disposable diaper
- Switch to a cloth diaper
- Call your health care provider if the diaper rash does not heal after a few days

Fingernail care

Babies may scratch themselves if their fingernails are too long. Wait until your baby is asleep to trim his nails. Cut the nails straight across with a baby scissors or use an emery board.

Dressing your baby

Clothing should be soft, loose and simple. If your baby sweats, this may be a sign she is too warm. Take off a layer of clothing or remove a blanket. If your baby's hands are cold, add a layer of clothing such as an undershirt, sweater, socks or another blanket. Keeping the temperature of your home between 68 to 75 degrees will be comfortable for your baby.

Wash your baby's clothes in a mild detergent and rinse well. Do not use fabric softeners in the washer or dryer. They may cause skin rashes.

Check Lori's Gifts Mom & Baby Shop for:

- Car seat rental for preemie babies
- Pacifiers
- Swaddling blankets
- Preemie and newborn clothes
- Diaper bags
- Bath supplies
- Jelly cat plush
- Fresh floral bouquets
- Baby developmental toys

Temperature

Rectal:

A normal rectal temperature is between 98 and 100 degrees. You will be given a digital thermometer to take home. Clean the thermometer tip with cool, soapy water or rubbing alcohol before and after each use. Push the start button. Use a small amount of Vaseline on the end of the thermometer and insert the tip ½ inch into the baby's rectum. The thermometer will beep when finished.

Axillary:

Another way to take a temperature is in the armpit. Push the start button on the digital thermometer. Raise your baby's arm and place the tip firmly in the armpit. Lower your baby's arm so it is against his body until the thermometer beeps. A normal axillary temperature is 97.7 to 100.3 degrees.

Follow your health care provider's advice for taking your baby's temperature. Do not use an ear thermometer on a child until advised to do so by your health care provider.



Jaundice and your newborn

To make sure your baby's first week is safe and healthy, it is important that:

- Your baby is checked for jaundice in the hospital.
- If you are breastfeeding, you get the help you need to make sure it is going well.
- Your baby should be seen by a doctor or nurse at three to five days of age.

Q: What is jaundice?

A: Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color.

Q: Why is jaundice common in newborns?

A: Everyone's blood contains bilirubin, which is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth, because it takes a few days for the baby's liver to get better at removing bilirubin.

Q: How can I tell if my baby is jaundiced?

A: The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

Q: How is my baby checked for jaundice?

A: If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin test or blood test to check your baby's bilirubin level. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

Q: Does breastfeeding affect jaundice?

A: Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in infants who are not nursing well. If you are breast-feeding, you should nurse your baby at least eight to 12 times a day for the first few days. This will help you produce enough milk and will help to keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help. Breast milk is the ideal food for your baby.

Q: When should my newborn get checked after leaving the hospital?

A: It is important for your baby to be seen by a nurse or doctor when the baby is between three and five days old, because this is usually when a baby's bilirubin level is highest. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

Q: Which babies require more attention for jaundice?

A: Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following:

- A high bilirubin level before leaving the hospital
- Early birth (more than two weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent or brother or sister who had high bilirubin and received light therapy

Q: When should I call my baby's doctor?

A: Call your baby's doctor if:

- Your baby's skin turns more yellow
- Your baby's abdomen, arms, or legs are yellow
- The whites of your baby's eyes are yellow
- Your baby is jaundiced and is hard to wake, fussy or not nursing well

Q: How is harmful jaundice prevented?

A: Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. Treatment can prevent the harmful effects of jaundice. Putting your baby in sunlight is not recommended as a safe way of treating jaundice. Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home, because your baby will get cold, and newborns should never be put in direct sunlight, because they might get sunburned.

Q: When does jaundice go away?

A: In breastfed infants, jaundice often lasts for more than two to three weeks. In formula-fed infants, most jaundice goes away by two weeks. If your baby is jaundiced for more than three weeks, see your baby's doctor.

The jaundice information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Protecting your baby

Safe sleep for your baby

During the first few days of life your baby will not have a sleep pattern. She will be awake right after birth and ready to start feeding. Then, she'll be very sleepy for the next 18 to 24 hours.

Each baby's sleep pattern is different, and the pattern may change every few days. Babies may fall asleep often. Do not let your baby sleep longer than two to three hours at a time during the day. This will help him sleep longer at night.

You can teach your baby the difference between night and day. During the day, play with her, talk to her and wake her for feedings. Keep daytime noises at the normal level. The house and her room should be sunny and bright. At night, turn down the lights and talk softly when you feed and change her. In time, she'll learn day is for play and night is to sleep.

Always put babies to sleep on their back

The American Academy of Pediatrics recommends healthy infants up to six months of age be placed on their back when sleeping, not on their stomachs.

Parents often worry about the baby developing a flat spot on the back of the head because of sleeping on the back. Though it is possible for a baby to develop a flat spot on the head, it usually rounds out as they grow older and sit up. There are ways to reduce the risk of the baby developing a flat spot:

- Alternate which end you place the baby's feet. This will cause her to naturally turn toward light or objects in different positions, which will lessen the pressure on one particular spot on her head.
- Limit time spent in freestanding swings, bouncy chairs and car seats. These items all put added pressure on the back of the baby's head.
- A breastfed baby would normally change breasts during feeding; if the baby is bottle-fed, switch the side that she feeds on during feeding.

The safest place for your baby to sleep is a crib that meets current safety standards and has a firm mattress. Dress your baby in a blanket sleeper for warmth. Remove all soft, stuffed toys or pillows from the baby's bed. Make sure the mattress fits snugly in the crib.

Keep the temperature in your baby's room at a level that feels comfortable to you. Don't overdress your baby or swaddle him too tightly.

Have a quiet bedtime routine such as singing, rocking or just holding your baby close. These are signals that may help he or she settle down and go to sleep.

Do not put your baby on or use the following:

- A waterbed
- Fluffy blankets
- Thick quilts
- Comforters
- Sheepskin

These can block your baby's breathing.

Baby should have a separate sleeping space in the parent's room. Don't let baby sleep on an adult bed, waterbed, armchair, couch or other soft surface. Your baby shouldn't share any sleep surface with another child or adult.

Understanding the importance of tummy time

Tummy time is for babies who are awake and being watched. Your baby needs tummy time to develop strong muscles.

Beginning on the first day home from the hospital or in your family child care home or center, play and interact with the baby while he is awake and on the tummy 2 to 3 times each day for a short period of time, increasing the amount of time as the baby shows he enjoys the activity. Tummy time prepares babies for the time when they will be able to slide on their bellies and crawl. As babies grow older and stronger, they will need more time on their tummies to build their own strength.



Remember “Back to Sleep,” “Tummy to Play”

Never, never shake a baby

Shaken Baby Syndrome involves the vigorous shaking of an infant or young child by the shoulder, arms or legs. A single shaking episode usually results in whiplash-induced bleeding in and around the brain leading to death or permanent neurological damage.

