

Infant Care



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PROVENA

Mercy Medical Center

FAMILY BIRTH CENTER

ALL FOR YOU.™

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FAMILY BIRTH CENTER MISSION STATEMENT

In the spirit of the Gospel, the mission of Provena Mercy's Family Birth Center is to provide a safe and comfortable environment where women and their families can enjoy a birth experience that exceeds their own personal expectations.



Congratulations on the birth of your baby

A new baby brings happiness as well as many new demands into your life. While you are here at the medical center, we would like you to have every opportunity to get acquainted with your baby and the task of caring for this totally dependent individual. The Infant Care Educational Program is designed to provide assistance and support while you learn basic infant care skills.

The Infant Care Education Program consists of: written instructions (included in this manual), demonstrations and explanations by the registered nurse, audiovisual programs shown on Channel 3 or on an individual TV set in your room, and practice.

The basic skills include:

- Sponge Bathing
- Cord Care

- Circumcision Care (if appropriate)
- Diapering/Dressing

If this is not your first baby, you may be familiar with many of these basic skills. Please use this program as a review and a refresher.

Medical Center Philosophy

Our family-centered philosophy allows you to keep your baby with you while you are in the hospital. The purpose of this philosophy is to allow you and your baby's father or other support person the opportunity to care for and be with your baby before you go home.

You labor, delivery, recovery, and post-partum stay are all in the same comfortable room. Your baby is cared for right in the room with you. There is no need for your healthy baby to go to the

nursery. Each room has an infant bassinet stocked with supplies such as diapers, wipes, shirts and blankets. If you run out of supplies, tell the nursing staff. We are here to help you. Please feel free to ask questions.

AUDIOVISUALS

Programs for the New Parent

Please discuss with your nurse what programs are available and how you may view them.

Infant Safety Guidelines

While in the hospital and caring for your baby:

- Never give your baby to someone you don't know or who isn't wearing a Provena Mercy Medical Center identification badge.
- Put your baby in the crib on his or her back when you are napping or using the bathroom. Call the nurse if you need help.
- If you wish to take a walk around the unit, take the baby with you in the crib. Do not carry the baby in your arms or leave the baby in your room unattended.
- Never leave the baby alone on your bed.
- Do not sleep with the baby in bed with you. If you become drowsy, return the baby to the crib to sleep.
- Your infant will wear a special ankle band with a transmitter while in the medical center that will alarm if someone attempts to take him or her off the unit.

FAMILY

The baby's father or other support person may be with you at any time and is encouraged to be actively engaged in infant care. Friends and other family members may visit the new baby during our regular visiting hours of 8:00 a.m. to 10:00 p.m. Please wash your hands well, and have your visitors wash their hands, before handling the baby or after changing a diaper.

BABY PICTURES

Baby photographs are available through First Foto. Family Birth Center staff will take your baby's picture if you would like. There is no obligation to purchase photos. If you order photos, they will sent to your home in 1–2 weeks. Babies photos are also posted on the Provena Mercy Medical Center website, www.provena.org/mercy, following parental approval.

Sponge Bath

CHOOSING A TIME FOR THE BATH

The primary purpose of the bath is to cleanse the skin. The bath may be given at any time that is convenient for you. You may prefer to give the bath in the morning before feeding, or perhaps in the evening when an extra pair of hands are available to assist you. Choose a time that fits into your schedule and household routines. Bath time should be a relaxed, fun time—a time when you can devote all your attention to the baby. If you have a busy, hectic day, you may skip the bath for that day and just wash the diaper area and cleanse the cord. It is not necessary to give a complete soapy, sponge bath

every day; however, it is necessary to wash the diaper area at least once a day, or after each bowel movement.

CHOOSING THE PLACE FOR THE BATH

Selecting a place in your home for the bath is important. The first and most important consideration is a place that is warm and free of drafts. The room temperature should be approximately 75 degrees, and the site should not be next to a window or a furnace return duct. A second consideration is having a space that is large enough to accommodate the baby and all necessary bathing items. A third consideration is to have a surface that is at a comfortable working height so that you are not stooping or bending. A kitchen table, counter top, vanity, or changing table may be your most comfortable options.

ORGANIZING EQUIPMENT

It is important to have all bath items together and within easy reach so that you do not leave the baby during the bath. You will need a wash basin, washcloth, two towels, soap (preferably unscented as scented soaps may cause an allergic reaction), a hair brush and Vaseline™ for a circumcised boy. A clean diaper and clothing should also be close at hand.

IMMEDIATE PREPARATIONS

Spread out one towel on the counter or table top to lay the baby on during the bath. Next, set supplies where they are easily reached, and open lids on containers so that you can pick them up and use them easily. Fill your basin at least half full of water. The bath water in the basin should be

comfortably warm. You can test the water with your wrist or elbow. The water should feel warm, but not hot.

