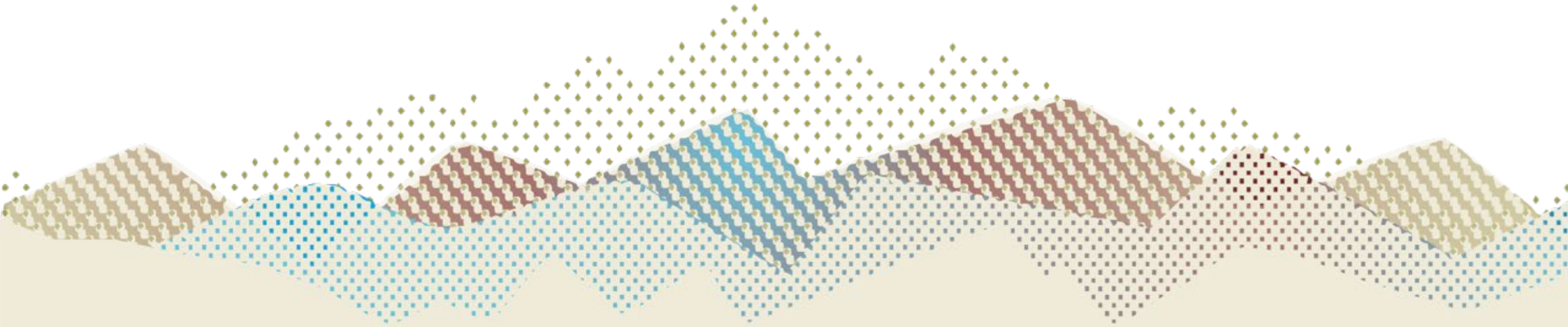
Enhancing Perinatal Support and Services:
Infant Care

April 29, 2026



About Us

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Colleen Townsend, MD, Regional Medical Director

Regional Medical Director for Napa, Solano, and Yolo counties

Colleen Townsend is a family medicine physician with over 25 years of experience in community health. She has experience in supporting patients and families across all stages, ages, and in many clinical settings. She practiced as a primary care provider at CommuniCare+OLE and works with postpartum families providing newborn care in the hospital setting.

Dr. Townsend is a regional medical director at Partnership based in Fairfield and participates in the development and implementation of policies and services related to pregnancy and postpartum.

Mary Baracco, APRN,CNM,WHNP

Mary has spent her career supporting growing families. She's delivered many babies and spent over 20 years in early childhood education. She has worked in public health maternal, child, and adolescent divisions in both Napa and Trinity counties and has worked extensively with parents experiencing perinatal mood disorders.

Mary has also had the honor of teaching and mentoring the next generation of nurses by teaching in health occupations at Napa Valley College.

She led the Napa Valley breastfeeding coalition as president for eight years and has more than 35 years of experience helping and supporting families with breast/chestfeeding – including 10 years as a certified lactation specialist and 20 years as an international board-certified lactation consultant.

Inclusive Terminology

In this presentation, appropriate inclusive terminology will be used. The words may be interchangeable and may include terms such as:

- Birthing person(s)
- Mother
- Father
- Parent(s)
- She, he, her, him, they, them
- Breastfeeding
- Chestfeeding
- Lactation
- Human milk
- Baby or infant
- Formula

Every effort will be made to make equitable references without bias throughout the presentation.

Webinar – Infant Care Objectives

- The participant will be able to describe:
  - newborn screenings
  - the importance of a birth review
  - three safety measures to protect the newborn

- By the end of the webinar, participants will understand:
  - the principles of anticipatory guidance
  - and be able to name the three medicines that infants are administered soon after birth
  - that circumcision is a personal choice, after information is provided and informed consent is given by the pediatric care provider

Introduction to Infant Care

Introducing parents to infant care covers a lot of territory. We often begin right after the baby is born and continue through the discharge home, the first few weeks and months, or sometimes through the first few years.

For this presentation, we will cover the time starting at birth, while still in the hospital or birth center, through the first few months, and on some topics extending the information through the first year.