Infants and young children are more susceptible to Shaken Baby Syndrome because their heads are disproportionately large in relation to their bodies, and their shoulder and neck muscles are weak and underdeveloped.

When a young child is shaken, the head whips back and forth, slamming the brain against the hard skull, causing bruising, bleeding and swelling inside the brain.

Shaking a baby or young child, even for a short time, can cause injuries:

- Blindness
- Mental retardation
- Seizures
- Cerebral palsy
- Hearing loss
- Paralysis
- Broken bones
- Speech or learning disabilities
- And even death

If you think your baby has been shaken....go to the closest hospital emergency room.

Signs and symptoms of Shaken Baby Syndrome include:

- Irregular, difficult or stopped breathing
- Extreme crankiness
- Seizures or vomiting
- Tremors or shakiness
- Limp arms and legs
- No reaction to sounds or acts lifeless
- Difficulty staying awake

Stop, calm down and get help

The message is simple – never shake a baby. No matter how tired, angry or frustrated you feel you must never, never shake a baby. Shaking a baby can kill or cause serious injuries.

If you think you might shake your baby and need help, please call the **Help Line at 1-866-243-BABY.**

If you suspect a child has been shaken, you should report it to the Child Abuse/Neglect Hotline at 1-800-652-1999.

Crying

Crying is your baby's way of telling you he needs something. You will learn to know what each cry means. At first, babies may not have tears because their tear ducts are closed. The ducts will open in the next few months. When your baby cries, check and correct the most common reasons first. Then, if the baby is still crying:

- Soothe and reassure your baby
- Wrap baby in a blanket
- Hold baby close to you
- Play music or sing
- Change your baby's position
- Hold and rock while you walk
- Gently stroke your baby's body

You'll soon find out which ones are helpful for your baby.

Many parents find it is hard to keep in control during a time of frantic crying. Try to remain calm. Never yell or shake your baby. Shaking a baby or tossing a baby in the air can cause brain damage or death.

Babies cry for many reasons. The most common are:

- Hunger or thirst
- Discomfort due to wet or dirty diapers, too tight clothing, or feeling too hot or cold
- A need to change position
- Over stimulation – playing or being held too much
- Having a hard time passing stools
- Illness

If you are feeling angry or upset, do the following:

- Put your baby down in a safe place
- Leave the room
- Count to 10 or take slow, deep breaths until you calm down
- Call a friend or health care provider for help

It is OK if your baby keeps crying while you calm down. If your baby can't be soothed, call your health care provider.

Smoking

Smoke from cigarettes, cigars and pipes are harmful to a baby. Never smoke in the house or car.

Infants and children who are exposed to smoke are more likely to have:

- Coughs
- Breathing problems
- Ear infections
- An increased risk of SIDS (Sudden Infant Death Syndrome)

Child safety seats

Your baby should always be in a child safety seat while riding in a car. State law requires children riding in a car to be correctly secured in a federally approved child safety seat from birth until age six, regardless of weight.

There are different types of child safety seats:

- **Infant-only child safety seats** are made only to be used rear-facing. Rear-facing is the safest way to travel. Most seats have a weight limit from five pounds up to 22-35 pounds, but these limits vary by manufacturer. Once the baby exceeds the weight limit, or is too tall for the seat, he/she needs a different child safety seat. The child safety seat owner's manual will list the weight limits.
- **Convertible safety seats** can be used rear-facing and later forward-facing. For many convertible safety seats, a baby can stay rear-facing for up to 35-45 pounds. This information can be found in your child safety seat owner's manual.
- **High-back booster seats.** Once a child outgrows the weight and/or height limit of a convertible seat, he/she should use a high-back booster seat which helps position the seat belt correctly along the child's torso and hips while providing some head protection.
- **Backless booster seats** are used once the child outgrows the height limit for the high-back booster. Most high-back booster seats convert into a backless booster seat.
- **Seat belts** fit correctly when the shoulder belt lies across the middle of the chest and shoulder away from the neck; the lap belt is low on the hips and not across the stomach; and the child can sit tall against the back of the vehicle seat with bent knees and can stay that way comfortably. This is usually around four feet nine inches in height and between eight and 12 years of age.

ALWAYS READ YOUR CHILD SAFETY SEAT OWNER'S MANUAL BEFORE USING.

The American Academy of Pediatrics states:

"Infants and toddlers under age two should ride facing the rear of the vehicle, children should ride in forward-facing seats after outgrowing the rear-facing limits, and older children should ride in a belt-positioning booster seat after outgrowing the forward-facing limits. All passengers of any age should ride in a lap and shoulder seat belt once they have grown big enough for the seat belt to fit properly. All children should ride in the back seat until they are 13 years old."

Car seat checks

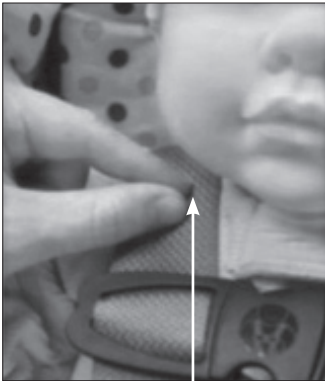
Top five things to do:

- 1. Right Seat** – Check the car seat label to make sure it is appropriate for age, weight and height of your child. Also, check the label on the seat to be sure it is not expired.
- 2. Right Place** – Infants and children should ride in the back seat until they are 13 years old due to the dangers of airbag deployment.
- 3. Right Direction** – Infants and toddlers should ride rear-facing until two years of age.

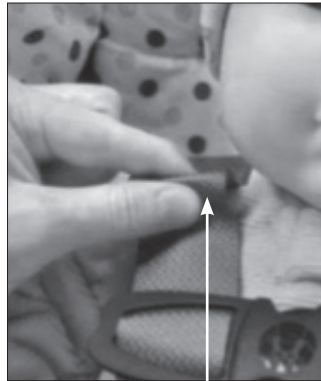


Ride rear-facing until two years of age.

- 4. Inch Test** – After installing the car seat, attempt to move it back and forth. A correctly installed seat will not move more than an inch side-to-side or front-to-back.
- 5. Pinch Test** – When your child is buckled into the seat, be sure the straps are snug enough. You should not be able to pinch any excess strap material.



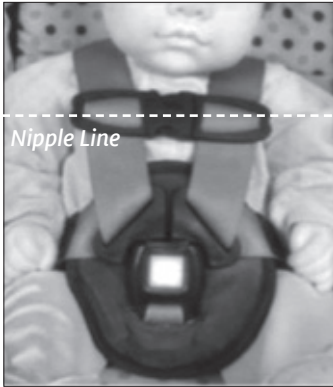
Snug



Not Snug

Top five incorrect usage of car seats:

1. Clip Placement – The chest clip must be placed at the nipple line for safe travel.



Correct



Incorrect

2. Strap Insertion – The straps should be inserted into slots at or below the shoulders.

3. Aftermarket Products – Head supports and positioners not manufactured with the car seat are not recommended because the seat was not crash-tested with that specific piece of support.