STARTING THE BATH

You bathe a baby the same way you bathe yourself—from top to bottom. With a baby, however, you do not have the entire body wet and exposed at the same time. The process is to wash, rinse, and dry a small area, then recover with the dry towel.

Start the bath by washing the face, including the eyes, ears, and nose. Use only clear water. Wipe the eye from the inner corner, next to the nose, out to the outer corner. Move to a clean part of the wash cloth and repeat the cleansing of the other eye. Then wash over the entire surface of the face. Next wash the outer surfaces of the ears and behind the ears. Do not clean the ear canal or the inner ear.

Remember, you should never put “anything smaller than an elbow” inside the ear. Q-tips should not be inserted into the ear canal for cleaning.

SHAMPOOING

Wrap the towel around the baby, and pick up the baby. Rest the head and neck in the palm of your hand; support the back on your lower arm, rest the buttocks and legs on your hip. This is called the “football” hold. The football hold limits the baby’s movements and provides good support, while leaving you a hand free to shampoo. Use your thumb and third finger of the hand holding the head to push

the earlobes up and over the ear canals. This will prevent the water from getting into the baby's ears. Hold the baby's head over the basin of water and wet the hair. Apply a little baby shampoo or soap to the hair. Lather and gently massage with your fingertips. It does not hurt the baby to rub or touch the soft spots or fontanelles. As you shampoo, be sure to move your supporting hand so that you can lather and massage the back of the head. Rinse and dry the hair.

Lay the baby back down on the towel, and uncover the upper half of the body. Leave the cover over the legs to reduce chilling. Wet your hands or wash cloth and apply a small amount of soap to the skin. Get the soap into the many wrinkles and folds of fat under the chin and arms, and between the fingers. Drooling and spit-up food collect in these creases and folds and give the baby a sour odor if not washed carefully. While you are washing the body, avoid getting the cord wet. Next wash the chest. Rinse the soap from the body. Pat the skin dry. Roll or sit the baby up to wash the back. Lightly soap, rinse, and dry. Now cover the top half and wash the legs and feet. Again apply a small amount of soap and get into the creases around the ankle and behind the knee. Wash between each toe. Rinse and pat dry. To complete the bath, remove the diaper and wash the genitalia and buttocks areas.

With a baby girl, wash the genitalia from the front downwards. Spread apart the labia and wash between. Change the area

of the wash cloth for each stroke to avoid contaminating the vagina. You may notice a white, cheesy substance on the inner folds of the labia. This is called vernix and it protects the baby's skin. Do not scrub or try to remove it. The vernix will absorb in time. Pat the area dry.

With a baby boy, wash the pubic area, penis, and scrotum.

Cord Care

In the drawer of your baby's crib are alcohol wipes for cleaning the baby's umbilical cord. The cord will dry up and fall off naturally if just left alone but some healthcare providers advise that you clean around the base of the cord daily with alcohol. You should clean the cord any time it becomes soiled with urine or a bowel movement. The baby may cry when you clean the cord but this is because he or she is reacting to the cold alcohol. There are no nerve endings in the cord so the baby does not feel any pain from this. Cleanse around the base of the cord where it inserts into the baby's stomach. The cord should feel dry and hard. As the cord dries it will shrink, harden and darken as it prepares to drop off. Do not pull at the cord or rub it in an attempt to remove it. The cord will dry up and fall off in ten days to two weeks. Do not apply a Band Aid™ (adhesive bandage) or a dressing of any kind over the cord. Fold the baby's diaper down so that the cord is left uncovered and exposed to air. Leaving the cord exposed to air will speed healing time. When the cord falls off, there may be blood tinged drainage for a couple of days. The area should not

be red, have a pus-like discharge or a foul odor. Continue to give sponge baths until completely healed.

Circumcision Care

The end of the penis should be washed gently with soap and water even though it appears red and sore. The baby may cry but the area needs to be washed to promote good healing. Gently squeeze soapy water over the circumcised area, do not rub. Wash the circumcision area at bath time and whenever the penis is soiled by a bowel movement. The circumcision area takes 3–5 days to heal. During this time, an application of Vaseline™ around the penis will provide protection and prevent the diaper from sticking. In some cases, there may be skin which slides over the head of the penis. You may retract this carefully at bathing and diapering time. There may also be a “false” skin formed. This will disappear with good daily care.

Uncircumcised Care

For an uncircumcised baby, wash over the foreskin and tip of the penis with soap and water at bath time and after a messy bowel movement. Do not use force to move the foreskin.