One option is to use “Anticipatory Guidance” as a way of offering and providing information that allows the parents time to integrate the info in their own way and at their own speed.

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Anticipatory Guidance

- Helping parents prepare themselves to care for their infant and to navigate their infant's development can be a wild ride, filled with some of the greatest challenges and joys.
- Doulas, perinatal educators, case managers, and other professionals working in the field of child development or early childhood education are well suited to present this information not only through anticipatory guidance but other avenues as well.
- Examples:
  - One way is to share experiences:
    - Lots of parents say that when their child does this it might mean….
  - To explain expected behaviors:
    - When your child wakes up at night it might be because they are cold or need their diaper changed. Of course, they may be hungry but that is not the only reason they wake up.

Anticipatory Guidance, continued

- May also be used as a way to explain, in some detail, what a procedure or treatment may entail
    - You might explain to the parents what a well baby visit to the pediatrician might be like. How long they might be there, what questions they may be asked. That VS, including weight and length, will probably be documented as well as a discussion about feeding and weight gain. And, that there will be time for them to ask questions.
- To explain behaviors in relation to the development of the child:
    - When children wake up at night after sleeping through the night (or for long stretches) it might mean they are entering a new developmental phase and that makes their little systems restless and stimulated in a positive way. It may be a kind of two steps forward and one step back. There is nothing abnormal about this and they will soon be sleeping through or better again at night. It is important to not pathologize this phase. *(Brazelton TouchPoints)*

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Infant Treatment at or soon after Birth

- **Antibiotic eye ointment**: Applied to the lower eyelid space soon after birth to prevent eye infection – usually an STI but can also be from E-coli. *Note: STIs can be without symptoms and lead to blindness in the infant.*
- **Vitamin K**: An IM injection used to facilitate blood clotting. Given in the infant's thigh. At birth, the infant has a low level of natural vitamin K. Without vitamin K injections infants are at risk for bleeding into the brain and the risk can last up to six months of life. Vitamin K liquid, taken by mouth, is not as effective.
- **Hepatitis B #1**: It is difficult to treat and cure in the newborn and is often asymptomatic in the birthing person. With this vaccine, it is easily prevented. This is an important intervention in high-risk pregnant people.

Circumcision

- The American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) state that the medical benefits of newborn male circumcision outweigh the risks, but they do not recommend routine circumcision for all male newborns.
- Physicians are advised to provide parents with accurate, unbiased information about the risks and benefits. AAP guidelines also emphasized that the procedure is not considered essential to the child's well-being.
- The final decision is left to the parents to determine what is in the best interest of their child.
- The organizations advise that the decision should be made by parents in consultation with their doctor based on cultural, religious, and personal values.
- The circumcision is usually done the day of discharge or according to Jewish faith on the eighth day and at home by the Mohel, or per personal preference at approximately one week+ and as an outpatient procedure.
- Partnership covers circumcision when it is completed in the out-patient office, families with Medi-Cal should not be charged for circumcision when it is provided by a practice / provider that is contracted with Medi-Cal / Partnership.

What to expect while in the hospital

- The stay for vaginal births is about 48 hours and 72 to 96 hours for c-sections.
- Initiation of physical recovery from birth
- Infant feedings, lactation assistance
- Multiple interactions with the OB and pediatrician provider.
- Nursing staff will provide information about various newborn and maternal educational and physical self-care topics.
- Information about post birth complications
- The staff are considerate but there are many interruptions to maternal/newborn sleep cycles.
- Info from the neonatal intensive care unit (NICU) if the baby needs more medical care than can be provided with mom.

