

A smiling woman with dark hair, wearing a white shirt, is holding a baby who is also wearing a white shirt. The woman is looking down at the baby with a gentle smile. The baby is looking up at the woman. The background is a bright, light blue gradient with several curved, horizontal lines in shades of blue and white. The overall mood is warm and nurturing.

Online

Maternity Guide:

First Days Home
with Baby

 **inspira** HEALTH

Special update for COVID -19

How to prevent the spread of respiratory diseases like COVID-19 and protect your new baby.

Wash your Hands Often

- Wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Avoid Close Contact

- Inside your home: Avoid close contact with people who are sick.
 - If possible, maintain 6 feet between the person who is sick and other household members.
 - Outside your home: Put 6 feet of distance between yourself and people who don't live in your household.
- Remember that some people without symptoms may be able to spread virus.
 - Stay at least 6 feet (about 2 arms' length) from other people.
 - Keeping distance from others is especially important for people who are at higher risk of getting very sick.

Mask or Face Covering

- Cover your mouth and nose with a face mask or cloth face cover when outside or around others.
 - Continue to keep about 6 feet between yourself and others. The face mask or cloth face cover is not a substitute for social distancing.
 - Face mask or cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Cover Coughs and Sneezes

- Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Do not touch your Eyes, Nose or Mouth

Clean and Disinfect

- Clean and disinfect frequently touched surfaces and objects daily.

Stay Home When you are Feeling Sick

Monitor your Health and your Babies Health Daily

- Call your doctor if you experience any symptoms: fever, cough, difficulty breathing, muscle aches, sore throat, nausea, diarrhea, chills or loss of taste or smell
- Call your pediatrician if you are sick or you think your baby is sick.

Life as a New Parent: What You Can Expect in the Postpartum Period

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Welcome to Parenthood

When you first return home from the hospital with your newborn, you will likely experience a range of emotions, from excitement to uncertainty and everything in between. First-time parents often feel particularly nervous or unsure of what to expect. The staff at Inspira Health is here to support new parents and their families as they navigate the postpartum period. This guide is designed to provide valuable information to patients transitioning to parenthood, answer important questions and provide you with resources along the way.

Our women's health specialists provide both prenatal and postpartum care, as well as maternity and childbirth services at each one of our medical center locations. When expecting mothers choose Inspira, they can tap into expert care from specialists in obstetrics and gynecology as well as a team of certified nurse midwives who are there with emotional support, physical expertise and spiritual guidance throughout the pre- and postpartum process.

At Inspira, we believe informed parents are happier parents, and we strive to empower you with the resources to help you feel confident in your role as a parent. All of our staff, from our obstetricians and midwives to our nurses and other care team members, are specially trained to manage what for many can be an exciting yet stressful time.

We hope this guide helps you and your family get the most out of your postpartum experience, and your lives together.

Thank you for making us a part of this important time in your life.

Sincerely,

Inspira Health Maternity Team

Community Resources

Domestic Violence Hotline.....	(800) 572-SAFE
Childhelp USA Child Abuse Hotline.....	(800) 422-4453
N.J. Family Health Line.....	(800) 328-3838
Family Helpline.....	(800) THE-KIDS
LA LECHE.....	(800) LA-LECHE
New Jersey Child Care Helpline.....	(800) 3-DAYCARE
New Jersey Family Care Information Line.....	(800) 701-0710
NJ Speak Up When You Are Down.....	(800) 328-3838
Poison Control Center.....	(800) 222-1222
Postpartum Education for Parents.....	(805) 564-3888
Postpartum Stress & Family Wellness Center.....	(856) 302-1381 (NJ office)
.....	(610) 525-7527 (PA office)
Postpartum International Support.....	(800) 944-4PPD
Prevent Child Abuse (NJ Chapter)	(800) 244-5373 or
	(800) CHILDREN
SIDS Center of New Jersey.....	(800) 545-7437

Changes to Your Health

Becoming a mother changes you. After giving birth, your body will undergo countless changes that can have a lasting impact on your health and wellbeing. Postpartum care is important because it helps new parents identify potential complications as they navigate their “new normal.”

Caring for Your Physical Needs

Here are some common changes and challenges to be aware of in the days and weeks after returning home from the hospital:

Cramping / Progression Uterine Cramping

Postpartum cramping is common as the uterus shrinks back to its pre-pregnancy size, a process that takes about four to six weeks. It is normal to feel cramping during this time. You may find that cramping is most severe in the hours and days after delivery. This discomfort usually subsides by the third day.