Diapering/Dressing

You may wish to apply a small amount of Vaseline™ to the diaper area as a moisture barrier to help prevent diaper rash. Powder is not recommended as it can become suspended in the air and can irritate baby’s nose and lung passages. For a circumcised boy be sure to layer Vaseline™ and gauze around the baby’s penis until it is completely healed to pre-

vent the diaper from sticking. Until the umbilical cord falls off and is healed, be sure to fold the diaper below the cord so that air can circulate around it.

If you are using cloth diapers, place the extra fold or thickness in back for girls and in front for boys. Sticking diaper pins in soap will help to make them go through material easily. When inserting diaper pins, always put your hand between the baby and diaper so you don’t scratch the baby. Insert the pins from front to back so the point is closest to the table top.

Dress the baby according to room temperature. When putting on the undershirt, sit or roll the baby to get it over the head and trunk. Reach through the sleeve, grasp the baby’s hand, and bring the hand and arm through the sleeve. Fold the shirt tail up above the cord to aid in drying. For a sleeper or kimono, gather the sleeve so you can again reach through the arm hole and guide the baby’s hand and arm through the sleeve. How many layers of clothing and the weight of the clothing is a decision you will have to make each day based on the temperature where the baby will be sleeping. A baby likes to have a consistent warm temperature and will fuss if too hot or too cold.

Bundling

Bundling in a receiving blanket provides warmth and security for a baby. Spread open the blanket with a point facing you. Place the baby in the middle of the blanket. Bring one corner over and tuck under the baby. Bring up the bottom

corner over the feet. Now wrap the third corner over and the baby is bundled. Again, use your discretion about whether bundling is necessary.

Skin/Appearance

Baby's hands and feet may occasionally appear blue. This is usually a sign of chilling. Wrapping in a receiving blanket or applying booties, socks, or footed pajamas may help.

The skin, especially at folds and creases, may seem dry and scaly. A light application of lotion to those areas, using your fingertips to gently massage the lotion into the area, may be used. Your doctor will give you specific instructions about whether you should apply lotion all over the body. A baby's skin has to adjust to the atmosphere and it will take 2–3 weeks before the skin achieves that baby-soft feel and appearance.

You may notice whiteheads or pimples on the face, usually across the nose, on the forehead or chin. These are called milia and are normal in all babies. Milia are clogged pores, or excess oil that cannot escape. Do not squeeze, scrape, or pick these white heads. They will disappear within a few weeks.

Cradle Cap

Your baby's scalp may develop a condition called cradle cap. Cradle cap is a scaly crusting that forms on the scalp. If it occurs, moisten the area with baby oil and massage the oil into the crusty patches to loosen the scales. Do not pick at the scales. Use your fingertips

to massage the area. Then shampoo the head as usual. It may take several days of such treatment to get rid of all the scales.

Diaper Rash

If diaper rash occurs, leave the diaper off and expose the area to light and air for short periods, several times a day. You can use over the counter remedies such as Desitin™ or A&D™ ointment. If the diaper rash persists and doesn't heal, call your health care provider for further instructions.

Fingernails

Baby's fingernails may be long and soft to the touch but they do scratch. To cut the nails, always cut straight across using cuticle scissors with blunt ends. Do not shape them below the end of the finger. The best time to cut the nails is when the baby is sleeping.

Tub Bath

Tub bathing may start as soon as the cord is off and the navel is healed. This usually takes 10 days to 2 weeks.

CHOOSING A PLACE

Choose a place for the bath that is warm and free of drafts. The family bath tub or a bathroom or kitchen sink may be used. Wash and rinse the bathing area to remove dirt, grease, and bacteria before running water for the baby's bath. There should be a counter top or vanity surface large enough to keep supplies in a reachable location. If a baby bath tub is being used, you should have a surface large enough to hold the

tub, all the supplies, and an area to lay the baby. This surface should be at a comfortable working height.

IMMEDIATE PREPARATIONS

Place all the supplies you will need within easy reach of the tub. Lay a towel out on the working surface. Always fill the tub and test the water temperature before placing the baby in it. Fill the tub with only 4–5 inches of warm water, because it is difficult to control a baby in deep water. Test the water with your elbow or wrist to be sure the water temperature is warm, not hot. Placing a towel or sponge mat in the bottom of the tub will help to prevent slipping.

BATHING THE BABY

The tub bath starts just like a sponge bath, especially when the baby is very young. Undress the baby and wrap him in a towel. Begin by washing the face. Wash the eyes first. Wash each eye separately with a different part of the wash cloth. Wipe the eyes from the inside corner to the outside. Next, wash the entire face and pat dry.

Then pick up the baby and support him or her in the “football” hold. Wet the hair and shampoo. Use a small amount of shampoo and gently massage the lather into the hair. Rinse the hair and dry.