Newborn Screenings: Congenital Critical Heart Disease (CCHD)

- A simple non-invasive test using pulse oximetry which is the measure of the oxygen levels in the limbs to ensure blood is carrying the right amount of oxygen.
- Implementation of CCHD since 2011.
- American Academy of Pediatrics: CCHD screening is effective in reducing mortality and morbidity attributed to CCHD.
- Completed after 24 hours of age (for preemies or after 35 weeks gestation) OR prior to discharge home.
- If the infant has been admitted to the NICU the screening will be completed when the pediatrician deems appropriate. (AAP 2025) *Please see references for additional detailed information.*

Newborn Screenings: Bilirubin

- Increased bilirubin can cause newborn jaundice, a condition noted by the skin and eyes looking yellow when the bilirubin is high.
- Newborns typically have the bilirubin tested at 24 hours of life with either a noninvasive machine at the bedside or a blood test.
- Why are babies prone to high bilirubin?
    - All blood contains bilirubin as a by-product of red blood cells (RBCs) and are removed by the liver. In pregnancy, mother's liver removes bilirubin. After birth, the baby's liver takes over and it may take a few days to fully filter the bilirubin causing higher bilirubin levels than non-newborn infants, children and adults. Bilirubin is cleared/removed from the body through urine excretion.
    - Newborns may appear jaundiced when elevated bilirubin leaks into tissues turning skin and eyes "yellow". If bilirubin is rising high quickly the baby's skin may look orange. If bilirubin rises too high or too quicky, in the baby's system it may become toxic making the baby sleepy and eat poorly.
    - At high levels bilirubin can cause brain damage. There is a higher risk when mom is Rh - and baby's blood is Rh +, or when baby is premature.

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Bilirubin: Preventing Problems

How to prevent problems with high bilirubin:

- Ensure babies are eating frequently: check if they are stooling and urinating frequently.
- Encourage work with lactation support / consultation in the hospital.
- Very high bilirubin levels or levels that are rising quickly will be treated with specialized phototherapy.

Newborn Screening: Blood Glucose Testing

Maternal and infant blood glucose

- Infants at risk: Preterm, large for gestational age, small for gestational age and infants of diabetic mothers, type 1 and 2 are at higher risk.
- Blood from an infant's heal stick can begin as early as one to two hours after birth and continues per protocol associated with the results.
- Testing continues until they are stable, usually by 24 hours. Treatment involves frequent feedings of breast or formula, glucose gel, and sometimes IV glucose.
- *AAP, PubMed, Stanford Medicine, NIH, & ABM clinical protocol # 1.*

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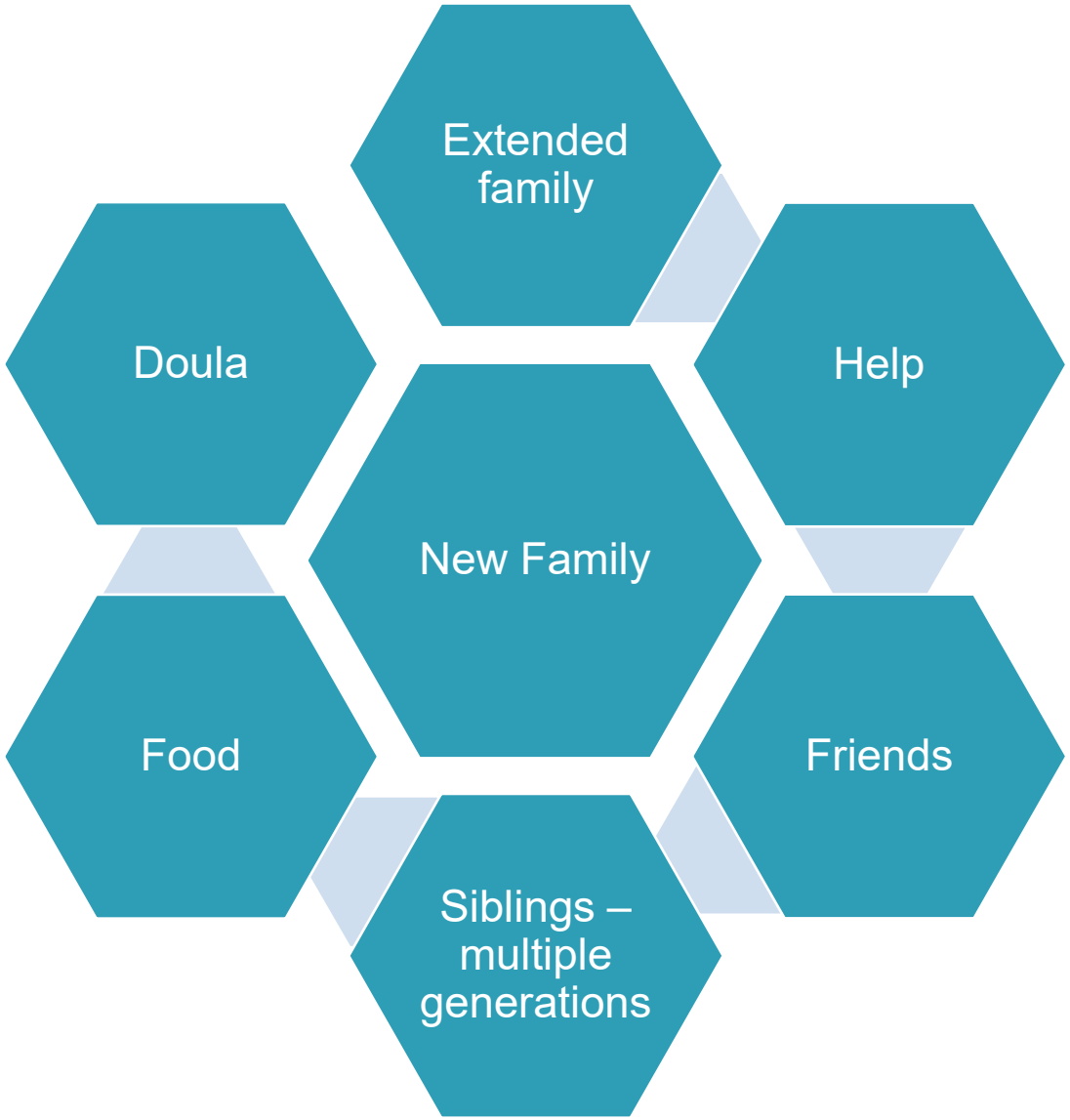
Newborn Screening: the Hearing Screening