Bleeding / Lochia Progression

“Lochia” is the bleeding that occurs after delivery. Color changes in bleeding are normal and progress from red to pink to brown to white over the next four to six weeks. If your bleeding becomes heavier or bright red again, this may be a sign of too much activity. If you experience bright red, heavy bleeding with clots, call your doctor.

The return of a normal menstrual period depends on whether you are breastfeeding or formula feeding. If you are formula feeding, you should resume menstruation six to eight weeks after giving birth. Many breastfeeding women do not get their period, though you may still ovulate each month and you may still get pregnant.

Whichever feeding method you choose, it is possible to get pregnant the first time you have sex after having your baby, so if you don’t want to get pregnant you should talk with your doctor or midwife and choose a birth control option that works for you.

Urination

In the first few days after giving birth, you may experience some pain, soreness or irritation while urinating. You should **not** experience any of the following when urinating:

- Severe pain
- Severe burning
- The feeling that you must urinate right away
- The feeling that your bladder is still full

If these symptoms occur, drink more fluids, take a pain reliever and call your doctor.

Bowel Pattern Changes and Hemorrhoids

After giving birth, it will take a few days for your digestive system to get back on track. To return to a regular bowel movement pattern, increase fluids, fiber, fruit and vegetables in your diet. Slowly increase your activity. Your doctor may suggest a mild laxative or stool softener.

Postpartum hemorrhoids are typically caused by increased pressure on your rectum during pregnancy. If you experience discomfort as a result, it may be helpful to apply medicated hemorrhoid pads and/or ointment, which can be purchased over-the-counter at your local pharmacy. Continue to use until the hemorrhoids have reduced in size and are no longer painful. Try to avoid straining when having a bowel movement.

Incision Care (Cesarean Section/Tubal Ligation)

Always be sure to wash your hands prior to touching your incision. It is important to let your incision “breathe” by keeping it open to air. If you have a binder, you may want to use it on and off for short periods of time.

Showering daily will help keep your incision clean. After showering, gently pat your incision dry. Do not scrub your incision. Check it every day for redness, drainage or swelling.

If you cannot see your incision, ask someone to help you look at it or use a mirror. If any redness, drainage or swelling is present, call your doctor. Your doctor may have placed paper closures called “steri-strips” over your incision. Do not attempt to remove the strips, as they will fall off on their own within a week or two. If you were discharged with your dressing in place, it will be removed at your doctor’s office.

Episiotomy/Perineal and Vaginal Tear Care

After an episiotomy, which occurs when an incision is made at the opening of the vagina during childbirth, you will be sent home with a cleansing bottle, perineal pads and ointment. Fill the cleansing bottle with warm water and carefully clean the perineum, the area between the vagina and rectum. Do this every time you change pads or at least every two hours. Continue to use the moist perineal pads and ointment that you used in the hospital. Minor tears that were not part of an episiotomy can be cleaned and cared for with warm water in the same way.

An itching or pulling sensation at the incision site is normal, and it usually means that your stitches are healing. Your stitches will dissolve and do not need to be removed by a physician.

Sex and Family Planning

Most women have questions about sex and family planning after having a baby. Refer to your doctor’s instructions about when you can have sex. If you’ve had an episiotomy it will heal fully in

about two weeks, but it may take up to four weeks for the scar tissue to be elastic enough for intercourse (sex).

Having sex should only happen when you and your partner feel comfortable. Ask your partner to be gentle and use a water-soluble lubricant. If you had a Cesarean (C-Section), you may need to experiment with positions in order to keep any pressure off your incision. Soreness may be felt with penetration for several months after a C-section.

Many breastfeeding women do not get their period, though you may still ovulate each month and you may still get pregnant.

Whichever feeding method you choose, it is possible to get pregnant the first time you have sex after having your baby, so if you don't want to get pregnant you should talk with your doctor or midwife and choose a birth control option that works for you.

Rest/Sleep

It's natural for new parents to feel very tired due to lack of sleep after the baby is born. If you don't get enough rest, it is harder for your body to recover. A typical newborn wakes up every three hours, meaning you might not get a solid, uninterrupted eight hours for several months. In the first few weeks, try to nap when your baby naps during the day. Ask your family and friends to help with chores at home. This will allow you to rest, recharge and rebuild your strength.

Diet

After delivery, it's important to focus on your nutrition. Eat a well-balanced diet with plenty of protein and vitamin C to help you heal. Do not take any medications or supplements without consulting your doctor first, especially if you are breastfeeding.