4. Winter Coats – Heavy coats or blankets should not be underneath your child or under the straps as this limits a snug fit into the seat. Instead, blankets or car seat covers may be placed over the top of the car seat.

5. Play Time – Toys should not be hanging from your car seat carrying handle. During a crash these toys could become hazardous and cause harm.



Airbags

Infants and children under age 13 should never be placed in a seat with an airbag in front of it. Airbags can injure or kill infants and children if the airbag opens.

Resources

www.safekidsnebraska.org (provides list of where to get your child's safety seat checked/learn to install)

www.nsp.state.ne.us

www.nesafetycouncil.org

Nebraska State Patrol 402-471-4545

Nebraska Safety Council 402-483-2511

Responding to your baby's needs

Your baby's best toy is you. Play with your baby as much as you can during awake and alert times.

Respond to your baby's needs:

- When the baby's needs are met, baby learns the world is a good place. Baby's trust in you is needed for development.
- You cannot spoil your baby by responding to his or her needs.

Talk to your baby:

- Use a kind, soft voice with high and low pitches. Your voice is your baby's favorite sound.
- Play music and sing to your baby.
- Read him or her books. Even though your baby can't follow the story, he or she loves to look at the pictures and hear the sound of your voice.

Love your baby:

- Massage, kiss, cuddle, touch and stroke your baby.

Give your baby things to look at:

- A baby prefers black and white for the first six months because these colors have a lot of contrast.
- They like circles and squares and their parents' faces. Hold your baby so he can see your face. Watch his smile when you smile.
- Babies can see clearly within nine to 12 inches.

Preparing siblings for a new baby

Each child's adaptation to the new family member will differ. An older child, at least six years of age, has many relationships outside the family. An older child may be a good mother's helper. A toddler of one to three years may resent the new baby and is too young to understand infant care.

Encourage attachment between siblings:

- Babies can see clearly within nine to 12 inches.
- Allow older children to talk about negative feelings.
- Spend some "alone time" with each child when there are not interruptions.
- Include siblings in infant care:
 - A step stool by the changing table so a toddler can watch
 - Singing to the baby
 - Talking to the baby
 - Holding the baby
- Let siblings show off the baby to visitors.
- Talk with older children about their birth:
 - Look at old baby pictures together
 - Look at baby books
 - Look at old baby clothes
- Provide new privileges for the older child:
 - Later bedtime
 - Increased allowance
- The baby can bring the older child a gift from the hospital.
- Have small gifts available so when visitors bring baby gifts, the older child also receives a gift.



Sibling rivalry is common and normal to some degree. Even a secure child may feel some loss of time and attention to the new baby. It is important the older child understands that the new baby is helpless and needs special care while being reassured of your love.

Health screenings and safety guidelines

Nebraska law requires that all babies born at home or in a hospital must be screened for several diseases. You will receive a brochure about the different diseases for which babies are screened in Nebraska. If these diseases are treated within the first few weeks of life, the baby usually develops normally. The screening is done by taking a small amount of blood from your baby's heel. If the test results are not normal, further testing will be done before a diagnosis is made. Since treatment must be started within the first few weeks of life, be sure to have any further testing done quickly.

If you have questions, call your baby's doctor or the Nebraska Newborn Screening Program, Nebraska Department of Health and Human Services at 402-471-9731 or 402-471-2133 TDD (Telecommunications Device for the Deaf).



Well baby check-ups

It is important to keep all appointments with your baby's health care provider. Health problems may not show up at birth. During these check-ups your health care provider will talk with you about your baby's feedings and how your baby is growing.

Some check-ups will include immunizations that protect your baby against dangerous childhood diseases. Without immunizations, children may catch diseases that can harm their hearing, eyesight, muscles or ability to learn. Immunizations are required by state law for all children before they begin daycare, preschool and elementary school.

Immunization schedule:

- All vaccines are given in a series.
- Vaccines are constantly being developed and improved.
- State laws and school requirements for vaccinations change.
- Keep your own, up-to-date record of vaccinations for each child.
- Make sure your child does not miss an immunization. Only missed immunizations will need to be made up, not the whole series.

When to call your health care provider

As the weeks pass, you will learn what normal behavior is for your baby. If you think your baby might be sick, take your baby's temperature first, then call your health care provider.

Things to watch for:

- Breathing problems. Call 911 if your baby stops breathing, has trouble breathing or has a blue skin coloring especially around the mouth.
- If your baby's temperature is higher than 100.4 degrees rectally, he may be overdressed and/or wrapped too tightly. Take off some clothing and blankets. Recheck the temperature after a few hours. If the fever continues, call your health care provider.
- Your baby has been vomiting for more than 12 hours.
- Your baby cries more than normal and is hard to comfort in the usual ways.
- Your baby does not wake up on her own for feedings or seems too tired to eat.
- Your baby's skin is yellow below the nipple line.
- The belly button has pus or redness around the base of the cord.
- There are white patches in the baby's mouth that cannot be removed with a washcloth.
- Your baby's eyes are pink, bloodshot, have a sticky, yellow discharge or the eye lashes stick together.
- Stools change and become looser, watery or increase in numbers; if the stools are small and hard, or if the baby is passing stools with blood or mucus.

Safety guidelines

Protecting your baby from injury is one of your most important jobs as a parent:

- Never leave your baby alone on any surface from which they can fall, such as a countertop, changing table, couch, bed or kitchen table.
- Never shake your baby or toss him in the air. It may cause brain damage.
- Never leave a baby or child alone in the bathtub or around water, even for a moment.
- Never put anything on a string around your baby's neck, such as a pacifier or a toy.
- Keep sharp, dangerous objects and toys with small, loose parts away from the baby.
- Avoid hot drinks, like coffee or tea, while holding your baby.
- Never leave your baby alone with a bottle. Never prop the bottle. Your baby may choke.
- Never give your baby honey.
- Never make a pacifier from a bottle nipple.
- Buy a crib with slats less than 2 3/8 inches apart and a crib rail that is as high as possible above the mattress.
- Make sure the mattress fits snugly against the sides of the crib.
- Do not use a waterbed crib or let your baby sleep or play alone on a waterbed.
- Keep pillows, large stuffed toys and extra blankets out of the crib.
- Repaint any indoor surface that may have been painted with lead-base or toxic paint. For more information, call the Lincoln/Lancaster County Health Department Childhood Lead Poisoning Prevention Program at 402-441-8000.
- Keep the handles of pots and pans turned inward over the stove and use back burners, if possible.
- Keep electrical cords out of reach and always cover electrical outlets with safety plugs when not in use.
- Place house plants out of reach. Some plants are poisonous when eaten.
- Keep cribs, bassinets and playpens away from radiators, stoves, heaters, air ducts and draperies with cords.
- Use safety gates to block windows, balconies and both top and bottom of stairways.
- Lock up liquor, cleaning items, medicines, garden products, chemicals and make-up when not in use.

