



Welcome to Family Birthing

Welcome To Our Unit

Having a baby is a family experience and we want you to celebrate the birth of your baby. However, our first concern is the health and safety of you, and your baby. We ask you to help us protect your need for rest and privacy, and to provide time to bond with your new baby by following these guidelines. If you have any questions, please feel free to ask the staff.

FOR YOUR INFORMATION

Perinatal Phone: (717) 267-7781

Hospital Phone: (717) 267-3000

Room Number: _____

Patient Phone: _____

Doctor: _____

Nurses' Names: _____

Nurse Manager's Name: _____

ABOUT BABY'S BIRTH

Hospital: *Chambersburg Hospital, 112 North Seventh Street, Chambersburg, PA*

Date: _____ Time: _____

Weight: _____ Length: _____ Head: _____

Special memories: _____

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INFANT SAFETY

IN THE HOSPITAL

- Do not lay your baby on their tummy to sleep. Lay your baby on their back.
- Ask for identification on anyone wanting to take your baby from the room. Perinatal staff wear a special badge.
- Do not walk in the hall and leave your baby alone in the room. If you want to take a walk, place the baby in the crib and push it along.
- When using the bathroom or shower, close the door to the hall. Push the crib in the bathroom with you and leave the bathroom door open.
- If your baby is taken out of your room, the nurse will match your bracelet with the baby's bracelet when the baby is brought back. Your baby should have two ID bands at all times. Tell a nurse if either band falls off.
- The baby should sleep in the crib, not in bed with you.
- If an unfamiliar person tries to take your baby from the room:
 - Pick up your baby, go to the bathroom, lock the door, and pull the emergency call cord.
 - Go to the nurses station with your baby.
 - If you cannot get out of bed, turn on the call bell, and shout for help.

AT HOME

- Do not smoke.
- Do not drink hot beverages when taking care of the baby.
- Do not warm formula or breast milk in the microwave. There could be hot spots in the liquid. Bottles have exploded in the microwave.
- Check the crib and playpen slats. They should be two and three-eighths inches apart. Keep the side rails up. Do not put pillows in the crib or playpen until the child is 2 years old.
- Do not place loose blankets, pillows, or stuffed animals in the crib with the baby.
- Continue to lay the baby on their back to sleep.
- Do not lay a baby on a waterbed, a bean bag chair, or a soft foam mattress.
- Do not lay a baby on a sofa to sleep.
- Do not sleep with the baby.
- Instruct visitors to wash hands before holding the baby.

HANDWASHING / HAND SANITIZER

The number one way to prevent infection and help to keep you and your baby healthy is to assure that you always wash your hands before and after using the bathroom; or taking care of your baby. Hands carry germs that can be spread from the things you touch to yourself or your baby. Handwashing/hand sanitizer should always be done by your visitors before holding or caring for your baby.

FEEDING YOUR BABY

IS MY BABY HUNGRY?

Babies give their mothers "cues" or signs that they want to eat. Watch for some or all of these cues and feed your baby at this time.

Quiet Or Early Hungry Cues

- Hands to mouth
- Rooting

- Suckling or smacking sounds
- Sticking tongue in and out
- Whimpering

Late Hunger Cues

- Crying
- Screaming
- Frantic arm and leg movements

You need to feed your baby at the first sign of hunger. If the baby is too fussy to eat, try holding and cuddling for a short time and try feeding the baby again.

Keep your baby near you so you can watch and listen closely for any early signs of hunger.

BREASTFEEDING

How Is Breastfeeding Good For Me And My Baby?

Breastfeeding can be helpful to you in several ways: It helps your uterus go back to normal size quickly; It helps protect you against breast cancer – the longer you nurse, the less your risk becomes; It can help you lose weight after delivery – your body uses lots of calories to make milk; And it's free – no need to make formula or warm bottles.

Breastfeeding can be helpful to your baby in several ways as well: It gives the baby perfect nutrition; It is easy for the baby to digest; And it has nutrients to protect from many illnesses and aids in fewer colds and ear infections, less colic, diarrhea and constipation, less allergies, asthma, and eczema.

How Do I Make Milk?

You may have seen changes in your breasts. This is nature's way to prepare your body for breastfeeding. Colostrum is the first milk you make. It is clear or yellow, made in small amounts, and is rich in vitamins, minerals and protein. Colostrum is full of antibodies to protect the baby against infections. You may or may not leak colostrum before your baby is born.

Each time your baby nurses, a message goes to your brain to make more milk. The more your baby eats, the more milk you will have. During the first few days of life, your baby will eat a mixture of colostrum and mature milk each time the baby nurses. The color of the milk will change. As your baby grows, your milk will change to meet the baby's needs.

The first few hours after birth the baby is usually awake and alert. This is the best time to start breastfeeding. After this awake time, your baby may be sleepy for up to 12-18 hours. Nurse the baby every two to three hours even if the baby may seem too sleepy. Don't get discouraged. A baby is born with extra fat and fluid stored. A baby's stomach is small and fills quickly. Colostrum is super-rich. It is good for the baby, even in small amounts.

Nursing takes practice and patience. Don't give up! You both have to work as a team. The nursing staff is very willing to help. Don't be afraid to ask.

Skin-to-Skin

Immediately after delivery is the best time to breastfeed your baby. Your nurse will help you place your baby skin-to-skin on your chest. Placing the baby undressed right on your chest between your breasts will help your baby use his or her natural instincts to find the breast and latch on. Many babies will latch on with out any help at all. This may take between ten minutes to one hour. This first feeding is critical to making breastfeeding a smooth transition

so BE SELFISH and keep your baby with you. Have visitors come later so you have the time for you, your baby and your partner to bond. If you are having difficulty getting your baby to feed at any time, placing your baby skin-to-skin is always a good idea.

Engorgement

Your mature milk will “come in” usually on the third to fifth day after delivery. This is often described as a “full or heavy” feeling in your breast. There is an increase of milk supply and blood supply to the breast at the same time. This is normal. However, if milk is allowed to build up in your breast they may feel very full, hard, or warm to the touch. This is called “engorgement.” To avoid or prevent this:

Before breastfeeding:

- Take a **warm shower** or use a warm damp washcloth to apply warm moist heat to your breast. Do this for 5-10 minutes before feeding your baby. Using light finger massage, gently circle from the back of your breast toward your nipple. You may use a small amount of vegetable oil or lotion to help guide your fingers over your breast.
- Hand express, massage or pump your breast to help soften and relieve fullness. You may store your milk that you collect for use in the future.