Exercises to Strengthen Your Pelvic Floor

Allow a few weeks of rest before resuming any workout routines or engaging in strenuous activity. After you have given your muscles enough time to recover from the strain of childbirth, you can begin practicing exercises to strengthen your pelvic floor and vaginal muscles.

Below are two different exercises that are helpful in improving the muscles that support your womb, bladder and bowels.

- *Kegel Exercises:* Kegels strengthen the pelvic floor and surrounding muscles. They are performed by relaxing and then contracting the vaginal muscles. The easiest way to learn this exercise is to practice stopping and starting the flow of urine while you empty your bladder.

- *Pelvic Tilt:* Pelvic tilt exercises help strengthen stomach muscles, improve posture and relieve back pain. Begin by lying on your back with your knees bent. Breathe in. As you exhale, tighten your stomach muscles to flatten the small of your back against the floor. Repeat. If you do not want to exercise on your back, you can also do this exercise in a sitting or standing position, or by lying on your side.

Caring for Your Emotional Needs

Mood Changes and “the Baby Blues”

Mood changes are normal due to hormonal changes after delivery. The “blues” are a common occurrence and are characterized by feelings of mild to moderate sadness, usually appearing suddenly on the third or fourth day. Fifty to 75 percent of new mothers experience this feeling after giving birth. You may cry for no reason or feel impatient, irritable, restless and/or anxious. Symptoms of the blues are briefly unpleasant and usually disappear on their own, sometimes as quickly as they came.

Postpartum Depression

One out of 10 new mothers experience different degrees of postpartum depression. It is a feeling of sadness or a strange feeling that you cannot explain. It affects your ability to care for yourself and your baby. Postpartum depression can happen within days of the delivery or appear slowly, sometimes up to a year later. Feelings may include:

- Nervous, anxious, panicky
- Sluggish, tired, exhausted
- Sad, down, hopeless
- Poor memory or ability to concentrate, feeling confused
- Cannot stop crying, irritable
- Lack of interest in your baby
- Guilt, not feeling worthy
- Fear of hurting your baby or yourself
- Lack of interest in sex
- Unable to sleep or sleeping all the time

A woman suffering from postpartum depression may feel many different emotions, and their intensity may range from mild to severe. You may have “good” days and “bad” days. Postpartum depression does not take the same form for everyone, so it’s important to pay attention to your moods and emotions, and take action if necessary. If you think you may have postpartum depression, tell your doctor or midwife and:

- Call 1-800-328-3838 (New Jersey residents) to find services near your home
- Visit www.njspeakup.gov
- Talk about your feelings with those you trust
- Ask for help in caring for your baby
- Exercise to help improve your emotional state
- Join a PPD (Postpartum Depression) or PMD (Perinatal Mood Disorder) support group

The cause of postpartum blues and depression is unknown. We do know that the postpartum period is a time of hormone changes, as well as a time of adjustment, which places many stresses on new mothers and their families. It is important to realize that these feelings are not a sign of weakness. Even though the causes are not understood, treatment is available. Call your doctor or nurse for more information.

If you ever have any feelings of hurting yourself or your baby, call 911 immediately.

When to Seek Emergency Care or Call Your Healthcare Provider

As you heal during the postpartum period, it can be difficult to determine which health changes are considered normal and which are causes for concern. Always tell 911 or healthcare provider: “I gave birth on _____ and I am having _____.”

Call your doctor right away if you experience:

- Chills and temperature over 100.4°F
- Severe pain
- Painful, frequent or urgent urination
- Red, warm, swollen area in your legs or pain in your calf when you step down
- Stomach tenderness
- Foul-smelling vaginal discharge
- Bright red vaginal bleeding, with clots that do not go away with rest
- Red, warm, swollen area on your breast that is tender to the touch
- Postpartum depression

Call 911 immediately if you experience:

- Chest pain
- Difficulty breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Breastfeeding

Breast milk, which is produced and stored in the breast, is considered the best and the most natural food for your baby. Successful breastfeeding is the result of practice, patience and proper positioning. The early breastfeeding sessions are very important, as mom and baby work together.

You should start breastfeeding as soon as possible after delivery. Before you produce breast milk, you produce colostrum, a nutrient- and antibody-rich milk-like substance. About three to five days after delivery, the mature milk will “come in.” This milk is thinner but there is more of it than colostrum.

For most women, milk production works on supply and demand; the more your baby nurses, the more milk you will produce. It is important that your baby breastfeed about eight to 12 times in 24 hours for at least 15-20 minutes of active sucking to ensure a sufficient milk supply. The feeding can be on one breast if the baby is actively sucking for the minimum time and is then satisfied.