Breastfeeding

Baby-friendly

Bryan Medical Center is a baby-friendly birthing facility. This means special steps have been taken to create the best possible support and education for successful breastfeeding. The Baby-Friendly Hospital Initiative is an international program of the World Health Organization and UNICEF.

The 10 steps to successful breastfeeding are as follows:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

Benefits of breastfeeding

Breastfeeding provides your baby with the ideal food. Mother's milk has all the nutrition needed to keep your baby healthy. It also helps protect your baby against infections and allergies.

Some of the benefits for mom include:

- Helps you get back to your pre-pregnancy weight quickly
- Reduces the risk of ovarian cancer and breast cancer before menopause
- Convenient and easy nighttime feedings
- Cost effectiveness

Breastfeeding provides closeness, warmth and a feeling of safety which helps form a special bond between mom and baby.

At first your baby receives colostrum from the breast. At about two to five days of age, the baby will begin to get breast milk. Your breasts will feel fuller when the milk comes in.

Length of time at breast

Some babies nurse eagerly for 10 to 15 minutes on one breast and then fall asleep fully satisfied. Other babies stop for short rest periods while on the breast. Some babies nurse both breasts at each feeding. Any of these ways to breastfeed is correct.

The most important thing to remember is the latch. If the latch is correct, the time at the breast can be decided by the baby's demand. Some babies need more suckling time than others, so longer time on the breast is OK, too.

If your baby is nursing all the time, it may be because your baby is not latched on correctly. A baby who is not latched on correctly may not be getting enough of the rich, high calorie hindmilk to satisfy his hunger and promote weight gain.

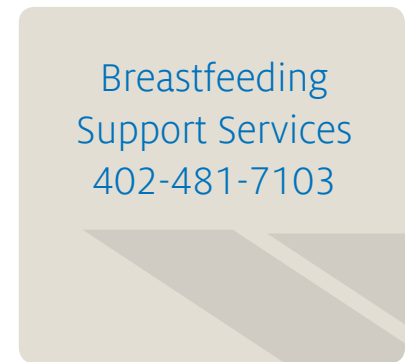
Mother's milk has all the nutrition needed to keep your baby healthy.

Your baby's feeding pattern may change due to:

- Time of day
- A growth spurt
- Other factors, such as teething or sickness

Your breasts will:

- Make the amount of milk your baby needs
- Adjust to increased needs over time



Try to offer both breasts at each feeding. If your baby only nurses on one side, offer the second breast at the start of the next feeding. If your breasts feel full and uncomfortable, use a breast pump or hand express your milk. If you always alternate breasts each time you feed, each breast will make about the same amount of milk. Offering the same breast first at each feeding may result in one breast making more milk than the other. This may cause one breast to become larger than the other.

To prevent your baby from biting your nipple as he or she releases the breast, slip your finger between the baby's gums. Leave your finger in place until your baby is completely off the breast.

How often should my baby nurse?

During the first four to eight weeks of life most babies nurse eight to 12 times in a 24-hour time period. It is important to remember to feed your baby whenever he shows signs that he is hungry instead of watching the clock. This is called demand feeding.

During the first few days of life, your baby may be very sleepy and hard to wake up. Until your milk supply is well established (about two to three weeks), place your baby's undressed body against your bare chest every two to three hours to try and wake your baby and get him interested in breastfeeding.

Other activities to wake your baby include:

- Rubbing your baby's back or feet
- Changing your baby's diaper
- Stretching your baby's arms above his head
- If your baby is not waking up to breastfeed eight to 12 times in 24 hours after trying to wake him, call your health care provider.

Signs of hunger

Watch your baby for hunger cues instead of watching the clock. When your baby is hungry, he or she will begin to:

- Suck on her fists
- Stretch
- Make soft sounds

Begin nursing when you see these early signs. If you wait for crying, your baby will be overly hungry, harder to comfort, and have more trouble latching on.

Let your baby feed on demand. It is the best way to be sure your baby is nursing enough. Avoid trying to stick to a schedule. Your baby will develop his own feeding pattern, generally nursing every two to three hours. Because human milk is so easy to digest, breastfed babies will want to eat often. Babies often will have a three-hour stretch of wakeful, fussy behavior, usually in the late afternoon or evening, and will want to nurse several feedings close together. These are called “cluster feedings.” As your baby gets older, the time between feedings will become longer.

Let-down reflex

When the breast is stimulated by the baby’s suck there is a let-down of milk. The stored milk releases into the ducts so your baby can nurse. Sometimes a mother may have let-down by just seeing her baby or hearing her baby cry.

Not all mothers feel the let-down. Some mothers describe let-down as a burning, aching or tingling feeling in the breasts. Let-down occurs many times during a feeding. One sure sign is a change in the suck-swallow pattern of your baby. The suck will go from short and rapid sucks to long, drawn out sucks with swallowing noises you can hear. You may feel more relaxed after a let-down and you may feel uterine cramps. Nursing moms may notice milk leaking from the other breast or appearing in the corners of their baby’s mouth.

There are several things that may stop breast let-down:

- Stress
- Engorgement
- Ice on nipples to make them erect can also interfere with let-down

To assist let-down:

- Gently stroke or massage the breast
- Play music
- Get in a comfortable position
- Apply a warm washcloth to the breast
- Look at pictures of your baby

Proper positioning of the baby at your breast:

- Sit upright as much as you can.
- Have your baby face you, with his tummy snuggled right next to yours.
- Use pillows under your arms to support your baby .

Latch-on:

- Make sure your breast is well supported.
- Make sure your baby's mouth is wide open.
- Bring your baby in close so he or she can take the breast into his or her mouth, grasping the area around the nipple, called the areola.
- Your baby's nose and chin should touch your breast.
- Your baby's lips should spread out over the nipple and areola.

Suckling:

- Your baby's tongue should be cupped under the nipple and areola.
- You should hear swallowing every one to two sucks after let-down.



If you see dimples in your baby's cheeks or hear clicking sounds while nursing, your baby is not latched on properly. Break the suction with your finger and try to re-latch. If you still have problems or need help, call your lactation consultant or health care provider. **Lactation phone number: (402) 481-7103**

Is my baby getting enough milk?

Following are some ways you can tell that your baby is getting enough milk:

- You should be able to hear your baby swallowing every one to two sucks.
- Your baby should be content after most feedings.
- Your baby probably will have one to two bowel movements in the first day or two at home. By the age of five days, your baby should have at least three to five yellow, seedy-looking stools within a 24-hour period.
- The first day or two at home your baby may have only one or two wet diapers.
- When your milk comes in, your baby should have at least six wet diapers in a 24-hour period.

All babies lose weight the first few days after birth. It is OK for babies to lose up to 10 percent of their birth weight. They should regain their birth weight by two weeks of age. Once your milk comes in, your baby should gain about one-half ounce to one ounce a day.