During feedings:

Use proper feeding positions and correctly latch your baby’s mouth to your breast. Support your breast throughout the entire feeding. Try to have your baby nurse as much as possible and let the baby end the feeding.

After feeding your baby:

- Use a cool washcloth over your breast to decrease your swelling. You may even use a bag of frozen vegetables over your bra or T-shirt.
- Wear a supportive bra or a sports bra to contain the swelling.
- Get plenty of rest. Sleep when your baby sleeps.
- Keep a breastfeeding record. The record should tell when and for how long, how many wet diapers, how many dirty diapers and the color of the stool.
- You may have a slight rise in your temperature. If you notice any redness of your breast or flu like symptoms call your doctor.

What Is Let-Down?

As your baby sucks at the breast, you may feel what is called “let-down.” This tells the breast to release milk to the baby. Some women say it is a tingling feeling, yet other women never feel it.

How will I know if I have let-down?

Day 0-3 after birth: You will know your milk is letting-down if you have any of these symptoms during breastfeeding:

- Uterine cramping and/or small gushes of vaginal bleeding
- Sudden feeling of intense thirst
- Sleepiness/hard to keep your eyes open
- You may hear more frequent swallows or gulping

3+ days after birth: Your breasts will begin to feel heavy and full of milk. With this, you may feel let-down:

- Sudden tingling and/or a warm feeling in your breasts
- Milk leaking or dripping
- You may also notice the baby gulping or swallowing a lot

Let-down comes easily and quickly when you and your baby are relaxed. Here are some tips to help:

- Find a nice position for you and the baby

- Touch and snuggle your baby
- Talk to your baby softly

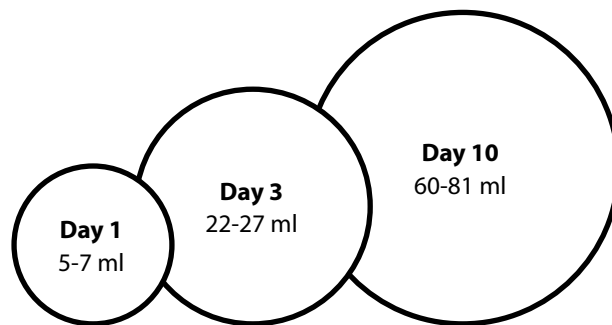
At first, your baby may nurse every 1-3 hours. Frequent nursing will increase your milk supply. Nurse your baby when he or she seems hungry. You will learn your baby’s “signs.” If he or she sleeps more than 3-4 hours during the day between feedings, you may want to wake him or her up to nurse. Get rest when you can. You may find it helpful to sleep when the baby sleeps. The cleaning and dishes can wait. You and your baby are the most important thing right now.

How Long Should Feeding Last?

Every baby is different. The average feeding is 10-40 minutes total. Some babies are snackers. They eat several meals back-to-back with little breaks or naps in between. When they are full they will sleep for awhile. Often a baby will drift off to sleep after a feeding, showing he or she is full.

Is My Baby Getting Enough To Eat?

The baby should be content for about 1-2 hours after a feeding. Remember that the baby’s stomach is about the size of a marble at birth.



Breast milk is easily digested and passes through quickly.

How many wet diapers?

- For the first 1-3 days after delivery – 1-3 diapers
- For days 4-5 after delivery – 4-5 diapers
- Day 6+ - 6-8 diapers

How many bowel movements (stools)?

- For the first few days: at least one each day. The first stool is meconium and will look dark and tar-like.
- Day 4-6: After the meconium has passed, stools will be loose and unformed. The color will change to a yellow mustard. There should not be a strong smell.
- After day 6: 3-4 yellow stools each day is normal.

How often should my baby feed?

A baby needs to eat between 8-12 times in 24 hours. Some babies feed every hour at times and then space their other feedings out a bit more. Make sure you try to feed your baby when you see signs of hunger and wake your baby after 2-3 hours during the day if they do not show signs of hunger. Baby’s are sleepy in the first 24 hours and may not feed as often. Try putting them skin-to-skin often to get them going.

Growth Spurts

If your baby appears like he or she is “eating all the time,” they may be going through a growth spurt. Your baby is increasing your milk supply by stimulating your breast. This happens at the ages of two to three weeks, five to six weeks, three months, and six months. This is normal for your baby’s development.

How Do I Wake A Sleepy Baby?

- Unwrap him or her
- Stroke the soles of the feet up and down
- Change the diaper
- Wipe the baby's face with a cool, wet cloth

Breastfeeding Techniques

"Latching on" is a term to describe the way a baby attaches to the breast with the mouth. This is the first step to good breastfeeding. It is a skill you can help your baby with. It will help the baby eat as much milk as possible. It also helps to prevent sore nipples.

To start, place your baby skin-to-skin, belly to belly between your breasts. The baby will start to root by opening their mouth wide and moving his or her head side to side, hunting the nipple. Gently guide your baby toward the breast and position your nipple so it is across from the baby's nose. The baby should open their mouth wide and latch to the nipple so that most of the underside of the nipple is in their mouth with the nipple pointed towards the roof of the mouth.

If the latch is uncomfortable, try bringing the baby's bottom closer to you so that the chin is buried in the breast and the nose is tipped back away from the breast. You may need to gently pull down on the chin to adjust the baby's latch. If the latch is too painful, take the baby off the breast by breaking the suction. Place your finger in the baby's mouth between the gums and gently apply pressure to open the baby's mouth. Re-latch the baby by following the steps above making sure that the underside of the nipple is in the baby's mouth. You may need to compress the breast to get more of the nipple into the baby's mouth. Your nurse can show you how to do this.

How Do I Know The Baby Is On Right?

- You feel a tug, not pain, when the baby sucks
- Lips are rolled outward
- Baby is facing you in a straight line (tummy to tummy)

What Are The Positions To Use For Breastfeeding?

There are four basic positions you can use which will be explained for you. Before you start, make sure you and the baby are comfortable. Have a glass of water near, some women get thirsty when nursing. Have pillows or blankets handy to help position your baby.