Positioning and Latch

Proper positioning and latching—the way that the baby’s mouth grasps the breast nipple and areola—are very important for good feedings. Many positions can be used to breastfeed, and the most common are the football hold, the cradle hold and the side-lying position. Whichever position you use, your baby’s body must be lined up with their ear, shoulder and hip in a straight line, and they should be even with the breast. Your baby’s mouth should be wide open when they latch on, and while breastfeeding, their lips should be turned out like a fish.

Your baby is properly latched when you feel a strong tugging on your breast during feeding, see your breast tissue moving and the baby’s jaw muscle and ear wiggling. A soft breast after feeding (after your milk comes in) is another sign that the feeding was a success.

Engorgement and Sore Nipples

Engorgement (swelling resulting in hard breasts) can occur at any time if your baby is not draining the breasts well enough or often enough. It is most common when the milk first comes in three to five days after delivery. For relief, breastfeed your baby frequently, pump or hand-express milk. Use warm compresses on the breast prior to feeding and cold compresses on the breast after.

Engorgement should go away in a day or two.

Sore nipples are often caused by poor positioning and a bad latch. A little bit of discomfort in the nipples may be felt during the early days of breastfeeding; this is usually relieved by applying a breastfeeding cream to the nipple area after feedings, allowing the nipples to air-dry and gently rubbing a little breast milk over the nipple after feedings.

How to Know if Your Baby is Getting Enough:

- Your baby is content between most feedings

- Your breast feels less full after feeding
- By day six, your baby should have wet at least six diapers and soiled three in 24 hours
- You should be able to hear the baby swallowing during a feeding

Do not start your baby on any solid foods without speaking to their doctor.

Bottle Feeding

Preparation

The formula your baby goes home from the hospital with contains the nutrients they need to grow. Formula is available in ready-to-feed, concentrated or powdered form. Concentrated formula is perishable, and once it is opened you should store it in the refrigerator where it will last 24 hours. Formula preparation will vary depending on what type you choose. Concentrated formula, for example, must be diluted properly with water. Powdered formula must be dissolved in water and can be stored in a cool, dry place for three to four weeks. The World Health Organization advises to use water that is no cooler than 158 degrees, in order to kill potentially harmful bacteria that may be present in the formula powder. Consult your provider for additional detailed instructions on formula preparation.

Formula can be fed to your infant at room temperature. If the formula has been in the refrigerator, take the formula out about 20 minutes before your baby is due to eat. It's crucial to note you should never heat bottles in the microwave, as it can overheat the formula and burn your infant's mouth. If your infant drinks part of a bottle but doesn't finish it, throw it away after one hour.

Feeding Technique

Hold your baby in the crook of your arm or support their neck with your hand and sit them in your lap. Try to burp your baby after every half ounce of formula. You can burp your baby over your shoulder, across your lap or sitting on your lap supporting their head in your hand. Never prop the bottle while your baby is eating. Only use the formula that was recommended by your baby's doctor.

Be sure to sterilize bottles and nipples before using them for the first time. Make sure the bottles are washed with hot, soapy water and rinsed with hot water after each feeding.

Do not start your baby on any solid foods without speaking to their doctor.

Knowing Your Baby

As a new parent, you will experience many “firsts” in the days and weeks after giving birth. Newborns’ features and movements will change quickly as they develop, as will their responses to stimuli.

Breathing and Primitive Reflexes

It is normal for a newborn to breathe quickly at a rate of 40-60 times per minute. It’s also normal for a newborn to experience periods of rapid breathing, followed by a pause, before returning to their usual pattern. If your newborn’s breathing pattern seems abnormal and/or you note skin color changes, call 911.

Babies have reflexes just like adults. Reflexes are the body’s response to stimulation. A baby sneezing is a normal reflex; this is how they clear their nose. It does not mean your baby is catching a cold. “Rooting” is a response that is caused by touching your baby’s lips or cheek with a nipple, your finger or even the baby’s own hands. When this occurs, the baby turns their head toward the stimulation. Sucking is another reflex once the baby finds the nipple or finger.

Your baby is born with five senses: sight, smell, taste, touch and hearing. Newborns can see an object when it is eight to 12 inches from their face, and they find stark colors like black and white to be particularly stimulating. By the age of 4 months, a baby can see as clearly as an adult. Newborns hear very well and will often turn their heads toward sounds. They like to listen to voices, music or even the vacuum cleaner.