- **Hearing screening – why this matters**
  - About two to four per 1000 infants, 11% of preterm infants and up to 14% of NICU infants experience congenital hearing loss. Most of these children are born to hearing parents.
  - CA has mandated newborn screening prior to discharge home. A non-invasive procedure screening.
  - In some cases, a second screen is recommended at ~ two weeks.
  - Infants that are born at home or in alternative birth settings screenings can be arranged through the pediatric care provider.
  - California Newborn Hearing Screening Program (NHSP) ensures all infants receive effective follow-up. *(EBB-EvidenceBasedBirth, 2024) AAP, DHCS.gov., Stanford.*

The Newborn Screen

- CA state mandated program. All newborns get an initial test 24-48 hours after birth and before hospital discharge home. This screen may help identify serious developmental and metabolic disorders. In general, it tests for over 50 conditions, some of which are rare and can include:
  - Metabolic conditions like PKU*
  - Endocrine conditions like hypothyroidism*
  - Hemoglobinopathies like sickle cell
  - Severe immune deficiency diseases like cystic fibrosis.
- Blood is collected by a licensed health professional through a heal stick and placed on a specially treated paper and sent in for analysis.
- Abnormal results are confirmed by repeat testing
- If a condition* is confirmed, early treatment may avoid life long physical and mental disabilities. Other conditions may not be as easily treated but with early recognition available treatment may help minimize negative repercussions.
- *CDC, CDPH, Stanford Medicine, www.nichd.nih.gov*

Circle of Support
How we surround the new family



Review of the Birth

Being available for the mother to talk about their experiences will provide you with important information. What they experienced and how they might be affected physically, emotionally, and mentally.