Now you are ready to place the baby in the tub. Remove the diaper. Be sure to support and firmly hold the baby while in the tub. When washing the front of the body, the baby should be in a semi-reclining position. Place your arm behind the baby and support the

baby’s head and back on your arm. Hold the baby by encircling the far leg with your hand. Now you have a good hold and still have one hand free to wash and rinse.

Apply a thin lather of soap on the body, arms and hands. Be sure to get into creases at the groin and between the toes. Next wash the genitalia. Wash from front to back. With a girl, separate the labia and gently wash each side of the labia and down the middle with a different area of the washcloth. If you have difficulty getting the area clean, re-wash the genitals when she is lying on the towel after finishing the bath. For a boy, wash the penis and the scrotum. Be sure to wash the area between the legs and the diaper area as well.

Now you are ready to wash the back of the baby. Shift your hands and place your arm in front of the baby and grasp the far leg with your hand. Now lean the baby forward so that the chin is resting on your arm. The baby may chew and suck on your arm while resting in this position. Soap the back and rinse. Raise the baby from the bottom of the tub and wash the rectum and buttocks. Reach under and bring the washcloth toward you so that you are washing from front to back. Remember, wet, soapy babies are slippery.

Lift the baby from the tub and place in the open towel. Wrap the towel around the baby and pat the skin dry. Take a corner of the towel and dry in the creases and folds so that all moisture is off the skin.

During the first weeks of tub bathing, the baby may fuss and cry and you may feel awkward. But as soon as you both learn and gain more confidence, bath-time will become fun-time.

Breastfeeding

See our booklet, *“Breastfeeding, A Mother’s Gift.”*

Bottle Feeding

IN THE MEDICAL CENTER

Your new baby will receive the first feeding when he/she is 2–4 hours old. The first feeding should be 1/2–1 oz. Baby’s stomach is initially only the size of his/her fist so feeding too much may cause the baby to spit up. If the initial feeding is tolerated well, a feeding should be given every 3–4 hours. Your baby’s supply of formula will be provided by your nurse. The nursing staff is available to help if any problems or questions arise during feeding.

FEEDING

Wash your hands. Hold your baby close to you, supporting the back and the head with your hand or in the crook of your arm. You should hold the baby in an upright position so that the head is higher than the stomach. Do not feed the baby in a lying down position as the milk flows from the bottle too rapidly and may cause the baby to choke or overfeed and spit up. Never leave the baby in the crib and prop or hold the bottle in his/her mouth for feeding.

Brush the cheek or the lips with the bottle nipple to encourage mouth opening.

Be sure that the nipple is on top of the tongue for proper suckling. If the nipple gets under the tongue, sucking is not effective and milk will drool out of the sides of the baby’s mouth. Tilt the bottle only enough to fill the nipple with formula so the baby is not sucking in air. A bottle tilted too much allows the force of gravity to push the formula into the baby’s mouth too rapidly. Sucking is exercise for the baby. A typical feeding pattern is to suck a few minutes, rest, and then suck again. When the baby no longer sucks eagerly, plays with the nipple, seems uninterested, or falls asleep, the feeding time is finished. Do not try to force the baby to finish all the formula in the bottle. Trying to get the baby to continue to feed when he/she is giving signals that he/she is full may cause the baby to spit up from an over-distended stomach.

PREPARATIONS FOR FEEDING AT HOME

First, be sure to clean the sink. Wash the baby’s bottles separately from the other dishes. A liquid dish soap is best to use because it will not leave a residue. Wash the bottles, nipples, covers, rings, etc. in soapy water and rinse in hot water. A bottle and nipple brush is useful to reach all edges. Drain and dry by setting the equipment on a clean, dry dish towel. Remember when washing nipples to be sure to take the time to force water through the nipple so the hole remains open. Place the clean, dry bottles in a clean, covered pan or cover the bottles with a clean dish towel. Nipples, rings, covers, etc. can be stored in a

covered dish or a large covered glass bottle. When storing or removing nipples, be careful not to touch the tip of the nipple. If you are using disposable bottles, follow the same washing procedure described above to wash nipple rings and nipples.

Your pediatrician or family practitioner will tell you if the nipples should be sterilized. To sterilize, place the nipples and caps in a sauce pan, and cover with cool water. Cover the pan and bring the water to a boil. Boil for 5 minutes. Be sure to watch the time closely so the nipples do not melt. After boiling, remove pan from heat. Keep the pan covered and allow water to cool. When the pan is cool to touch, remove the nipples and store in a sterile container or place in prepared bottles.

FORMULA

There are three forms of formula available:

1. Ready-to-Feed
2. Concentrated
3. Powdered

The form you choose is an individual decision based on your needs, preference, time, and economic considerations.