If you have questions or concerns about whether your baby is getting enough to eat, call your lactation consultant or health care provider.

Low milk supply

Most women are able to make enough milk to fully nourish their baby just as they were able to nourish their baby during pregnancy. It is rare when a woman's body is unable to make enough milk. If you are concerned about your milk supply, or your baby isn't gaining weight, consult a lactation consultant or your health care provider.

Pacifiers and breastfeeding

Pacifier use may cause problems with breastfeeding. The American Academy of Pediatrics recommends the use of a pacifier only after breastfeeding is established at about one month of age. Do not force your baby to accept a pacifier. Never tie a pacifier around your baby's neck, and be sure to wash it frequently.

Do not use a pacifier to replace or delay nursing and offer only after nursing when you are sure your baby is not hungry.

Calm a fussy baby by:

- Breastfeeding first
- Skin to skin contact with either parent
- Sucking on a clean finger
- Walking or rocking your baby
- Carrying your baby in a sling
- Swaddling (wrap) snugly in a blanket
- Singing or playing soothing sounds such as humming or quiet music
- Giving your baby a warm bath
- Massaging your baby's legs, arms and back

Choosing to supplement

Choosing to supplement (feed formula to) breastfeeding babies may interrupt successful breastfeeding routines. A newborn baby's stomach is small, about the size of a marble. Each day you make more and more colostrum (approximately a teaspoon more per day for each feeding). It is important to let your baby's stomach stretch at the same rate as your colostrum increases.

Cluster feeding is not only normal, but is also important.

- Frequent, strong feedings are needed to stimulate your breasts.
- If you feed your baby formula, which is digested slower than breast milk, he will not be as hungry as he should be and will not breastfeed as often or as strongly as he should. This can decrease your milk supply now and in the future.

Feeding your baby formula can disrupt the supply/demand process that is vital to good milk production. The first three to five days are important to programming your breasts to make a lot of colostrum and milk.

Formula is a foreign protein to babies, and actually changes the "good" bacteria that protect your baby's intestines. Even feeding formula once can change this protective barrier. It takes several weeks of only breast milk feedings to restore the good bacteria.

Statistics show that choosing to give your baby formula lessens your chance of successful breastfeeding.

Resources:

Academy of Breastfeeding Medicine. Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, revised 2009. New Rochelle, NY: Academy of Breastfeeding Medicine; 2009.

Riordan, J. (2010). Breastfeeding and Human Lactation 4th Edition

United States Breastfeeding Committee: *Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding*. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.

Breastfeeding log

Keeping a record will help you decide if your baby is getting enough to eat. You should keep this record for the first one to two weeks.

Instructions:

Circle each time you nurse your baby and each time your baby has a wet diaper and a stool. Start the log your first day at home.

WEEK ONE

Date _____

Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Stools	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____

Date _____

Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Stools	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____

Date _____

Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Stools	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____

Date _____

Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Stools	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____

Date _____

Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Stools	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____

Date _____

Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Stools	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____

Date _____

Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____
Stools	1	2	3	4	5	6	7	8	9	10	11	12	Total: _____

Breastfeeding log

WEEK TWO

Date _____														Total: _____
Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12		Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12		Total: _____
Stools	1	2	3	4	5	6	7	8	9	10	11	12		Total: _____

Date _____														Total: _____
Breastfeeding	1	2	3	4	5	6	7	8	9	10	11	12		Total: _____
Wet Diapers	1	2	3	4	5	6	7	8	9	10	11	12		Total: _____
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Stools	1	2	3	4	5	6	7	8	9	10	11	12		Total: _____

Nutrition

Good nutrition provides needed energy and nutrients for rebuilding your body after pregnancy and for breastfeeding.

Your body needs about 500 extra calories a day while you are breastfeeding. If you don't have time to prepare meals, you can eat frozen, prepared meals and take-out foods and add fruits and vegetables, whole grain breads and dairy products for a balanced meal.

What about dieting while I'm breastfeeding?

- It is best not to diet at this time.
- Avoid foods and drinks high in calories if you want to maintain or return to your pre-pregnant weight. By eating a variety of foods, including those high in fiber and low in fat, you can expect a gradual weight loss of about one to two pounds a week.
- Have quick and healthy snacks handy. This may include fresh fruits, bagels, carrots, nuts, popcorn, graham crackers, rice and yogurt.
- Limit breaded and fried foods.

How can I improve my blood iron level?

New moms need to be sure to include iron rich foods in their diet. Foods rich in iron are:

- Liver
- Red meats
- Poultry
- Dark green vegetables
- Whole grain breads and cereals

Foods high in vitamin C also help the body absorb iron. Caffeine in coffee and colas and the tannin in tea reduce iron absorption. Drink juice or eat citrus foods with your meal. Save coffee, tea and cola for "break time."

Good food choices for breastfeeding mothers can be found at the following website: www.mypyramid.gov.

Tips for good nutrition

- Drink water or juice when you are thirsty.
- Try not to drink more than one to two drinks each day with caffeine, such as coffee and soda pop.
- You can eat almost any food when you breastfeed. If your baby acts fussy or uncomfortable after you've eaten a certain food two or three times, do not eat this food.
- No heavy or regular drinking of alcohol. Limit yourself to one glass of wine or one beer. It takes about two hours per drink for alcohol to leave the breast milk. It is best to breastfeed before alcohol intake to allow your body time to metabolize the alcohol before it is time to nurse again. If you have questions, call your lactation consultant.
- Any medicine or drug you take can appear in your breast milk. Be sure to tell your baby's doctor about any prescription and over-the-counter medicines or herbal supplements you are taking.

Breast care

Care of your breasts

- Wash your breasts and nipples in plain, warm water.
- Pat them dry. Do not rub them with a towel. Rubbing will remove the protective layer over the nipple and cause soreness.
- Do not use any soap, lotions or hand creams on your nipples.
- You may wear a supportive bra. Do not use underwire bras, because they can pinch off or press on an area of the breast which may lead to plugged milk ducts.

If your breasts leak milk:

- Place washable cotton breast pads inside your bra to catch the drips. Clean, folded, cotton handkerchiefs also work well. Do not use plastic lined pads. They can cause sore nipples.
- Change your pads often.
- Allow your nipples to air dry after each feeding.

Sore nipples

Sore, damaged nipples often are caused by poor positioning or poor latch-on. Breastfeeding should not hurt. If you have pain during a feeding, call your lactation consultant or health care provider.

The following suggestions may provide relief for sore nipples:

- Hand express milk to cause let-down before placing your baby to breast.
- After nursing, hand express a drop or two of breast milk. Gently rub onto your nipple and allow it to dry.
- Nurse on the least sore side first; leave the sore nipple open to the air.
- Take a pain pill as suggested by your health care provider.
- Do not use breast pads with plastic liners.