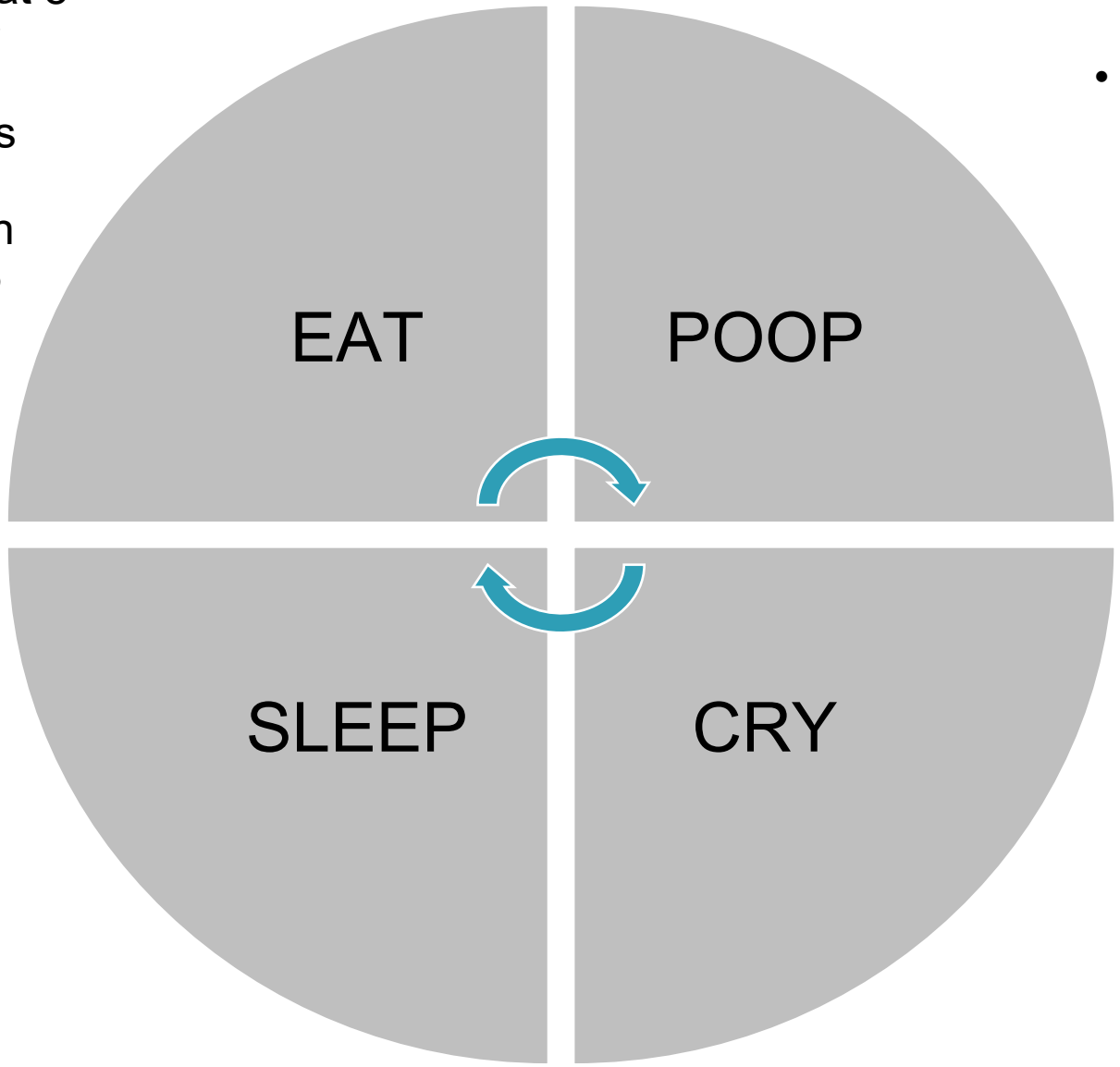
- Vaginal birth – gestational age: pre-term, full term, 37 to 42 weeks.
  - Spontaneous labor?
  - Induced? How?
    - Medication in labor?
    - Epidural?
  - How long was her labor and how long did she push?
  - Was a vacuum or forceps needed, etc.?

Review of the Birth, continued

- C-section:
  - Planned? After a long labor? An emergency?
- After either type of birth:
  - Did the infant spontaneously cry?
  - Need resuscitation?
  - Was the baby placed skin-to-skin within fifteen minutes for a vaginal or within one hour after c-section?
  - Was there a postpartum hemorrhage?
  - Other complications?
- These are only partial lists. Take your cues from them and fill in the blanks. The review of the birth may take quite a bit of time. You must allow for that.