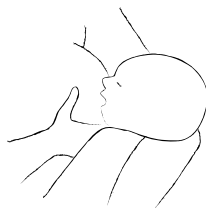
Cross-Cradle Position

- Lay your baby on pillows across your lap.
- Turn the baby facing you with their tummy to your tummy.
- Reach across your lap to hold the baby's back, shoulders, and heel with the palm of your hand. For example, if you are nursing with your left breast, hold your baby with your right arm.
- Support your breast from below to guide it into the baby's mouth. If you are nursing on your left breast support your breast with your left hand.



Cradle Position

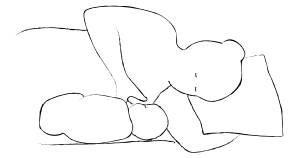
- Cradle the baby in the arm closest to the breast, with the baby's head in the bend of your arm. Tuck your baby's lower arm around your waist.
- Use your other hand to support the breast.
- Lay baby facing you, tummy to tummy.



- You can sit up in bed with pillows to support your back and arms or sit in a chair using the arms of the chair for support.

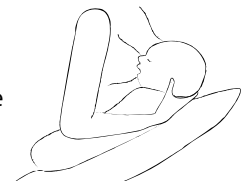
Lying Down Position

- Lie on your side with the baby on his or her side, facing you tummy to tummy.
- Put a pillow behind your back for support. It might help to put a rolled up towel behind the baby to keep him or her on their side.
- When the baby opens its mouth wide, lift your breast to the baby's mouth.
- To switch sides, hold the baby to your chest and roll onto your back, then to your side.
- This position is best when you want to rest or at night.



Football Hold

- Have a firm pillow or folded towels handy for support.
- Get comfortable in a chair or propped up in bed.
- Put the pillows or towels next to you on your nursing side.
- The pillow should support your elbow and the baby's bottom to bring the baby's head to the level of your breast.
- With the baby facing you, hold the baby's back and shoulders in the palm of your hand.
- Use the other hand to hold your breast and guide the breast to the baby's mouth.
- This hold is best when:
 - You want to see if the baby is on right
 - Baby is small or premature
 - Baby's mouth slides off the areola and grasps only the nipple
 - You had a c-section and don't want the baby resting on your stitches
 - You have large breasts
 - Baby tends to fall asleep



Breastmilk Storage

Location	Temperature	Duration
Countertop, Table	Room temperature (up to 77°F)	6-8 hours
Insulated Cooler Bag	5-39°F	24 hours
Refrigerator	39°F	5 days

Freezer

Location	Temperature	Duration
Freezer compartment of a refrigerator	5°F	2 weeks
Freezer compartment of refrigerator with separate doors	0°F	3-6 months
Chest or upright deep freezer	-4°F	6-12 months

Defrosting

- Thaw milk overnight in the refrigerator, or hold the bottle under warm running water to quickly thaw. You can also place the sealed container in a bowl of warm water for 20 minutes to bring it to body temperature.

- Thawed milk is safe in the refrigerator for 24 hours. **Do not refreeze.**

Caution: Never microwave breastmilk. Microwaving can cause severe burns to baby's mouth from hot spots that develop in the milk during microwaving. Microwaving can also change the composition of breastmilk.

Area Resources For Breastfeeding Support

A list of area resources is located in your education folder.

Providing Breast Milk to your Baby while in the Special Care Nursery

Begin pumping as soon as possible within 6 hours after delivery using a hospital grade electric pump. A pump of lesser grade will not be strong enough to maintain your hormone level to promote your supply until the baby is able to nurse. We recommend using a double pump for at least 2 weeks to build your supply.

Pump at least 8-12 times a day for 15-20 minutes. That means you'll pump about every 2-3 hours. Adjust your pumping time as your milk comes in. Pump 2-3 minutes after the last drop of milk.

Record your total milk volume for each pumping session on your pumping/feeding log sheet. You will become aware of how your milk supply is increasing.

Never go longer than 5 hours between pumping.

Pour milk in to a sterile hard plastic or glass container, leaving about ½ inch at the top. It's ok to use breast milk freezer bags.

Place a label on each container with your name, the date, and the time that it was pumped.

If your baby was born early (24-28 weeks), store your milk in smaller volumes. Once the milk is thawed, it needs to be used within 24 hours. Check with your baby's nurse for the best amounts.

If you have any questions, ask your baby's nurse or your lactation consultant.

When pumping at home, refrigerate or freeze your milk immediately after pumping. Never pour warm milk in to a container with refrigerated milk. Store each pumping separately. Bring your milk to the hospital when you come to see your baby. Freshly pumped breastmilk is good at room temperature for 4-6 hours. Sterilize your pump pieces (bottles & breast shields) at least once a day.

BURPING

Babies need to be burped because they swallow air when feeding, which can make them feel full and have a stomach ache.

You may need to burp your baby before feeding in order to calm him.

Your baby should be burped halfway through the feeding, and when he is finished eating. This will help to avoid a stomach ache.

There are several ways to burp your baby: across your lap, at your shoulder, or in a sitting position. Make sure your baby's head is always supported. Gently pat or rub your baby's back.

FORMULA FEEDING

Most babies eat every three to four hours at first. Feeding time is an ideal time to get to know your baby. Your baby needs to be held and loves close contact. Feeding takes a lot of time and effort, but it is well worth it as your baby learns that he is safe and that his needs are being met.

Your baby should **always be held for feedings.** Hold your baby cradled in your arms, his head higher than his bottom.

Never prop bottles or use anything that holds the bottle in your baby's mouth. Propping bottles and feeding babies while they are lying flat increases the chances that your baby could choke, spit up, or get ear infections.

Your baby may not always be hungry when he cries. Try changing his diaper, burping and comforting him. However, if your baby still seems to be hungry after feeding, ask your health care provider about increasing the amount of formula your baby eats.

All babies are different, but most babies will take the following amounts:

0-2 months: 2-5 ounces per feeding or 26 ounces per day

2-4 months: 4-6 ounces per feeding or 30 ounces per day

4-6 months: 5-7 ounces per feeding or 31 ounces per day

Why Formula Is All Your Baby Needs

Don't give your baby extra water. All he needs is formula. He gets water when he is drinking the formula.

Don't give your baby any juices, foods, or cereals until your health care provider tells you to do so.

Preparing Formula

Wash your hands before preparing formula.

Check the formula container for dents and expiration date. Wash the top of the container before opening.