Cry Management

Babies cry more each week until they cry the most at 2 months. Then they cry less from 3-5 months. Babies can be perfectly healthy even if they cry up to five hours a day; however, trying to soothe a crying newborn can be a frustrating experience. A newborn will cry when they are wet, hungry, sick, tired or bored. When attempting to determine the source of their discomfort, ask yourself some questions:

1. Does their diaper need to be changed?
2. When did they last eat?
3. Do they need to burp?
4. Do they feel hot?

If your baby isn’t hungry, their diaper is dry and they’re otherwise seemingly fine, try a few of these techniques to soothe them:

- Change your baby’s position
- Console them by picking them up and cuddling them

- Give them a pacifier (If you are breastfeeding only give a pacifier after breastfeeding is well established.)
- Talk or sing to your baby
- Turn on the radio
- Swaddle your baby by wrapping their arms securely against their body with a blanket
- Take them for a walk outside or a ride in the car

Always check with your doctor to see if there is something wrong when crying persists.

Sometimes it will seem like nothing is working and you'll begin to feel frustrated. Put your baby in their crib even if they're still crying. Take a break. Let the baby cry for about 10 minutes before trying again to calm them down.

Do Not Shake Your Baby!

You should not shake your baby under any circumstances. Shaking your baby can cause brain damage or death. If you feel you are going to hurt your baby, place them in the crib and call your family or a friend for help.

Sleep Cycles

Newborns will sleep about 20 hours a day. As they grow, they will stay awake longer following their feeding. When your newborn is awake, they need stimulation. To stimulate your newborn, try talking, reading, singing or cuddling with them.

Healthy infants should be placed on their back to sleep to help reduce the risk of Sudden Infant Death Syndrome (SIDS). To keep your baby safe while resting:

- Place your baby on their back to sleep at night
- Place your baby on a firm mattress in a safety approved crib without bumper pads
- Remove all fluffy, soft or loose bedding from the sleep area
- Do not let your baby become overheated during sleep
- Keep ceiling fans turned on for better air circulation
- Do not allow smoking around your baby
- Do not put your baby to sleep in your bed (your baby may sleep in your room)
- To avoid flat spots on head, allow for "tummy time" when your baby is awake and someone is watching

Bathing and Hygiene

When bathing your newborn, start by gathering together everything you are going to need for the bath, as you should never leave your baby unattended once the bath has begun. Some items you may need

include a mild bath soap, baby shampoo, towels, a washcloth, a clean diaper and a change of clothes. Lotions or ointments may be used if recommended by your baby's doctor. Until the circumcision and/or navel (belly button) are healed, wash your baby by sponge bathing. When these have healed, you may bathe your baby in their baby bathtub or sink. Your baby does not need a bath every day – every other day is fine.

Fill the bath or sink with a few inches of water. Test the water temperature with the inside of your wrist. It should feel comfortably warm, but not too hot. Keeping one hand under your baby's head and neck, slide the other hand from beneath their bottom so that it's free to do the washing.

From head to toe, proceed in the following order:

Face: Wash with plain water—no soap.

Eyes: Use a clean washcloth dipped in plain water and wipe from inside to outside.

Nose and Ears: Cleanse the outer areas only with a moist washcloth. Do not try to cleanse the inside of the nose or ears.

Body: Wash from the neck down but do the diaper area last. Be sure to wash in the creases and rinse well. When the bath is over, place baby on the towel and dry them completely. Gently towel dry their hair immediately so that your baby does not get cold. Always keep one hand on your baby.

Head: Wash your baby's head last by lathering gently with baby shampoo. Work from front to back in order to keep the shampoo's lather away from the baby's face. Do not be afraid to wash the soft spots. If your baby gets "cradle cap" (a crusty flaky build up), rub in baby oil or mineral oil at night time and wash out in the morning with the baby shampoo.

Circumcision

If your baby has been circumcised, you will need to clean the affected area with warm water and mild soap to ensure it heals properly. On the first 5-7 days apply Vaseline, coating the tip of the penis, then take a gauze pad and place it on the end of the penis covering the circumcised area. If the initial dressing placed at the time of the circumcision, sticks to the penis, do not pull. Instead, pour warm water over the dressing to moisten and then remove slowly.

If the remaining skin on the tip of the penis is red, hot, tender or swollen, there may be an infection and you should call your baby's doctor. Around the second day, you may see a yellowish film. It is not an infection and will resolve in about seven to 10 days. No attempt should be made to remove the yellowish film. Use soap and water to wash the penis after each bowel movement to prevent infection.