What to expect in the first few weeks

- Newborns need to eat 8 to 12 times a day for approx. one to three weeks. Milk develops from colostrum, to transitional milk, then mature milk over 2-3 weeks.



- Baby's stool changes over the first week from tarry black to blackish green, to various shades of yellow.

- At first, newborns sleep in short intervals. As the milk comes in and changes, they sleep more.

- Crying is the language of the baby. It takes time to understand what they are trying to tell you. Be patient with yourself.

Baby

Wake times

- This is a good time to support your client and offer suggestions and anticipatory guidance such as:
  - Tummy time
  - Echoing vocalizations
  - Visual stimulations
  - Outdoor walks in good weather

Baby wearing

- There are a few different kinds of wraps
- **Always follow the directions** and think "safety"
- Allows you to keep your baby close
- The baby can feel your warmth and heartbeat – benefit from both
- Either parent can "wear the baby"

Bathing – suggestions

- Always think "safety"
- Sponge bathing for the first week or two
- Be in a warm place away from air vents
- Never walk away from the baby
- Keep the part of the baby not being bathed covered with a towel

Routines

- These come with time
- Encourage your clients to accept help so they can get some rest and allow their baby's routines to unfold.
- If they choose to "sleep train" the baby, encourage parents to delay this for at least six months.

When To Call 911

Call 911 if your baby:

- Serious trouble breathing
- Blue tongue, lips, or around the mouth
- Gagging or choking
- Vomiting, especially projectile
- You are unable to wake your baby up

When to Call the Pediatric Office, Urgent Care, or Take the Baby to the Emergency Room

- If the umbilical cord stump or circumcision site is very red, swollen, & has drainage or pus
- If your baby is ill and or has a fever
- Your baby is not having five or more heavy wet diapers by day four.
- Your baby is not stooling (pooping) at least two or more times each day by day four, more than just streaks, and their stools are still black-ish green.
- Your baby is jaundiced – yellow or orange skin – and possibly the whites of their eyes are yellow.
- Constant crying
- Constipation – small pebble like stools

Car Seat Safety

Key safety guidelines: **follow the manufactures instructions for installation.**

Rear-facing first

- Keep children rear-facing until they reach the top weight or height limit allowed by their car-seat manufacturer (typically age 2-4).

Forward-facing

- Once they outgrow rear-facing, they should use a forward-facing seat with a harness and tether.

Booster seats

- Use a booster seat once they outgrow the weight/height limits of their forward-facing harness.
- The seat belt should fit low on the hips and across the chest, not the neck.

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Car Seat Safety

- The “pinch test": After buckling, ensure the harness is tight enough that you cannot pinch any excess webbing at the shoulder.
- Chest clip position: The chest clip should be at armpit level.
- Back seat only: All children under 13 should ride in the back seat.
- NEVER leave your infant or young child in the car alone even for only a “few minutes”.

National Highway Traffic Safety Administration.gov

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Safe Infant Sleep

- Babies should never sleep alone
- Keep the baby in the same room with you, but in their own bed
- Nothing in the side sleeper, bassinet, or crib with the baby
- Safe sleep
    - Do not use any kind of accessories where the baby sleeps
- Use wearable blankets
- Always place them on their back

Go to *"Safe Sleep Practices" @AAP, NIH, & CDC* for additional information.

Basic Supplies and Equipment: Baby Essentials

What do they need to bring the baby home?

Consumerism is alive and well in the “baby having genre”. Parents are led to believe they must have certain items to take good care of their infant or feed them well. The actual reality is many of these accessary items can be gathered over time, if at all.

The following is a suggested place to start while keeping infant safety and comfort in mind and simplifying early at home life with your baby. This is intended to get them started. Toys are another important safety topic not addressed here.