Ready-to-Feed: The “Ready to Feed” costs more than other forms but is very convenient because there is no preparation needed. Pour the formula directly from the container into the prepared bottles. Cap the bottles and store in the refrigerator. If formula remains in the container, or if you wish to make up one bottle at a time, the remaining formula

can be stored in the container in the refrigerator. Prepared bottles and stored formula should be used within 48 hours.

Concentrated: The concentrated form is cheaper but requires some preparation. The formula in the can is mixed with an equal volume of sterile water. Start the formula preparation by first placing 2 cups of water in a clean pan or tea kettle. Bring the water to a boil for 5 minutes. Remove from the heat and allow the water to cool. When the water is cool, you are ready to make the formula. Wash off the top of the formula can and then open. Pour the can of formula (13 ounces) into a clean pitcher or jar. Measure 13 ounces of the boiled water and add to the formula. Stir well. Pour prepared formula in bottles for storage or store in covered container. This prepared formula should be used within 48 hours.

Powdered: To prepare powdered formula, you first need to boil water. How much water you boil will depend on the amount of formula you wish to prepare. After the water is boiled for 5 minutes and cooled, measure the water in a large glass measuring cup. Be sure to measure the water in even numbers, for example, 8, 16 or 24 ounces. Pour the water into a clean pitcher or glass jar. Add one level scoop of powdered formula for each 2 ounces of water. Mix well. Stir until all powder is dissolved and no lumps remain. Be sure to keep the formula can tightly covered and stored in a cool, dry place so the powder doesn't

draw moisture and solidify. Once the powder is dissolved, the prepared formula can be stored in the refrigerator for 48 hours either in bottles or in a covered container.

Hints for preparing powdered formula: Cool water to lukewarm before adding powder and mix with a wire whisk. This will aid in dissolving powder. If you are using bottled nursery water, you may pour directly from the container into a clean glass measuring cup without boiling.

PREPARING BOTTLES

When preparing bottles, pour 3–4 ounces of formula into each bottle. If the baby finishes the amount in the bottle and still seems hungry, borrow one ounce from another bottle. If the baby regularly empties the bottle and you are borrowing from another bottle for 48 hours, increase the amount you put in the bottles by 2 ounces.

When it is time for a feeding, take the bottle from the refrigerator and allow it to warm to room temperature. Warm the bottle in hot water from the faucet, a bottle warmer, or a pan of water warmed on the stove. Do not boil the formula when warming. Use of the microwave oven for heating formula is not recommended. It heats unevenly and may cause “hot spots” that could harm baby. Check the formula temperature by shaking a few drops of liquid onto your wrist. It should feel warm but not hot on your skin.

When the baby has finished a feeding, any remaining formula in the bottle should be discarded. Do not save this formula for the next feeding. Rinse

the bottle out with cool water, forcing some water through the nipple. This will make bottle cleaning and preparation much easier the next time.

Feeding Foods Other Than Breast Milk or Formula

Your baby needs no food or drink other than breast milk or formula for the first 6 months of life. There may be times, if your baby is sick, that your healthcare provider may recommend Pedialyte™ in addition to breast milk or instead of formula. Generally, it is recommended that solid foods not be introduced until the baby is around 6 months of age for breast milk fed babies and between 4 and 6 months of age for formula fed babies. Contact your baby’s health care provider with any questions regarding the addition of foods other than breast milk or formula.

Burping

As a baby feeds, sucks, or cries, air enters the stomach. This air causes discomfort that can cause crying or spitting-up. Burping is a way to get this air out of the stomach.

There are three positions that may be used to burp a baby. The position should be comfortable for you and produce results.

Position 1: Hold the baby firmly against your chest, with the baby’s head resting on your shoulder. Support the buttocks. Gently rub or pat baby’s back with the other hand. Placing a diaper, blanket, or soft cloth on your shoulder will protect your clothing.

Position 2: Lay the baby face down, across your lap. Let the stomach rest on one leg and the head on the other leg. Use one of your hands to hold the baby, and the other to gently rub or pat the back.

Position 3: Sit the baby up on your lap facing left or right. Let the baby lean forward against your arm, supporting the baby's body as you hold the far arm. Gently rub or pat baby's back with your other hand.

Attempt to get your baby to burp after 5 minutes of bottle-feeding, when the baby is half-way through the feeding, when you change breasts, at the end of the feeding, or when the baby seems uncomfortable and resists further feeding. Breastfeeding babies generally do not burp often during colostrum (a thick, yellow high protein fluid produced by the breasts before the milk comes in) feeding, but may increase their frequency of burping when mature milk comes in.