Wash bottles and nipples in hot soapy water and rinse well with hot water. Scrub nipples with a brush to loosen old formula where germs may grow. You may also wash bottles in the dishwasher.

Once a container is opened and prepared, it should be refrigerated and used within 48 hours.

Use iron-fortified formula, and always ask your health care provider before changing formulas.

Formula does not need to be heated. It can be used and prepared at room temperature. If your formula is prepared with water, your water should be boiled first and then cooled to room temperature before using. If you are using well water, your baby may need extra vitamins and fluoride. Ask your health care provider.

If formula has been refrigerated, place bottle in a pan or bowl of warm water. Shake bottle during warming so that all the formula in the bottle is warmed. Test on your wrist. The formula should be about the same temperature as your skin. It should not feel hot or cold.

Do NOT heat formula in the microwave. Heating formula in a microwave is dangerous and should be avoided. Microwaves do not heat evenly and can cause "hot spots" in the milk, causing burns in your baby's mouth.

Formula remaining in the bottle after your baby is finished eating should be thrown out. It should not be saved and reheated because it may make your baby sick.

CARE FOR YOUR NEWBORN

BATHING

It is recommended to wash your baby's face and bottom every day but bathing your baby's entire body is not necessary and may dry out their skin. You can do a full bath every 2-3 days.

Here is a checklist to make sure you have everything ready before you start your baby's bath:

- Make sure the room is warm and free of draft's
- Have all your supplies ready; include a clean wash cloth, baby soap, a towel and a fresh diaper
- Check the temperature of the water on the inside of your arm or wrist to make sure it is not too hot or cold

There are two different ways you can bathe your baby, a sponge bath or a traditional bath.

The steps for a sponge bath include:

- Lay your baby on a blanket or towel and keep the baby covered during the bath except for the part you are working on. Make sure you keep one hand on the baby at all times if you have the baby on a table for safety. It is helpful to bathe the baby on the floor where there is no danger of the baby rolling off.
- Start to bathe the baby by washing the face with clean water, no soap. Wipe each eye with a clean part of your cloth from the inner part of the eye outward. Wash the ears, the rest of the face and the neck. Make sure to clean all the neck folds.
- Pat dry, especially in the folds
- Wash the rest of the baby's body using a gentle soap. Rinse the soap off as you go and keep the rest of the baby covered. Dry well.
- Remove the diaper and wash the baby's bottom making sure you clean in the folds of the skin. Clean a baby girl's bottom by washing from front to back. When cleaning a baby boy's bottom be sure to clean under the scrotum. Rinse and pat dry.
- Wash your baby's hair last. Rinse and dry and dress your baby to warm them back up or put the baby skin to skin on your chest with a hat and blanket over both of you.

Tub Bath

- Use a baby bathtub or bathe baby in a clean sink. Make certain you support the baby's head out of the water if using a sink. Baby's may roll and are very slippery when wet. Wash the front of the body from top to bottom and then turn the baby over, supporting on your arm, and wash the back from top to bottom. Some parent's prefer to get into the bath with the baby to better support and hold the baby.
- Dry the baby thoroughly especially in the folds of the skin and around the umbilical cord and wrap the baby or put the baby skin to skin. **NEVER LEAVE A BABY UNATTENDED OR ALONE IN THE TUB OR SINK!**

Lotions and oils are not necessary for your baby. They can contain ingredients that can burn or irritate baby's skin. Do not use baby powder. It can be easily breathed into the baby's lungs and may be harmful.

CIRCUMCISION

Circumcision is the removal of the skin that covers the head of the penis. This is called the foreskin. Circumcision is done on the first or second day after birth and takes about 5 to 10 minutes. A medicine

may be used to lessen the pain. You may want to talk to your doctor about this before the circumcision is done. Your child will be taken to a room in the nursery for the circumcision to be done. During the circumcision, the doctor and nurse are the only ones allowed to be with the baby at this time. You will have to stay in the hospital at least one hour after the circumcision is done.

Studies have shown there are different opinions on what the benefits and risks of circumcision are. You should talk about these with your doctor before you sign the paper that allows the doctor to do the circumcision.

Circumcision Care

Each physician uses their own technique for circumcision. Care instructions for your baby's circumcision are listed below.

With Plastibell

1. The plastic ring usually drops off five to eight days after circumcision. No special dressing is required.
2. A dark brown or black area around the plastic ring is natural. This will disappear when the ring drops off.
3. The result is a clean, well-healed line of excision.

Without Plastibell

1. Your doctor may either place a piece of white or yellow gauze with petroleum-based jelly (like Vaseline) on the circumcision site until the baby's first wet diaper.
2. The nurse will be checking the circumcision often within the first hour.
3. Use water for the first two to three days until the redness is gone. You may then wash with soap and water.
4. Do not use baby wipes to clean the area for the first two to three days as well.

When To Call Your Doctor

- If the penis does not stop bleeding. Hold pressure on bleeding site when calling the doctor.
- If there is no wet diaper within six to eight hours after the circumcision.
- If there is a yellow discharge after seven days.
- If redness and swelling does not go away after five days.
- If the doctor used a Plastibell and the plastic covering has not fallen off after 14 days.

How To Care For Your Child's Penis If You Don't Have Him Circumcised

You will need to keep your child's penis clean with soap and water to lessen the risk of infection or any problems. Never force the skin back. Doing this can damage your child's penis and cause problems. Talk with your doctor about when you can pull the skin back for cleaning.

CORD CARE

Keep the cord stump as dry as possible until it falls off. This should occur between one and three weeks. Remember to dry it thoroughly after tub or sponge baths. Using alcohol around the base is no longer recommended but continue to fold the diaper down under the cord stump when diapering. Allow the cord to fall off on its own - do not pull it off. It is normal for a small amount of blood or redness at the stump when the cord does fall off. However, if swelling, warmth, excessive redness, and/or a pus

drainage should occur, call your doctor as these may indicate an infection.

DIAPER RASH

Wash the baby's bottom with each diaper change to keep the skin healthy. Even with careful cleaning, diaper rash may occur. Change diapers promptly and frequently. Leaving the diaper area open to air for short periods of time each day may help prevent or heal diaper rash.

Call the baby's doctor if the baby has a diaper rash with raised and/or raw areas, or if the rash does not heal in two to three days.

Do not use powder on the baby's bottom. Water based ointments such as A&D ointment or Desitin may be used if the area is raised or raw looking.