Engorgement

Your breasts start to become heavier and more tender when your baby is about two days old. This is due to swelling and the larger amount of milk produced. This is normal and lasts several days. If your baby does not nurse often and for long periods of time, engorgement can occur. If this happens:

- Your breasts will feel tender, hard and hot.
- Your nipples may flatten.

To prevent engorgement, nurse eight to 12 times a day. If your breasts begin to feel uncomfortable, awaken baby to nurse. If baby refuses to eat, pump your breasts to relieve pressure. Prolonged engorgement can lead to increased pressure in the breast. This breast tension can actually cause the milk producing cells to die and lead to an inadequate milk supply.

Lori's Gifts Mom & Baby Shop carries a full line of products and supplies to promote successful breastfeeding.

- Medela breast pumps and supplies
- Breast pump rental and purchase
- Breastfeeding support pillows
- Nursing bras
- Breast creams to soothe and heal

**First floor,
Family Birthplace
402-481-7101**

To promote comfort when breasts are engorged:

- Nurse your baby often, at least every two to three hours.
- Place a warm wash cloth on your breasts five to 10 minutes before nursing. A warm shower also may help the milk flow.
- Gently massage breasts before and during the feeding.
- Apply crushed ice in a plastic bag to your breasts between feedings to reduce swelling and relieve pain.
- If your baby is unable to latch onto your breast, soften the areola by expressing milk with a breast pump or manual expression.

Plugged ducts or mastitis?

Many changes occur in breasts during pregnancy and breastfeeding. Pain in the breast may be a sign of specific problems, such as a plugged duct or mastitis. A plugged duct occurs when a milk duct in your breast becomes blocked. Mastitis is an infection in the breast tissue. Breast milk is still safe during a plugged duct or mastitis.

Causes of plugged ducts:

- Tight clothing or bra can block the duct and prevent the breast from emptying
- Nursing in the same position
- Stress
- Poor nutrition

Symptoms of plugged duct:

- No fever
- You feel well
- It begins gradually after feedings
- Breast feels lumpy
- Tiny white plug appears at nipple opening
- Usually affects one breast
- Breast may feel warm to the touch
- An area in the breast is mildly uncomfortable or tender
- Pain may shift from one area of the breast to another

If you are unable to get relief from a plugged duct after two to three days, call your lactation consultant.

Remedies for plugged duct:

- Massage the breast before and during nursing as well as in the shower.
- Apply a warm, moist cloth to the breast during and between feedings.
- Nurse often, beginning on the sore side.
- Soak your breast in a basin of warm water.
- Try nursing with your baby's nose pointing toward the area of the plugged duct.
- Avoid tight clothing, such as an underwire bra or baby carrier straps.
- Continue to nurse on both breasts. Start with the affected breast for a plugged duct.

Symptoms of mastitis:

- Painful, reddened area on the breast
- Fever
- Chills
- Headache
- Achy like the flu

Remedies for mastitis:

- Treat with antibiotics and pain relievers prescribed by your health care provider.
- Get as much rest as you can.
- Continue to nurse on both breasts. Start on the unaffected side for mastitis.
- Be sure to empty the affected breast by nursing or pumping.
- Apply ice or heat to the breast, whatever is most comfortable.
- Drink plenty of liquids.
- Wear a supportive bra that is not too tight.

Delayed or inadequate treatment can lead to serious complications.

If you have questions or concerns, call your lactation consultant or health care provider.

Causes for mastitis:

- Engorgement
- Delayed feedings
- Breast not emptied regularly
- Cracked nipples
- Stress
- Fatigue
- Poor nutrition

Breast pumps

As a breastfeeding mother, you may wonder if you need to buy or rent a breast pump. Women have different reasons for using a breast pump. Whether you decide to buy or rent a breast pump depends on your needs. If you need a pump for longer than two to three months, it is more cost effective to purchase an electric pump. Call your insurance company to see what breast pump they insure.

At-home moms

If you are staying home with your baby, you may find your breasts become full and firm at times. If this happens you may need a pump to relieve engorgement, or you may use hand expression. Some moms who are home full time with their infant find hand expression works for engorgement or to provide expressed breast milk if they need to be away from their baby for a short period of time. Other mothers choose a small breast pump for occasional use.

Moms returning to work

Moms who plan to return to work can still breastfeed. We advise you to use a double electric breast pump to keep a good milk supply while working full time.

Visit Lori's Gifts Mom & Baby Shop for your breast pump needs. We offer breast pumps for rent and purchase.

Types of breast pumps

Personal use breast pumps

- Can be single (pump one side at a time) or double (pump both breasts at the same time)
- Pumping both breasts at the same time will increase the hormones of lactation higher and faster than pumping one side at a time. This will often result in an increased removal of breast milk in a short amount of time.

Hospital-grade electric breast pumps

- Multi-user pumps that can be fully cleaned
- Available for rent
- Can be used as a double pump or single pump
- Recommended for establishing milk supply if your baby is not latching in the first couple of weeks of life

For more information on laws supporting breastfeeding and pumping, visit: www.ncsl.org

Returning to work and breastfeeding

You can return to work and also breastfeed your baby. You may need to adjust our advice depending on:

- When you work
- How many hours you work per day
- Your workplace

Full-time job:

If you will be working full time, you may want to pump while you are at work. This allows you to provide breast milk for your baby and maintain your milk supply. To pump at work, you will need a double electric breast pump. Most moms find a breast pump with a double attachment is convenient and time-saving. Double pumps also help maintain your hormone level so you are able to keep a milk supply.

- Breastfeed your baby as close to the time you leave for work as you can. Some moms nurse their babies after they arrive at day care and again as soon as they return to day care from work. Talk with your childcare provider about this.
- While at work, you may need to pump two to three times during an eight- to 12-hour shift. With the double pump, it should take about 10 to 15 minutes each time.
- When you are at home with your baby, either in the evening or on your days off, breastfeed based on your baby's usual schedule. Some babies will want to nurse more often after mom has returned to "catch-up" on time spent apart.

Part-time job:

If you work part-time outside the home, look at your schedule to decide whether you need to use an electric breast pump.

- If you will be working five- to 12-hour shifts, follow the same guidelines given for moms who work full time. Depending on the length of time you are away from your baby, you may only need to pump one to two times each shift.
- If you will be away for one to four hours, you may not need to pump at all when away from home. Nurse your baby right before you leave and again as soon as you return.