Holding/Positioning

To be comfortable, a baby needs to feel secure and safe. Supporting the head and body, keeping the head steady, provides the baby with this secure feeling. The main thing to remember when picking up and holding a baby is to support the head and neck. Cradle the head in the palm of your hand when lifting the baby out of the crib or when changing positions. When feeding or rocking, the baby's head can rest against your arm. When burping or lying on your chest or shoulder, be sure you can move one hand quickly behind the head should the baby push away from your body.

While feeding, hold the baby so that the head is a little higher than the stomach. For sleeping, lay the baby on its back. Do not leave a baby sleeping on its stomach. Another position for sleeping would be lying on either side with a rolled blanket against the chest and abdomen to prevent rolling onto the stomach.

Safety at Home and in the Car

When the baby is awake, an infant seat or swing that can be reclined provides the baby with support and an opportunity to look around. When the baby is very small, a rolled up diaper or small towel along each side of the body will help to keep the baby sitting up. When a baby is sitting in an infant seat or swing, be sure the restraint strap is fastened. Even a small baby can become unbalanced by random movement and fall out or hit its nose or face on a restraining bar. Do not leave your infant in a seat on a table or counter unattended. Some infant seats tip forward very easily, and a sudden movement could flip the seat onto the floor.

Car safety is very important. As of 2003, Illinois law requires that all children under the age of 9 must be in a child restraint seat when riding in the car. Be sure to use a car seat whenever you take the baby in the car. A pacifier, music box, or toy will help to occupy the baby during the ride. Infants should be positioned in the car seat with blankets or towel rolls placed along each side of the body. These rolls keep the baby sitting straight under the harness straps. Be sure all restraining straps are pulled snugly over

the body. When placing the car seat in the car, the infant should face the back window. If the car seat does not recline or if the baby seems to be leaning into the straps, a towel roll on the seat may help to tip it so the baby is reclining more. Refer to individual car seat instructions for proper use.

Taking the Baby's Temperature

Take your baby's temperature only when you think the baby is sick or feels especially warm to the touch. The most reliable way to take your baby's temperature is with a digital thermometer. Provena Mercy Medical Center provides your baby with a digital thermometer that you can take home with you.

AXILLARY TEMPERATURE

The safest way to take the baby's temperature is axillary (under the arm). Turn the thermometer on by pressing the button on the side of the thermometer. Zeros may initially appear in the display window and then will disappear. When the zeros have disappeared from the display window, place the tip of the thermometer under the baby's arm in the center of the armpit. Hold the baby's arm firmly at his or her side so no air can circulate under the arm. Your baby may cry but this procedure is not painful; more likely, baby does not like having his or her arm pinned to their side. When the thermometer has read the baby's temperature, it will emit a beeping sound. You can then remove the thermometer and read the baby's temperature in the digital display window.

There may be an occasion when your baby's healthcare provider will want you to take your baby's temperature rectally. You can lay the baby on his or her stomach or back to do this. If baby is lying on the back, flex the legs up toward the stomach and hold the feet together, up out of the way, with one hand. On the stomach, hold the baby's legs down with one hand. Lubricate the tip of the thermometer with Vaseline™ or K-Y™ jelly. Gently insert the tip of the thermometer in the anus. If you feel resistance, **STOP** and wait a few seconds, then gently try to advance again. Do not force the thermometer into the rectum. Insert no more than one-half inch. Hold the thermometer in place with your hand until the beep indicates that the baby's temperature has been read.

Babies have difficulty maintaining their temperature in the early days of life, so it is important to keep the baby well dressed and wrapped when not changing, bathing or breastfeeding. A baby's normal temperature may be anywhere from 97.5° F to 100° F. Temperatures near 100° F may indicate that the baby is dressed too warmly and temperatures below 98 F may indicate that the baby is not dressed warmly enough or has been placed too close to a draft. Adjust the baby's clothing accordingly and take the baby's temperature again in one hour. If the baby's temperature is below 97.5° F you should delay feeding until the baby is warmed up. Temperature readings of 100.5° F or higher or below 97° F are considered abnormal and should be reported to your baby's healthcare provider. When reporting the

baby's temperature, be sure to report how you took the baby's temperature as well as the exact reading in the display window.

The thermometer may be cleaned with alcohol and a cotton ball and stored in a cool, dry place.

Bowel Movement

A baby's bowels move automatically, without conscious effort. In the first weeks of life, bowel movements usually occur frequently and in small amounts. Bowel movements occur most often after eating or stimulation from bathing or play.

During the first days in the hospital, the bowel movement is black and sticky. This first stool is called meconium and is the waste products that accumulated during life in your uterus. After a few feedings the stool will change to a yellowish color. The stool color of a baby being breast-fed will remain yellow to golden yellow. The consistency is liquid or salve-like and the slight odor is non-offensive. A baby on formula will have stools which are pale yellow to light brown, are firmer and may have some curds present. Such stools may have a stronger odor.