- Diapers – cloth or disposable. This is an individual choice. Things to consider:
  - Does the family have a washer/dryer? If not, disposable are probably better.
  - Wipes or washcloths? It is nice if they are warm before use. The wipes package can be left in a sunny or warm area (room temp is fine) and washcloths can be rinsed in warm water beforehand. They do not need an electric wipes warmer. Again, this is a personal choice.
- Onesies – Six to eight onesies in a size bigger than you think you need will last for probably two days.
  - The baby will grow fast and you will need to be upsizing often.

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Basic Supplies and Equipment: Baby Essentials

- Sleeper blankets
  - Two or three washable blanket sleepers. Not too big or loose for safety reasons. You will be replacing often because of growth.
- Baby linens
  - Three to six snugly fitting sheets for the sleeping surface.
- Safe sleeping places
  - Whether you choose an attached side sleeper, or bassinet, or crib please review and follow directions for safe infant sleep. And remember babies should not sleep alone – meaning their bed is in your room for at least the first year.
- Furniture and storage safety
  - Please be sure that storage lids fit tightly, that drawers close all the way, and that any type of dresser is bolted to a wall to avoid babies and children pulling anything over on to themselves.

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Mini Quiz: Feeding Your Baby

- Breast/chestfeeding
  - True or False: If your baby has had low blood sugar, they will need special human milk or formula fortifier in the first week.

- Pumped human milk feeding
  - True or False: most babies will need to be supplemented with pumped milk in the first week so every lactating person will need a breast pump at D/C home

- Formula feeding
  - True or False: Formula feeding is so easy that no special education is required.

Developmental Milestones

All babies are different and reach developmental milestones at their own pace.

If there are concerns about a baby's development – the pediatric care provider is always your best source of information.

Here are some you might see by the end of eight weeks:

- Lifting their head up
- Move their limbs as much on the right as on the left
- Respond to a bell
- Vocalizations
- Regard faces
- Smile
- OOH and AAH, and maybe laugh

Becoming a Parent

When you seek information, it is important to get information from trusted sources. You may have a list of your own. Here some we can recommend:

- Your Primary Care Provider
- California Department of Public Health
- Academy of Breastfeeding Medicine – Breastfeeding protocols are free to everyone
- American Academy of Pediatrics – AAP.org
- American Academy of Family Physicians
- La Leche League International
- Brazelton TouchPoints
- Kellymom.com
- The Centers for Disease Control and Prevention
- National Institute of Health
- Materials from Injoy Health Education – Injoyhealtheducation.com

Siblings

- If they come to the hospital for a meet and greet. Be sure that the birthing parents are not holding the baby. This may make them feel replaced.
- Coming home day can be quite stressful. In anticipation of that, collect or buy a few new things for the older sibling. Wrap as presents and give to them when they get a little wound-up. This will act as a very appropriate distraction.
  - Example – a new box of crayons or felt pens. A new pad of paper. A picture book. Something you know they will like.
- Don’t be surprised if they experience and demonstrate small regressions. Throwing food or toys, acting aggressively with dolls or stuffed animals. They are expressing their innermost concerns to you, asking you to prove you will still lovingly take care of them. That they have not been replaced.

What to Expect

- Feeding follow-up weight checks:
  - Most infants will regain their birth weight by two to three weeks. After that they should gain approximately ¾ - 1 oz per day for about eight weeks. Getting weighed frequently is a specialized skill with specific parameters. Please leave that to someone with experience.
  - If you think the baby is not feeding well, it's appropriate to involve a lactation professional as soon as possible, or go to the pediatric or family practice office.
  - Partnership expects newborns to be seen by a clinician one to three days after discharge, between two to three weeks of life and then at 2, 4, 6, 9, 12, and 15 months of life.
- California Newborn Screening Program *(see associated slide)*
- Follow up bilirubin screenings *(see associated slide)*
  - Patient care - Hyperbilirubinemia
- Getting the care you and your baby need – Partnership system of care.