Tips for preparing to return to work outside the home:

- In the first weeks after childbirth, most women have extra breast milk until their breasts adapt to the baby's demand. This is a good time to hand express or use an electric breast pump.
- Some women find expressing for five to 10 minutes, one to two times a day is enough. You may only get about ½ to 1 ounce of milk at a time. This is OK. Your baby will have already nursed, and you will be expressing the extra milk. This way you will have milk stored for busy days and you can offer your baby a bottle.
- Store the milk in a closed clean container.
- You can freeze the milk in breast milk freezer bags, disposable bottle bags or pour the milk into ice cube trays. Empty the cubes into a freezer bag when solid. Store several small bags in a large freezer bag. Always date each bag and use the oldest one first.
- Never thaw frozen breast milk in a microwave. Breast milk can be thawed in warm water or in the refrigerator. Use the thawed breast milk within 24 hours.
- About two weeks before you return to work try to give your baby a bottle. This ensures your baby will accept the bottle when you are away. If your baby accepts the bottle without problems, you do not need to give her one every day. If you have problems with your baby taking a bottle, you may need to offer a bottle once a day.
- Some babies will not take a bottle from mom. You may need to have dad or someone else offer the bottle.
- Many mothers pump at work. If you cannot pump, breastfeed as often as you can when you are with your baby.

Guidelines for storing expressed breast milk

Method	Room temp. (fresh milk) (60-85°F or 16-29°C)	Insulated cooler pack with ice packs	Refrigerator (39°F or 4°C)	Refrigerator/Freezer with separate doors (0°F or -18°C)	Chest or upright deep freezer (-4°F or -20°C)
Term Infant	3-8 hours	6-8 hours	3 days (optimal) to 8 days	6 months (optimal) to 12 months	6 months (optimal) to 12 months
Hospitalized and Preterm Infant	4 hours	6-8 hours	48 hours	3 months	6 months

Storage containers:

1. For long-term storage, use hard-sided containers such as plastic or glass with an airtight seal.
2. Use BPA-free glass or polypropylene containers.
3. For short-term storage, plastic bags made for breast milk storage may be used.

Thawed breast milk (previously frozen) may be stored in the refrigerator for up to 24 hours.

You should never refreeze thawed breast milk.

Once thawed and out of the refrigerator, do not store previously frozen breast milk longer than 3 hours.

Breast milk collection

- Wash your hands before expressing breast milk or using a breast pump.
- Express milk at least every three hours. Pumping for 10 to 15 minutes every three hours will help maintain the milk supply.
- After using a breast pump, store any amount of colostrum/milk in a clean, hard plastic container.
- When pumping several ounces, fill containers about $\frac{3}{4}$ full.
- Seal the container with a solid lid (using a bottle nipple is not appropriate).
- Label the container with the mother/child's name, date, and time the milk was expressed.
- If transporting milk to the hospital, place the container in an insulated bag or cooler.
- Fill the insulated bag or cooler with frozen ice packs and crumpled paper towels to fill excess space.
- Do not use wet ice for transporting previously frozen milk.
- Fresh breast milk is best, but breast milk can be refrigerated or frozen.

Cleaning the breast pump kit

- Disconnect the bottles from the tubing and place all pieces that come into contact with the milk in a clean dish or other container.
- Rinse pieces with cool water to remove milk residue.
- Wash pieces with warm, soapy water and rinse thoroughly.
- Tap out any excess water and allow pieces to drip dry on a clean paper towel.
- Do not place water in tubing, as this can lead to mold and bacterial growth.

Burping

Your baby may swallow some air during the feeding. Attempt burping in between switching sides or at the end of a feeding when breastfeeding. Attempt burping for one to two minutes. There are three ways to burp your baby:



1. Hold your baby upright against your shoulder and gently pat or rub his or her back.



2. Hold your baby in a sitting position on your lap. Support his or her head and chest with one hand, with the other hand, gently pat or rub your baby's back.



3. Place your baby on his stomach on your lap. Gently rub or pat your baby's back.

It is normal for babies to spit up once in a while. Spitting up is usually caused by babies eating too fast and swallowing air. To prevent spitting up, burp your baby during and after each feeding.

Donor Breast Milk (DBM)

At times, your doctor may order additional, supplemental feedings for your baby. The American Academy of Pediatrics recommends the following order of preferred supplements for a breastfed baby.

- 1) Expressed breast milk for the baby's mother
- 2) Donor breast milk
- 3) Infant formula

What is donor breast milk?

Donor breast milk comes from an approved HMBANA (Human Milk Banking Association of North America) milk bank. HMBANA combines then pasteurizes the breast milk from several women after careful screening for healthy behaviors and communicable diseases, such as HIV, hepatitis B and C, HTLV, and syphilis. Every batch is tested for bacterial growth, and is not used if any germs are detected.

What are the benefits of using donor breast milk instead of formula?

- Donor breast milk supplementation reduces the risk of infection.
- Donor breast milk is easily digested with better absorbed nutrients for optimal growth and brain development.
- Avoids your baby's exposure to foreign protein (cow-milk protein).
- Reduces the risk of future allergy/intolerance to cow-milk protein.
- DBM maintains healthy gut flora.

Are there risks of using donor breast milk?

Although precautions (careful screening, testing and pasteurization) are taken by HMBANA, there is a slight risk of transmission of infections to the baby.

Breastfeeding support services

We can help. If you have questions about breastfeeding or need help, call the lactation consultant at 402-481-7103.

Breastfeeding websites

www.breastfeedingonline.com/pumps.shtml

www.aap.org/healthtopics/breastfeeding.cfm

www.medela.com

www.bryanhealth.org

www.babyfriendly.org

www.womenshealth.gov

www.milkworks.org

www.healthylincoln.org

Community Resources

Social Security number for baby

Some of the reasons to get a Social Security number for your baby are:

- To claim your baby as a dependent on your income tax
- To open a bank account or buy savings bonds in your baby's name
- To get medical coverage or apply for government services for your baby

To get a Social Security number when your baby is born, give your permission on the Mom's Worksheet to have the information on the birth certificate released to Social Security Administration. The card will be mailed to your home. If you decide to wait to apply for a Social Security card for your baby, you will need to fill out a special application form or bring in a certified copy of the baby's birth certificate to the Social Security office.

There is no charge for a Social Security card

Information given to the Social Security office is confidential. For information, call 1-800-772-1213 for a recorded message.

People who are deaf or hard of hearing may call 1-800-325-0778 between 7 a.m. and 7 p.m. on business days.

The Internet address is www.ssa.gov.

Parent education, support and play groups

Breastfeeding Support Services

Bryan Medical Center
402-481-7103

We can help. If you have questions about breastfeeding or need help, call the lactation consultant at 402-481-7103.

Families with Multiples

Lincoln Area
402-434-6533 voice mail
www.lincolnmultiples.org

Supports expectant, new and experienced parents of multiples through education, networking and fellowship.

Good Neighbor Community Center

2617 Y Street
402-477-4173

A community support group for mothers of all ages. Offers crafts, seminars and recipe exchanges to share the joys and struggles of motherhood.

March of Dimes

4700 Valley Road, Suite 100
402-488-6612
www.marchofdimes.com

Our mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. We carry out this mission through research, community services, education and advocacy to save babies' lives.

Milkworks – Breastfeeding Services

5930 South 58th, Suite W
402-423-6402
www.milkworks.org

Nebraska Safety Council

4600 Valley Road, Suite 300
www.nesafetycouncil.org

Information about upcoming car seat checks. Most checks are by appointment.

