

All About Your Newborn





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NOTE:

Throughout this booklet, we've used the term "care provider" to refer to the health care provider who will care for your baby. Depending on your choice, this person may be a family practice physician, pediatrician or nurse practitioner.

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All About Your Newborn



Congratulations on the arrival of your new baby!

The day you take your newborn home is exciting – and probably a little scary. You'll have many questions during the days and months ahead. This book contains a lot of information, but it is not meant as a substitute for professional medical care. If you have questions or concerns, talk with your care provider.

When to call the baby's care provider

- Anytime you feel something is not right with your baby – you know your baby better than anyone else does.
- Temperature less than 97 or greater than 100 degrees Fahrenheit
- Refusal to eat for more than five or six hours
- No wet diapers for 12 hours or less than four wet diapers a day
- Black stools after fifth day of life
- Blood in stools
- Constipation or liquid stools
- Persistent vomiting (not just spitting up): projectile vomiting, green vomit, swollen tummy
- Listlessness
- Irritability or apparent pain
- Difficulty breathing, wheezing
- Swollen, red, draining or foul-smelling umbilical cord
- Jaundice (yellow skin, yellow eyes)
- Persistent coughing
- Blue skin color
- Signs of ear infection: fever, irritability. Older children may pull at their ears
- White patches in mouth (thrush)
- Diaper rash that looks very red, raw or has white patches
- Swollen or red eyes, excessive tearing or discharge
- Any injury or fall

Things You'll Need

The following supplies will help make your baby's homecoming comfortable and safe:

Approved car seat

Blankets

Crib

Diapers

Layette:

- T-shirts or onesies
- Sleepers
- Booties and socks
- Sweaters

Bathing supplies:

- Soft washcloths, towels and hooded towels
- Mild, non-perfumed soap or baby wash
- Baby hairbrush
- Small plastic tub or clean sink

Medicine cabinet supplies:

- Infant thermometer
- Infant Acetaminophen liquid (with care provider guidance)
- Diaper rash ointment
- Bulb syringe to clean the nose (supplied by the hospital)

Recommended (but not necessary):

- Changing table
- Baby monitor





Getting to Know Your Baby



Your child is unique

Babies are born with their own, unique bodies and very quickly begin to show their own personalities. It is important to learn your baby's physical characteristics, likes and dislikes. Have fun getting to know your newborn as he or she gets to know you and the rest of the family. Touch, hold and cuddle your baby as often as you can. He or she will thrive on lots of love and attention.

Normal newborn behavior

Babies make lots of sounds. Sneezing, coughing, passing gas, hiccups and occasional spitting-up are all normal behaviors. Newborns often breathe loudly and alternate rapid and slow breathing. Babies startle easily. Sudden loud noises, such as the telephone or a siren, may make them cry. Before you pick up your baby, make your presence known by talking softly and gently touching your baby before lifting.

Babies are born with many involuntary reflexes. When the palms of their hands are touched, they grasp firmly. When they are startled, they stretch out all their limbs then curl up. When their lower lips are rubbed, they turn their heads and open their mouths (called rooting). They also have a strong desire to suck, whether they are hungry or not. Most of these reflexes disappear a few months after birth.

Crying and fussiness

Crying is the only way a newborn can communicate. Most newborns cry two or three hours a day, but some cry more. It is never a mistake to pick up your baby and comfort him or her. When your baby cries, check for these possible causes of distress:

- Hunger
- Dirty diapers
- Diaper rash
- Gas (needs to burp)
- Colic
- Needs to suck
- Too hot or too cold

If none of these is the problem, try rocking, singing or playing soothing music, or taking your baby for a walk or a ride in the car.

It is normal to feel frustrated if you cannot calm your baby. Once you have checked the obvious reasons for discomfort, it's okay to put your baby in the crib and let him or her cry while you leave the room for a few minutes. This is especially important if you are exhausted or frustrated. If you need a longer break, ask someone to watch the baby for awhile or take turns being "on duty" with your spouse or partner.

If you become concerned about how often your baby cries, contact your care provider.

Sleeping

For the first few weeks, it may seem that your newborn sleeps constantly, waking only when he or she is hungry. As weeks pass, your baby will gradually spend more time awake. Newborns have no regular pattern to their sleeping periods, but they become more predictable as they get older. This happens naturally — you needn't force your baby to adjust to a regular schedule, although you can help by establishing a bedtime routine.

Feed your baby, sing a lullaby and read the same story to settle him or her for sleep. By keeping night feedings quiet and low-lit, you can help your baby learn the difference between night and day.





Caring for Your Baby



Holding, carrying and positioning

Newborns are relaxed and content when they feel secure in their surroundings. Sudden noises, movements or the sensation of not being held securely can easily startle or upset babies.