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What to Expect for Medical Care After Delivery

Birthing Parent

- First Prenatal visit at 1 -3 weeks after delivery
- Second Prenatal visit 4-12 weeks after delivery
- Visits ANY time for problems with bleeding, vaginal or c/s wound discharge or sore breasts
- First Week after delivery: an appt with the obstetrics provider after C-Section or if high blood pressure or diabetes

What Happens

- Blood pressure and weight checked
- Blood sugar may be checked
- Depression Screening
- Lactation Support
- Physical exam based on needs

For Baby

- Within 1-3 days after leaving hospital or birth center
- At 14-21 days after delivery
- Every 2 months in the first year

What happens at these visits:

- Baby is weighed and examined
- Developmental screening
- Birthing Parents screened for depression
- Lactation support

Vaccines – Current Recommendations

AAP – American Academy of Pediatrics and West Coast Health Alliance

First Year Vaccine Schedule (AAP)

- **Birth:** HepB
- **1–2 months:** HepB, DTaP, Hib, IPV, PCV, RV
- **4 months:** DTaP, Hib, IPV, PCV, RV
- **6 months:** DTaP, Hib, IPV, PCV, RV, HepB (can be 6-18 months), influenza (annual)
- **6–19 months:** RSV immunization for infants entering their first RSV season if the mother was not vaccinated during pregnancy
- **12 months:** Hib, PCV, MMR, Varicella, HepA (12-18 months)

Vaccines

- Hep A - Hepatitis A
- Hep B - Hepatitis B
- Hib – Haemophilus Influenza B
- DTaP – Diphtheria, Tetanus and Pertussis (whooping cough)
- IPV – Inactivated Polio
- PCV - Pneumococcal Conjugate
- RV - Rotavirus
- RSV - Respiratory Syncytial Virus
- MMR - Measles, Mumps and Rubella
- Varicella – Chicken Pox

Wrap-up, Takeaways, Survey, and questions

Please scan the QR code below for the post survey feedback.

Enhancing Perinatal Support and Services Webinar Survey

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Enhancing Perinatal Support and Services Webinar Series Sessions

The recordings to all sessions can be found online at:
https://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx

PROVIDER LEARNING PORTAL

Enhancing Perinatal Support and Services Webinar Series

Session 1 - Basics of Prenatal Support
Survey | PowerPoint Presentation

(86 Minutes)

Session 2 - Basics of Postpartum Support
Survey | PowerPoint Presentation

(90 Minutes)

Session 3 - Early Lactation Challenges
Survey | PowerPoint Presentation

(87 minutes)

To receive a certificate of completion, please fill out the survey after reviewing the recording.

Next Webinar Session

Enhancing Perinatal Support and Services Webinar Series

Date: Wednesday, May 20, 2026

Time: Noon – 1:30 p.m.

Topic: Bias and Vaccination Education

Doula Pathway Webinar and Training

Doula Credentialing

Covered Benefits

Doula Contracting

Claims

Date: Tuesday, May 19, 2026
Time: noon to 1 p.m.

To register, please scan the QR code below:

Questions? Email
DoulaServices@partnershiphp.org

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References

- Academy of Breastfeeding Medicine, ABM clinical protocol # 1.
- American Academy of Pediatrics (AAP)
  - https://publications.aap.org/pediatrics/article/155/1/e2024069667/200337/Newborn-Screening-for-Critical-Congenital-Heart?autologincheck=redirected
- American Academy of Family Physicians (AAFP)
- Bilirubin –
  - https://www.aap.org/en/patient-care/hyperbilirubinemia/?srsltid=AfmBOopLKRYcT3mTF8WFKCpIjGEC5vwhGR6Svu4rkn9fgVbkE6UAqe7B#:~:text=This%20AAP%20clinical%20guidance%20assists,management%20of%20hyperbilirubinemia%20in%20newborns.
- Brazelton TouchPoints
- California Newborn Hearing Screening Program (NHSP)
- Center for Disease Control CDC
- DHCS.gov.
- EBB-EvidenceBasedBirth, 2024
- Injoy Health Education – injoyhealtheducation.com
- National Institute of Health NIH
- Newborn Screening:
  - https://www.cdph.ca.gov/Programs/CFH/DGDS/Pages/nbs/default.aspx
- PubMed
- https://www.seattleschild.com/new-aap-guidelines-jaundice/
- Stanford Medicine
- “Safe Sleep Practices” based on the work of Dr. James McKenna

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