Northeast Family Center

6220 Logan Avenue
402-471-3700
www.frccn.org/nfc/index.htm

Provides resources and support about raising healthy, responsible and productive children; includes play groups, support groups, a library and classes on parenting.

Health and parenting services

American Red Cross

220 Oak Creek Drive

402-441-7997

Offers classes in first aid, CPR and babysitting. Summer swimming lessons for infants.

Bryan Community Education

402-481-8886

www.bryanhealth.org

Provides programs on parenting and other health issues for all ages. Kids' Club is a free program for children three to 12 years of age. Health newsletters and activities provided quarterly. Call for more information or register online at www.bryanhealth.org/calendar.

Cedars Youth Services

402-434-5437

www.cedars-kids.org

Offers quality early childhood development services at several locations. Other services include an emergency shelter for children from birth to age 19, crisis nursery services for children ages from birth to age four, residential care for children and youth (includes a program for pregnant and parenting teens), counseling, support groups community outreach services, foster care and in-home counseling.

Child Care Provider Search

Lincoln/Lancaster County

Health Department

3140 N Street

402-441-8026

www.ci.lincoln.ne.us/city/health/index.htm

Provides computerized information on child care providers and referrals at no charge.

City/County Public Health Nurse

3140 N Street

402-441-8065

www.lincoln/ne/gov/city/health/nurse

Public health nurse home visitation is offered to women during pregnancy and for their infants. Counseling, teaching and support are available. Information about family planning may be available upon request.

Affiliated with the Lincoln/Lancaster County Health Department.

Nebraska Health & Human Services System

402-471-3121

www.hhs.state.ne/us/index.htm

Medicaid and emergency assistance, financial assistance for medical care for children with eligible chronic or severe medical conditions.

Healthy Homes of Lincoln

Lancaster Health Department
3140 N Street
402-441-6207

A minority outreach program to improve pregnancy outcomes and reduce infant deaths in all cultures. Assists with transportation to doctor appointments; provides health education for healthy pregnancy, newborn care and parenting skills. Affiliated with the Lincoln/Lancaster County Health Department.

LaLeche League

402-441-9509
www.lalecheleague.org

A non-profit organization that provides information and support for women who choose to breastfeed. Monthly meetings, open to all women. Call for meeting times and locations.

Lincoln Action Program

210 O Street
402-471-4515

Provides emergency food, car seats, employment counseling and education.

Lincoln/ Lancaster County Health Department

3140 N Street
402-441-6200

Promotes leadership in promoting environmental and personal health through health promotion, disease prevention, education and regulation.

Lincoln Medical Education Foundation

Youth Families Program
4600 Valley Road
402-488-6511

Provides alcohol and drug prevention and intervention for pregnant or parenting women, Lamaze for single mothers and infant care instruction class. WIC program available.

Y's Parent Center

1432 N Street
402-434-3494 ext. 123

Provides programs in GED, parenting, careers and life management skills for young women between ages of 14 to 24 who are pregnant or have children. Transportation, lunch and child care provided.

WIC: Women, Infant & Children

501 S. 7th Street
402-441-8655

Provides health and nutrition education and supplemental food for women who are pregnant or breastfeeding and for their babies and children up to age five. Affiliated with Family Service.

Counseling and adoption services

Catholic Social Services

402-489-1834
www.dioceseoflincoln.com

Lutheran Family Services

402-435-2910
www.lfsneb.org

Nebraska Children's Home

4700 Valley Road
402-483-7879
www.nchs.org

Advocacy

Child Advocacy Center

402-476-3200
Advocacy and support for child victims of abuse and non-offending family members, including forensic interviews and medical exams.

Voices of Hope

2545 N St.
402-476-2110
402-475-7273 (24-hour crisis line)
Provides 24-hour services for sexual assault and domestic violence victims. Counseling for incest survivors, domestic violence, sexual assault survivors and their significant others. Short-term counseling services provided at no charge. Assistance with protection order applications. Access to shelter. Support groups also available.

Notes

Dismissal Instructions

Mother

- Follow activity recommendations in the *Caring for You and Your Baby* book.
- Use peri bottle after each bowel movement or urination until vaginal drainage has stopped.
- Keep perineum clean and dry.
- Change peri pads often.
- Empty bladder often.
- Do not insert anything in vagina – no tampons, douches or sexual intercourse – until given permission by your health care provider.
- No swimming pools, hot tubs, or bubble baths.
- No strenuous activity for 6 weeks.
- No heavy lifting greater than 10 pounds for 6 weeks (cesarean delivery).

Mother danger signs

Call your physician if you have any of the following:

- Temperature of 100.4
- Pain in the back of your legs (could be a sign of a blood clot).
- Red, bleeding, or painful nipples.
- Signs of mastitis: fever, body aches, breast pain, red/warm/hard area on one or both breasts.
- Signs of baby blues or postpartum depression: fatigue, loss of appetite, not wanting to get out of bed, and no interest in caring for self or infant.
- Bleeding should lessen each day. The more activity you do, the more drainage you may have. You should not soak through a pad in one hour or not pass large clots.
- May soak bottom in 2-3 inches of warm water a few times per day for comfort (vaginal delivery).
- Observe incision daily for signs of infection: fever, yellow or green drainage coming from incision, redness or swelling around incision or foul odor and pain not relieved by pain medication (cesarean delivery).
- **Call 911 with shortness of breath or difficulty breathing, onset of chest pain, numbness and tingling especially on one side of your body, or trouble speaking or understanding those around you.**

Baby

- Breastfed babies: feed on demand. Breastfed babies need eight to 12 feedings a day during the first month of life. By the fourth day of age, your baby should have four to six thoroughly wet diapers and three and four bowel movements every day.
- Hygiene, cord and circumcision care: follow your health care provider's instruction for bathing your baby as well as the information listed in the *Caring for You and Your Baby* book.

Baby danger signs

- Call 9-1-1 if your baby stops breathing, has trouble breathing or has blue skin color especially around the mouth.
- Call your baby's health care provider if you notice any problems as described in the *Caring for You and Your Baby* book.
- Nebraska law requires children riding in a car to be in a federally approved car seat from birth until they reach six years of age regardless of weight.

Important Phone Numbers

Medical	
Mother's Health Care Provider	
Baby's Doctor	
Breastfeeding Support Services	402-481-7103
Pharmacy	
Special Connection for NICU Parents	402-481-7337
Mom & Baby Shop	402-481-7101
Insurance Company	
Personal	
Dad's Work	
Mom's Work	
Childcare	
Grandparents	
Grandparents	
Emergency	
Nebraska Poison Regional Center Lincoln/Lancaster County Health Dept.	1-800-222-1222
Childhood Lead Poisoning Prevention	402-441-8000
Nebraska Safety Council	402-483-2511
Child Abuse/Neglect Hotline	1-800-652-1999
Shaken Baby Help Line	1-866-243-BABY (2229)