As the intestinal tract matures, the number of stools per day decreases and the consistency of the bowel movements may change. What is "normal" for each baby is different. Normal bowel habits may range from one to seven stools per day, or be one stool every 2–3 days. You will learn to recognize what is normal for your baby.

Diarrhea can be dangerous in an infant. Frequent, watery stools can easily dehydrate a baby. Call your doctor immediately if you suspect your infant has diarrhea.

Remove a messy diaper as soon as possible. Clean the buttocks and genitalia with diaper wipes or soap and water. Take extra care when cleaning a baby girl to be sure to remove all stool between the folds of the labia.

Stimulation

This world is new to your infant. Babies learn about the world through their senses of hearing, sight, touch, smell, and taste. Parents are the first and most important teachers. Hold and touch your baby. Hold the baby 8–10 inches from your face and look directly into the baby's eyes. This eye to eye contact is especially important. Speak or sing in a soft voice. What you say is not important—hearing your voice and seeing the movements of your face and lips are important. Call the baby by name.

Touch and stroke baby's skin. Place your finger in the baby's hand and allow the baby to grasp. Hold the baby close to your chest and allow it to feel your clothing or skin and to hear your breathing and heartbeat. These simple acts of closeness and affection provide important learning.

Toys in bright colors of red, blue, orange, and green may be held or moved 8–10 inches in front of a baby. Baby will especially like black and white objects. The baby will fix its eyes on the object and try to follow it. Soft music, mobiles, and toys

made of different materials are all good things to use for teaching. Babies want to learn and are very responsive to any new learning situation.

Crying

Crying is the only way your baby has to communicate with you. A cry can mean anything from “I’m hungry” to “I’m bored.” The most common reasons for crying are to express hunger, pain, or tiredness. A baby will cry whenever it is uncomfortable, either from being too hot, from not being able to move, being tired of one position, having wet or messy diapers, being stuck with a diaper pin, or when bored or lonely. A fussy cry may be a sign of illness.

A cry means the baby wants your attention. Taking the time to find a possible cause for the cry and meeting the infant’s needs builds trust and confidence. You can tell the possible causes for the cry by watching body movements—sucking and rooting meaning, “I’m hungry,” drawing legs up meaning, “I have gas,” squirming about meaning, “I’m hot or not comfortable”. Close body contact with slow movements and gentle talk helps to stop the crying temporarily. Meeting the major needs (food or a dry diaper) is often required before contentment returns.

Some babies have fussy periods that come at the same time each day. Changing positions, sitting in a swing or infant seat, or providing brightly colored toys to view may be helpful. Movement, distraction, and sucking may help. Sometimes returning the baby to the

crib with a mobile or music box playing will promote quiet time and sleep when fussing is from fatigue.

Colic

Colic is a painful cramping that occurs in the intestines of an infant. The exact cause of these cramps is not known but is believed to be related to immaturity of the intestinal system; spasms of nerves in the intestines that trap gas; allergies; poor feeding techniques; or anxiety during feeding, etc. Colic, or cramps, is associated with piercing screams shortly after feeding, flailing arms and legs, arched back, and angry struggling to push away when being held. Picking up the baby, rocking or offering more food does not calm the baby.

Not being able to comfort the baby and end the crying is very upsetting to new parents. Your baby is not angry at you or rejecting you. Do not blame yourself or question your parenting ability. Colic is self-limiting and will go away as the baby gets older, usually after the first 3 months. Your baby is otherwise healthy and the cramps will have no long term effects. Having someone else care for the baby and getting away for even an hour will help soothe your nerves.

There is no medical cure for colic. Report the symptoms to your pediatrician or family practitioner and follow his/her suggestions. Some suggestions which may be helpful are:

1. Feed the baby slowly and keep the head elevated more.
2. Stop feeding to burp more often.

3. Feed the baby in a relaxed position in a quiet, dimly lit room.
4. Place the baby in a “Snuggli” or front carrier and walk or rock.
5. Lay the baby across your lap, face down and rock or rub.
6. Use a pacifier and/or encourage sucking.
7. Use distraction and motion, such as a wind-up swing, a car ride, a walk outside.
8. Gently massage the stomach.

Jaundice

Jaundice is a common and usually harmless condition in newborn infants. Jaundice describes the yellowish appearance of the whites of the eyes and the skin of many newborn babies.

Physiologic or “normal” jaundice usually appears on the second or third day of life in healthy babies born after a full-term pregnancy. It often disappears within a week. Doctors estimate that as many as one third of full-term babies get physiologic jaundice.