DRESSING / SWADDLING

Dress your baby as you dress so your baby does not overheat. Avoid putting heavy blankets over your baby. Use a light blanket if needed. Touch the baby's skin often to be sure they are not too hot or cold. Dress the baby in layers that can be added or taken off to control the temperature. Do not use clothes or blankets with drawstrings. They can cause choking or strangling.

Swaddling makes the baby feel warm and cozy, like they're "back home" in the mother's womb. Swaddling helps to make the infant feel safe and secure. Not all infants want to be swaddled and may be more comfortable with loose blankets. Fussier babies may benefit from swaddling. In some cases tight bundling is so successful at soothing infants that some babies even have to be unswaddled to wake them up for feedings.

Swaddle the baby on a square:

1. Place the baby's head above the middle of one edge.
2. Tuck the right arm down and fold the right side of the blanket over the baby between the left arm and under the left side.
3. Tuck the left arm down and fold the left edge of the blanket over the baby and under the right side.
4. Fold the bottom of the blanket up and loosely tuck it around the baby's sides.

Swaddle the baby on a diamond:

1. Fold one corner of a square blanket down and place the baby with its head in the center above the folded corner.
2. Straighten the right arm and fold the right corner of the blanket over the baby between the left arm and under the left side.
3. Tuck the left arm down and fold the left corner of the blanket over the baby and under the right side.
4. Fold or twist the bottom of the blanket loosely and tuck it under the baby.

Use a commercial sleep sack (Halo Sleep Sack)

Follow the manufacturer's instructions, making sure that it's loose around the baby's hips and legs.

GENERAL ILLNESS

Many parents worry that they will not know when their baby is sick. To help you know, ask yourself these questions.

- Is my baby crying more than usual?
- Does the baby's cry sound different?
- Is the baby blue or have blue lips? This is an emergency 911 call!
- Is the baby more fussy?

- Is the baby sleeping more or less than usual?
- Has my baby's appetite changed?
- Has the baby vomited more than once? If the baby is vomiting, is it forceful?
- Are there signs of diarrhea? Is the stool watery or runnier than usual?
- Is the baby having less wet diapers than usual? Does the baby's diaper smell strong?
- Is the stool darker in color?
- Has there been a change in my baby's breathing?
- Does the baby have trouble breathing?
- Does the baby sound congested? Does the baby have a runny or stuffy nose?
- Does the baby have a cough?
- Does my baby have yellow skin or eyes? (See Jaundice)
- Is the skin pale or flushed?
- Does the baby have a rash?
- Do the eyes look glassy or dull? Is there a discharge from the baby's eyes?
- Does my baby have a fever or is too cold? (Temperature above 100.4 degrees F or below 98 degrees F.)

Any of these changes could mean your baby is sick. If you call the doctor, write down what you want to tell him. The doctor will want to know what signs you are worried about and how long the signs have been present.

You should have a baby thermometer and keep it just for the baby. There are two ways to take a baby's temperature, under the arm or in the rectum. Do not use an ear thermometer on an infant less than 6 months of age. Before taking a temperature either way, clean the thermometer with alcohol.

To take a rectal temperature, be sure to use a rectal thermometer, not one you would use in your mouth. Lay the baby, bare-bottom and tummy down, on your lap. Spread the baby's bottom with one hand until you can see the anus, which opens into the rectum. Insert the thermometer tip not more than 1/2 inch. Securely hold the thermometer in place for one to three minutes. An average rectal temperature is 99-100 degrees F. After taking a temperature, wipe it with an alcohol-soaked cotton ball. Let it dry. Keep the thermometer in its protective case when not in use. The underarm, or axillary, method is less accurate. To take the temperature, remove the baby's clothing from the waist up. Place the tip of the thermometer in the armpit and hold the arm snugly against the baby's side. An average axillary temperature is 97-98 degrees F.

GROWTH AND DEVELOPMENT

Keep in mind that every baby is different. All babies grow at different speeds. Your friend's baby may start to do something before or after your baby does. Children usually learn things in certain order not at a certain age.

At 3 Months

- Begins to hold up their head
- Begin to eat and sleep more regularly
- Smiles at faces
- Stays awake longer and looks around more

- Cries less and makes more noises
- Responds to voices
- Makes soft sounds, such as coos

Things you can do with your baby

- Make faces
- Rattles or toys that makes noise
- Place a mobile above the baby's crib (making sure the baby cannot reach it)
- Gently stroke, hug and kiss your baby
- Talk and sing to your baby

At 6 Months

- Roll over
- Reach for and grasps objects
- Plays with toes
- Likes to hear and see new things
- First teeth appear
- Laughs and squeals

Things you can do with your baby

- Read to your baby
- Give the baby objects to hold, bang and teeth on
- Play peek-a-boo
- Let your baby look at a mirror

At 9 Months

- Holds and shakes toys
- Crawls or creeps
- Sits without support
- Pulls self up to stand
- Can feed self cookies or crackers
- Holds own bottle
- Babbles, tries to repeat sounds
- Responds
- Responds to name

Things you can do with your baby

- Play pat-a-cake and peek-a-boo
- Read to baby
- Roll a ball to your baby
- Give the baby safe objects to holds and bang together

At 12 Months

- Walks while holding objects
- Speaks 1-3 words or makes meaningful sounds
- Waves bye-bye
- Understands "No-No"

Things you can do with your baby

- Read to your baby
- Name objects as your baby holds or touches them
- Let baby fill containers with objects and then empty them
- Talk and sing to baby
- Walk while holding your baby's hand

Most of all enjoy every stage of your baby's life. They grow very quickly.

IMMUNIZATIONS

The Hepatitis B vaccine is a series of three injections that are given over a six month period. Our hospital provides the first Hepatitis B vaccine after obtaining the parent's consent. The remaining two vaccines can then be obtained from your pediatrician's office. They will let you know what other immunizations your baby will need.

JAUNDICE

The skin and sometimes the whites of the infants eyes may turn yellow or light orange in color. This is called jaundice. Jaundice occurs when red blood cells break down into yellowish substance called bilirubin (billy-ru-bin). The liver breaks this down and it leaves the body through the infants stool. Until the baby's liver begins to function fully, bilirubin builds up in the baby's bloodstream, causing first the skin and then the whites of the eyes to become yellow in color. The color change progresses from head to toe. An infant with mild jaundice may appear yellow only in the face and the whites of his eyes, while one with severe jaundice will be yellow all over his body. Jaundice is common in newborn infants and is not harmful unless the level in the blood becomes too high.