Care of the Uncircumcised penis

- The uncircumcised penis requires no special care clean with warm water and mild soap
- Do not attempt to pull back the foreskin until you are told to do so by your provider

Umbilical Cord care

- Keep the cord area dry and clean – roll edges of the diaper away from the belly button
- Cord falls off within 10 days to 3 weeks

Skin/Fingernails

Between baths try to keep your baby as clean as possible. This will help prevent rashes and skin irritations. Call your doctor if your baby contracts a rash that lingers.

When your baby is asleep, use a fingernail file for trimming their nails as necessary. Be very careful not to trim their nails too short and do not use your teeth to trim nails.

Diapering

On average, newborns use nine or more diapers each day. Changing your baby often will reduce the chance of a rash. Clean the diaper area with alcohol-free – fragrance free wipes – wiping front to back and paying attention to skin folds. Routinely wash the diaper area with mild soap and warm water to prevent infection or irritation. Always dry the diaper area before putting on a new diaper. Call your provider if baby develops a rash that oozes, crusts or blisters.

Newborn Jaundice

Symptoms

Newborn jaundice is a very common condition characterized by a yellowing of the skin or eyes. This yellow colored pigmentation usually appears first on the face, then the chest. Jaundice may even spread downward to the stomach and legs. You can tell if your baby has jaundice by looking at them in natural daylight or in a room that has fluorescent lights. If there is a yellowish color present, call your baby's doctor.

Parents of a baby who has already been diagnosed with jaundice should call their doctor if the skin turns more yellow, if jaundice spreads to the stomach, arms or legs or if the whites of the baby's eyes are yellow.

Most babies with jaundice have no other symptoms. They are alert, sleep and eat without difficulty. You should call the doctor immediately or seek emergency medical care if your baby develops increased sleepiness or is hard to wake, sucks or nurses poorly, appears weak or floppy, arches their neck or back backwards, or develops a high-pitched cry or fever. These may be early warning signs of dangerously high levels of bilirubin that require prompt treatment to prevent a rare form of injury to the brain called kernicterus.

When to Call Your Baby's Doctor

Many new parents worry about calling their baby's doctor. Most doctors are used to being called, and they even expect it of new parents. If you think there is something wrong with your baby, don't hesitate to call your doctor. Let your doctor decide whether your concern can be dealt with by phone or whether a visit is necessary.

Problems that typically require a doctor's immediate attention include, but are not limited to:

- Fever of 100.4°F or above (temperature taken under the baby's arm pit)
- Vomiting (not just "spitting up"). This should not be neglected because the condition can get rapidly worse and may lead to dehydration
- Refusing to take formula or breast milk several feedings in a row
- Ear discharge or if your baby is unusually fussy and is frequently pulling on an ear
- Diarrhea, watery stools or blood in stools
- Swelling in between the legs
- Bleeding (not just oozing) from navel or circumcision site
- Listlessness or excessive sleepiness
- Mucous or green drainage from eyes
- Unusual rash
- Inconsolable crying

If your baby experiences difficulty breathing, such as a completely blocked nose and/or a hoarse, loud, dry cough, seek medical attention right away. If your baby turns blue or has convulsions/seizures, **call 911 immediately.**

Always avoid attempting to treat your baby's illness yourself; you should get a doctor's advice.

Safety Precautions

Temperature Taking

Nurses at the hospital usually take your baby's temperature under their arm because it is customary to check temperatures very often. If you think that your baby has a fever, take the temperature under your baby's arm. Only take a rectal temperature if your doctor tells you to do so.

Car Seats

It is a state law that every newborn/infant up to 20 pounds be secured in a rear-facing car seat with a five-point harness while in a vehicle. At this stage, your baby should only ride in the car seat in the back seat. It is your responsibility as a parent to read the manufacturer's instructions.

Practice installing your car seat into the car and adjusting the harness system so you know how to use it properly. Please check with your local law enforcement agency if you have any questions about how to use your car seat.

Vaccines

It is very important for your child's health that they receive vaccines. Talk with your child's doctor about the most current schedule for vaccines.

Other Safety Tips:

- Never hang a pacifier on a cord around your baby's head
- Never leave baby unattended with pets or young children
- Keep plastic bags and wraps away from children
- Learn CPR
- Make sure your house has working smoke detectors

A special thank you to the maternity committee who created this guide and our Guide Editor Wendy Rosen, Maternity Manager, Inspira Medical Center Vineland.