CAUSES

In most babies, jaundice occurs because the liver is not yet fully mature. All during life, new red blood cells are created and old ones are destroyed. As the old cells are broken down, an ingredient in the cells known as hemoglobin is changed into bilirubin and removed by the liver. Until a baby’s liver begins to function fully, bilirubin tends to build up in the baby’s bloodstream, causing the skin and the whites of the eyes to appear yellow.

TREATMENT

Whether or not babies receive treatment for jaundice depends on how severe the condition is.

Physiologic (normal) jaundice usually disappears without treatment. In some instances, the doctor may suggest giving the baby extra fluids. When a baby’s jaundice requires treatment, a technique called phototherapy is usually used. Phototherapy simply means treatment using light. Light speeds up the removal of bilirubin from the body.

In phototherapy, the baby’s skin is exposed to special, high-intensity lights, often called “bililights.” All the baby’s clothes are removed and the eyes are covered to protect them from the light.

Phototherapy continues until the amount of bilirubin in the baby’s blood reaches and remains at a normal or near-normal level. The bilirubin level is checked regularly by testing a small sample of blood, frequently taken from the baby’s heel.

Some babies may need to stay in the hospital for a day or two after the mother is discharged for phototherapy or to make sure the bilirubin level doesn’t rise again. Remember, you are free to visit your baby any time.

Leaving Your Baby in the Hospital

Your baby may need to stay in the hospital to receive the specialized care the nursery can provide. If so, Provena Mercy Medical Center encourages you to spend as much time as possible with your baby.

The following information is provided to orient you to the family-centered services available during this special time.

CALLING THE NURSERY

Feel free to call the nursery at anytime, day or night, regarding your baby's progress. The nurses will be happy to talk with you and answer your questions. The direct telephone number to the nursery is: **(630) 801-2766**. If you wish to feed the baby, please let the nursery staff know.

VISITING

We encourage you to come and visit your baby. Both parents and baby need this special time together. If you are planning to visit the baby, we encourage you to call and let us know when you are coming. If your visit is at a feeding time and you wish to feed the baby (if baby's condition permits), please tell the nursery staff.

Who Can Visit: The mother and father, or designated support person, may visit the baby at any time except between the hours of 6:00 a.m. and 7:00 a.m. or 6:00 p.m. and 7:00 p.m. During these hours the staff is changing shifts and because of patient confidentiality concerns, we cannot have visitors in the

nursery during those hours. If you are unable to visit during the day, you are welcome to visit during the night. When your baby is born you and your baby's father or designated support person will be fitted with a white band that matches the white band that your baby wears. Leave this band in place until your baby goes home. This will allow you entry into the hospital even after designated visiting hours. If you are coming to the hospital after hours, enter through the Emergency Department doors and show the security staff there your infant band, and you will be directed to the nursery. Grandparents and siblings over the age of 12 may visit with the baby in the nursery during regular visiting hours as long as they are accompanied by the mother, father or banded support person. Due to space constraints we ask that no more than two visitors visit in the nursery at one time.

Preparing to Visit in the Nursery: To protect your baby from infection, scrub your hands and forearms with the scrub brushes provided when you come into the nursery. After scrubbing, cover your clothing with the long-sleeved gown provided by the staff.

FEEDING

The nursery may have scheduled feeding times for your baby, depending on the doctor's orders and the reason your baby is staying in the hospital. Please feel free to come and feed your baby at any or all feeding times. Just phone the nursery and let the staff know that you are coming. If something comes up that

keeps you from coming, please let the staff know so that they can feed the baby at the scheduled time.

In Conclusion

We have tried to provide basic information about a baby's needs and how to care for a new baby. Our goal is to make the first days and months of parenting your new infant as pleasant as possible.

Feel free to ask any questions you may have. After you go home, if questions arise, refer to this manual, or call your pediatrician's or family practitioner's office, or the nursery staff at **(630) 801-2766**.

You may feel awkward at first caring for such a small person, but practice and familiarity will build your confidence. Take time to love and enjoy your new baby.





PROVENA

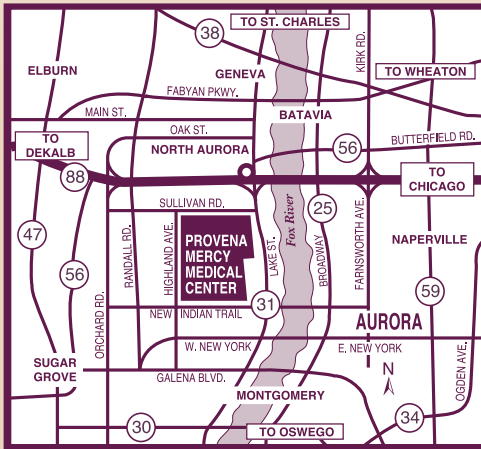
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For more information:

Nursery

Lactation Consultant

(630) 801-2766

(630) 801-5512



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