Jaundice appears on the second or third day of life and often goes away within a week. In most cases jaundice is so mild that it will disappear without treatment. However, if jaundice is present at birth, appears during the first 24 hours of life, or becomes severe, treatment is most likely needed. Every infant is tested for jaundice before discharge with a Bilicheck which is a screening tool that is held to the infants forehead for a few seconds. The Bilicheck indicates a level of bilirubin in the skin. This score is plotted on a chart based on age, gestational age and score. The chart will indicate if the infant needs to have a blood work done to test for the bilirubin level.

Major Causes

Some babies may have jaundice when a baby and his mother have different blood types. This condition is called "Blood Group Incompatibility." Jaundice may occur in infants who are not nursing often enough or drinking enough formula. The infant is not able to have many stools if they do not get enough fluid.

Treatment

Most bilirubin is removed from the body through a baby's stool. Therefore, anything that increases the number of stools (such as frequent feedings) will help get rid of the bilirubin. Breastfed babies can be fed at least every two to three hours or 8 – 12 times each day. A bottlefed baby will most likely eat every four hours. You may want to keep a daily record of your baby's feedings, wet and stool diapers until the jaundice is improved. (By the first week of life a baby should have six to eight wet diapers each day. A breastfed baby will have three to four or more yellow seedy stools per day. A bottlefed baby may have fewer, more formed stools). Frequent feeding, throughout the day and night, may help prevent and resolve jaundice. You should not stop breastfeeding but you should contact your provider if the jaundice continues or becomes worse.

Your doctor may recommend that a small sample of your baby's blood be taken to measure his bilirubin level. If his bilirubin level is high enough to require treatment, phototherapy or light therapy will most likely be used. This may be as simple as exposing the baby to sunlight or it may involve using fluorescent lights called "bili lights." Bili lights speed up the removal of bilirubin from the baby's body. Phototherapy is used until the bilirubin level is normal. The

level may be checked after the phototherapy is stopped to make sure that it does not rise again.

Remember:

- Jaundice in newborns is very common.
- In most cases, this is normal, harmless, and last only a short period of time.
- When treatment is needed the methods are safe and effective.

NAIL CARE

If baby's nails appear long, or if you notice your baby has scratched him or herself, use a baby emery board to file the nails. Nail care is usually easiest to do while the baby is sleeping or after a bath.

NASAL SUCTIONING WITH BULB SYRINGE

You can use a bulb syringe to remove mucus from a baby's nose to make it easier for him/her to breathe and eat.

How To Use A Bulb Syringe

- Suction before eating to help baby breathe easier and feel more comfortable during feeding.
- Lay the baby down and support head with one hand because baby will try to pull away from suction.
- Squeeze the air out of the bulb away from the infant's face.
- Place the tip of the bulb syringe into a nostril.
- Release the bulb slowly and let the air come back into the syringe.
- Squeeze the mucus out of syringe into a tissue.
- Suction the other nostril in the same way.

Note: It is not necessary to hold the other nostril closed while suctioning.

Cleaning The Bulb Syringe

- The blue bulb syringe given at the hospital cannot be taken apart, and is to be thrown out after 24 hours.
- There are several types of bulb syringes, if it has several parts then take apart first. Wash in warm soapy water squeezing the water in and out until it's clear.
- Rinse the same way and allow to dry.

Important: Only use nose drops if ordered by your child's doctor.

NEWBORN APPEARANCE

The birth process will affect how your newborn looks. Your newborn may not look like the pictures that you see in baby books. You may see changes in your newborn within 1 to 2 weeks of age.

Head

- **Molding** is the long, narrow, cone-shaped head that forms when your infant passes through the birth canal. The shape of the head will become more normal over a few days.
- **Caput** is the swelling on the top of the head caused by fluid squeezed into the scalp during birth.
- **Cephalohematoma** is blood that is collected under the skin, caused from the head rubbing against the pelvic bones during delivery. This could grow bigger for up to 5 days and may not go away for up to 2 to 3 months.
- **Anterior fontanel** is the "soft spot" that is found on the top part of the head, it allows the brain to grow fast, this closes between 12 and 18 months of age.

Eyes

- **Swollen eyelids** are due to the pressure on the face as the baby comes down the birth canal. This should go away in 3 days.
- **Eye color** may be blue, gray, green or brown, but may change by the time the baby is 6 months old.
- **Blocked tear duct** is where the baby's eyes may always water which means that the canal that carries tears from the eyes to the nose is blocked. Your doctor may tell you to use a warmed washcloth to place under the eye and along the nose, and rub softly to help open the duct. If it does not get better or yellow/green drainage develops call your baby's doctor.
- **The eyesight** of a newborn is not very clear. They may only see shapes, shadows and cannot see in color at this time.

Ears

- **Folded over ears** are usually soft and floppy, the ear will harden and take normal shape in the first few weeks.

Noses

- **A flattened nose** may happen by being pushed to one side from birth; it will take shape by 1 week of age.

Breast

- **Breast engorgement or swollen breast** is normal in infants during the first week of life, female hormones that cross the mother's placenta causes this. This may last up to three months, and you may also see a discharge.

Female Genitals

- **Swollen labia** can remain swollen in newborn girls because of the female hormones that pass across the placenta from the mother, this goes away in 2-4 weeks.
- **Vaginal discharge** is a clear or white drainage can flow from the vagina as the mother's hormones decrease in the baby's blood. This drainage can become pink or blood tinged (false or newborn period).

Male Genitals

- **Hydrocele** is a scrotum filled with clear fluid. This fluid is squeezed into the scrotum at birth. This is painless and common: it may take 6 to 12 months to clear completely.
- **Undescended testicle** is when the testicles may not be in the scrotum at birth. They usually come in to the normal position during the first few months. If they do not there is a surgical procedure that can repair this.

Bones And Joints

- **Feet turned up, in or out** may happen because of the way the infant laid in the womb. As long as the feet are flexible and can be moved easily to a normal position, they are normal and will reposition in 6 to 12 months of age.

Hair

- **Scalp hair** is usually dark at birth and begins to fall out by 1 month of age. The permanent hair comes at 6 months of age, and may be a different color.
- **Body hair** is sometimes present on the back and shoulders. It is more common in premature babies. It usually falls off at 2 to 4 weeks of age.

Skin

- **Newborn rash** Blotchy, redness may appear and disappear over the body. This is the change from being in a wet uterus and now in a dry room temperature.

URINE AND STOOL PATTERNS

Babies usually have a stool (bowel movement) within 24 hours of life. The first several stools may be meconium, a greenish-black sticky substance that is in the baby's intestines before birth. After this passes, the color of the stools will change. Stools may be yellow, brown, or green. The stools of *breast-fed babies* usually are yellow, seedy, and semi-liquid. During the first month, they should have two to four liquid stools each day. After four to six weeks, breast-fed babies may have fewer stools each day, sometimes skipping a day between stools. The stools of *formula-fed babies* will be seedy, firm, or pasty. Most babies have stools daily, but some may have them only every two to three days. If the baby is feeding well and has soft stools, everything is probably all right.

Babies may strain, grunt, and become red in the face when having a bowel movement. This is usually not because of constipation. When a baby is constipated, he will have hard, dry stools and have trouble passing them.

Your baby should have six to eight wet diapers a day. If your baby is sick or having feeding problems, the baby's doctor will need to know how many wet diapers and stools your baby is having.

SAFETY TIPS AFTER DISCHARGE

- Only allow a trusted friend or relative to watch your newborn if you can't.
- Always take your baby with you when you are getting out of a motor vehicle.
- Never let someone you don't know pick up or hold your baby.
- Have a full, front-facing color photograph of your baby and keep it with a copy of your infant's footprints, and a written description of specific details (such as hair and eye color, length, weight, date of birth, and any other specific characteristics).
- Do not allow anyone into your home who says they are affiliated with a healthcare facility without proper identification. If in doubt, call the facility to confirm the visitor before admitting them into your home.
- Use caution when posting photos of your baby on the internet. If you choose to do this, limit access to those you know personally and trust.
- Signs, balloons, and other items announcing the birth of a newborn are not recommended. These items call attention to the presence of a baby on the property.
- Birth announcements should never include the family's home address and should only contain the parent's last name.
- Only allow people into your home who are well-known and trusted. Try to avoid admitting anyone into your home who are just a mere or recent acquaintance, or known only through internet discussion or chat rooms.

SLEEP PATTERNS / SIDS

Babies should always be placed on their back to sleep; never on their stomach or propped on their sides. The back sleep position is best. This is a proven fact to reduce the risk of Sudden Infant Death Syndrome (SIDS).

No stuffed animals, loose or extra blankets, or pillows should be in the crib with the baby.

A newborn normally does not sleep throughout the night until they are two to four months of age. Most newborns sleep four to five hours at a time, then require to have their diaper changed and be fed. It's often a year or more until your little one will settle into a mature, all-night, every night sleep pattern.

Reference: Pantley, Elizabeth. *Newborn Babies and Sleep*.

CAR SEAT

All newborns must have a car seat prior to being discharged from the hospital. It is very important to have your car seat and to KNOW HOW IT WORKS. Read your instruction manual so you are familiar with the correct use of your seat. Refer to your vehicle's owner's manual for information regarding the installation of the car seat in your vehicle. On the day of discharge, you are required to bring your car seat to your room so you can strap your baby in before being discharged. If your car seat has a base, be sure it is correctly secured in the vehicle before discharge. There is a Car Seat video available to provide you with important safety information. A list of car seat check sites is located in your folder.

SAFE HAVEN OF PENNSYLVANIA

The Safe Haven Law is also known as the Newborn Protection Act. It states that a parent of a newborn (0-28 days of age) may leave the child in the care of a hospital without being criminally liable as long as the following criteria are met:

The parent expresses orally or through conduct that they intend for the hospital to accept the child, and:

The newborn is not a victim of child abuse or criminal conduct.

For More Information visit www.secretsafe.org or call 1-866-921-SAFE.

All **HOSPITALS** in Pennsylvania are Safe Havens. They are there to protect babies if you cannot take care of them properly. All you have to do is bring your newborn to any hospital and drop it off. You do not have to talk to anyone and **you may remain anonymous**. As long as the infant is unharmed and is not a victim of any crime, you will not get into any trouble. You may leave medical information for the baby but you don't have to answer any questions.

SHAKEN BABY SYNDROME

Pennsylvania State Law requires that you watch a video pertaining to the prevention of Shaken Baby Syndrome. Shaken Baby Syndrome is a serious head injury which happens when an infant or toddler is severely or violently shaken. Babies are unable to fully support their heavy heads. As a result, violent and forceful shaking causes a baby's brain to be injured.

After viewing this video, you will be given a form to sign acknowledging that you have watched the video and understand the material.

MOTHER'S SELF CARE

ACTIVITY

Rest often and limit your visitors. You should not lift, push, or pull anything heavier than your baby for six weeks. You can do light

housework. Use the stairs only when you must. Take walks outside if it is nice. Ask your doctor or midwife when you may drive a car.

BREAST CARE

If you are breastfeeding, do not use soap on your nipples, when you take a bath or shower. Allow your nipples to air dry after bathing and feeding. You may use breast milk or LANSINOH on your nipples after feeding to prevent or help with soreness and drying. The best way to prevent sore nipples is proper latch and positioning of the baby during each feeding.

If you are formula feeding, your breasts may get swollen and hard within a few days. Avoid breast massage and stimulation. Wear a bra, day and night, that gives you support and is not too tight. You may use ice packs or a bag of frozen vegetables on your breasts to decrease the swelling and take mild pain relievers to decrease the pain. If these symptoms last for more than one to two days, call your doctor or midwife.

DEPRESSION / BABY BLUES

Most women will have postpartum “blues” such as tearfulness, mood changes, and difficulty sleeping. This usually will last about 10 days. If this lasts beyond two weeks and you are having difficulty enjoying your family or caring for your baby, this may mean you have postpartum depression. This may require medication for several months. If you or family members have concerns, please call your doctor or midwife for an appointment to discuss your feelings. If you are having thoughts of harming yourself or someone else, call your doctor immediately.

FAMILY

Sibling rivalry is normal. Your other child/children may feel left out with the new baby in the house. You may want to include them in caring for the baby. You can also try to set aside some special time with each child when the baby is sleeping. Remember to take time for you and your significant other. Let your family and friends help with the housework, shopping, and babysitting. Do not be afraid to ask for help.

HYGIENE

Daily bathing or showering is important. If you take a tub bath, you should not sit in the tub for more than 10 minutes. If you have had a cesarean section, showers are preferred, instead of taking a bath to prevent infection of the incision. Frequent showers may also be helpful to relax your muscles after having a cesarean section.

INCISION CARE

Wash your hands before and after you clean your incision. Clean your incision daily with soap and water. Pat your incision dry with a towel. Always keep your incision clean and dry. You may use a clean bandage if your incision is draining or for your comfort. Bloody or clear drainage is normal for the first few days. Call your doctor if you have any signs of infection, heavy bleeding or colored drainage. Signs of infection are redness, swelling, warmth, yellow drainage, or a fever greater than 101 degrees F. Do not apply any lotion, creams, powders or antiseptics to your incision unless instructed by your doctor.

MOTHER’S IMMUNIZATIONS

RH Factor And Rhogam

If the mother of newborn has a negative blood type, and the newborn’s blood type is negative, Rhogam is not needed prior to discharge. If the newborn’s blood type is positive, the mother will need Rhogam prior to discharge. If mother doesn’t receive Rhogam, and the mother becomes pregnant, the antibody in the mother’s blood will fight the fetus (it sees the fetus as a foreign object and the fetus will not survive.)

Rubella

The mother will receive pre-admission blood work. If the Rubella titer results are not within normal limits, the mother should receive MMR vaccine (Measles, Mumps, and Rubella) prior to discharge and should not become pregnant for at least three months.

Influenza (Flu) Vaccine

Seasonally, the hospital offers mothers of newborns the influenza (flu) vaccine. Influenza can occur at any time, but typically from October through May. For most people, symptoms last only a few days and may include the following:

- Fever/chills
- Cough
- Sore throat
- Headache
- Muscle aches
- Runny or stuffy nose
- Fatigue

Flu, which can be spread by coughing, sneezing, or nasal secretions, is especially dangerous for infants, young children, people 65 and older, and pregnant women. For this population, flu may cause a high fever, respiratory distress and pneumonia. Vaccination is especially important for new mothers, who have close contact with their newborn. The vaccine is optional and is provided upon discharge. Educational materials regarding this vaccine are provided to the mother in advance.

NUTRITION

After you go home, eat a healthy diet that includes fresh fruit and vegetables that contain iron. If you have had a cesarean section, you should eat more protein and increase your vitamin C intake. Drink lots of fluids, especially if you are breastfeeding. Continue to take your prenatal vitamins or iron until you see your doctor or midwife.

PELVIC MUSCLE EXERCISES

To strengthen your vaginal muscles after delivery, squeeze your vaginal muscles as though you are starting to void and then stop the flow of urine. This exercise is called a Kegel exercise. Tighten the vaginal muscles for the count of ten then relax the muscles slowly for the count of ten. This should be repeated ten times at least three times a day.

Remember to do these exercises. Do them during other activities such as watching TV. Others use meal times as reminders of when to do this exercise.

PERI CARE

Wash your hands before and after changing your pads. After voiding or having a bowel movement, fill the plastic squirt bottle with warm water. Use the bottle to spray your peri area from front

to back. Pat dry with toilet paper from front to back, then use dermoplast spray, if it is needed. Put a clean pad on every time you use the restroom. You may use ice packs for eight to 24 hours after you have your baby. Call your doctor if you have a lot of tenderness, swelling, or if your stitches break open. Your stitches will dissolve. If you have hemorrhoids, a stool softener or a sitz bath may help. Do not have sex, douche or use tampons until you see your doctor or midwife at your six week return appointment.

VAGINAL BLEEDING

Immediately after delivery your bleeding will be heavy and bright red in color. After 12-24 hours, your bleeding will slow to be like a menstrual period for the next three to four days. Within the next week or two, the color will change to watery pink, to brown, and then to yellowish white. It is normal to have a small gush of blood after standing or breastfeeding for the first 48 hours. Small, dark clots or strings of blood are also normal. After discharge to home, call your doctor or midwife if your bleeding gets bright red in color, more than a normal period or has a bad odor. Your first few periods may not be regular. While breastfeeding, you may or may not have a period. Breastfeeding is not a method of birth control.

BABY'S SECOND NIGHT

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again... and now it is your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warm and comfortable – albeit a bit crowded – womb where he has spent the last 8-1/2 or 9 months – and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, and the soothing sound of your lungs or the comforting gurgling of your intestines. Instead he's in a crib, swaddled in a diaper, a tee-shirt, a hat and a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds, and smells. He has found one thing though, and that's his voice...and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet – he protests, loudly!

In fact, each time you put him back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed -- he cries again...and starts rooting around, looking for you. This goes on –seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to "home" he can get. It seems that this is pretty universal among babies – lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try and burp him – just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every ½ hour or so. If he

starts to root and act as though he wants to go back to breast, that's fine...this is his way of settling and comforting.

Another helpful hint...his hands were his best friends in utero... he could suck on his thumb or fingers anytime he was the slightest bit disturbed or uncomfortable. And all of a sudden he's had them take away from him and someone has put mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch ---to feel---and even his touch on your breast will increase your oxytocin levels which will help boost your milk supply! So take the mittens off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly – after all, he had fingernails when he was inside of you, and no one put mittens on him then!

By the way – this behavior might happen every once in a while at home, particularly if you've changed his environment such as going to the doctor, to church, to the mall, or to the grandparents! Don't let it throw you – sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is "home".

PET MEETS BABY

When you have a pet and you are bringing home a new child via birth, adoption or fostering, there are a lot of factors to consider.

THE BIG DAY

- Bring home a baby's cap, blanket or clothing and allow the pets to smell the item thoroughly
- Have a helper at home to exercise cats and dogs before you arrive
- Have a helper take the baby or child and stay outside while the parents reacquaint with their pets
- Have a helper bring the baby into the house for an introduction to the pets

Safe Kids, Happy Pets:

- NEVER leave any baby or child alone with any pet
- Teach appropriate manners to children
- Keeps babies and children away from stressed pets
- Establish a baby and child-free zone for your pets
- Relocate litter boxes or pet cages, if necessary, as soon as possible
- Train dogs to stay off people's beds and furniture
- Identify and address any questionable behavior, assistance from a professional may be required.