To avoid startling your baby, talk to him or her for a second or two before lifting. To support your newborn's weak neck and heavy head, place the palm of your hand under the baby's neck and back. Cradle the head with your fingers. Support the baby's body on your lower arm, which should be braced securely against your body. Or, you can carry your baby securely braced against your shoulder with your hand supporting his or her head. This gives you a hand free to manage doors, hold onto handrails and so on.

Always lay your baby on his or her back to sleep, not on the stomach or side. This "back to sleep" practice has been associated with lower rates of Sudden Infant Death Syndrome (SIDS).

Feeding

Feeding is an important time for you and your baby. It is one of your newborn's most pleasant experiences. It gives you an opportunity to bond with one another.

Breastfeeding

Breast fed children receive optimal nutrition for lifelong health while being nurtured in special closeness. Sometimes it is difficult to know when your baby is getting enough to eat with breastfeeding. Your baby is getting enough to eat if in each 24 hours your baby eats 8-12 times, stools at least 1-3 times, and has at least 2 wet diapers by the second day of life and then six or more wet diapers from day 3 on. Your baby should also be content during and after feeding. If you are having any concerns with breastfeeding please call the Women's Outpatient Services at 474-2400. For more information visit the American Academy of Pediatrics website at: www.healthychildren.org.

Bottle feeding

If you are bottle feeding, talk with your baby's care provider about the choices of commercial formula. Formulas come ready-to-serve or as liquid or powder that you mix with water. Carefully follow the package instructions.

You do not need to heat the formula, although your baby may prefer it warm. To heat a bottle, place it in a pan of water on the stove. Never put a bottle in a microwave oven — it can heat unevenly and burn your baby's

mouth. Always discard any formula left in the bottle at the end of a feeding. Never re-use leftover formula.

As with breastfeeding, it is best to have a flexible schedule based on your baby's needs. After the first few days (when most babies eat very little), newborns usually take two to three ounces of formula every three to four hours.

Wash bottles, nipples and anything used to prepare formula in hot, soapy water. Check the nipple to make sure the flow of formula is not too slow or too fast. Keep the nipple full of formula while your baby is feeding.

Never prop up the bottle to feed your newborn. Never put a baby to bed with a bottle. These are unsafe practices, and your baby needs the security and pleasure of being held at feeding time.



Burping

After feeding, always burp your baby to help remove swallowed air. Hold the baby upright over your shoulder or face down over your lap. Pat or rub his or her back gently. Don't be alarmed if the baby spits up a small amount when you are burping, and don't worry if he or she doesn't burp every time.

Bathing

Bath time gives you another opportunity to hold, cuddle and get to know your newborn. A few words of caution:

- NEVER leave your baby unattended in or near the bath, not even for a few seconds.
- Turn your water heater down to 120 degrees Fahrenheit so you don't accidentally scald your baby.
- Gather all necessary items before starting the bath so you won't have to carry your wet baby around looking for things.

Newborns do not need to be bathed every day. A bath every two or three days is fine. When bathing, make sure the room and the water are warm.

You may bathe your baby by using a small plastic tub or the sink lined with a sponge or towel. The warm water should be about five inches deep or enough to cover the newborn's shoulders. Test the water temperature with your elbow before putting your baby in the water. Gently wash your baby's face without soap, then use a soapy washcloth on his or her body. Wash the diaper area last, then rinse your baby with clean water.



To wash your baby's hair, apply a small amount of gentle soap and warm water. Tip your baby's head back to avoid getting soap in the face or eyes. Gently pour clean water over the hair. You can wash the hair either at bath time or when the baby is clothed and will stay warmer.

Wrap your baby in a warm towel and dry. To avoid irritation, be sure to dry in the folds and creases of the skin.

Care of the navel

The stump of the umbilical cord attached to your baby's navel should fall off in one to three weeks. Fold the front of the diaper below the navel so it won't cause irritation.

Use a soft cloth to clean around the cord during the baby's bath and as needed during diaper changes. No special care is necessary.

If the area around the cord becomes red, if pus develops, or if you notice a strong, foul odor, call the care provider. When the cord falls off, you may see a small amount of blood or discharge from the navel. This is no cause for alarm.

Care of the penis

It is best not to use alcohol, powders, lotions and pre-moistened towelettes on newborn boys as they can irritate the penis.

If your little boy has not been circumcised, his penis requires no special care. Simply wash the penis with soap and warm water. Do not attempt to retract the foreskin; it will retract naturally in a few years.

If your baby has been circumcised, the tip of the penis may seem inflamed, yellowish or swollen. For the first 24 hours after the procedure, the penis should be covered with a gauze dressing with petroleum jelly to prevent the gauze from sticking. Change the gauze dressing with each diaper change. After the first 24 hours, you can use petroleum jelly alone to prevent the diaper from sticking to the penis. Avoid the use of soap for three days after the procedure.

When a plastibell is used, no special care is necessary. Bathe as if the baby was not circumcised. The Plastibell should fall off when healed, in about 5-8 days.

When the swelling goes down (about 24 hours after circumcision), push the skin on the penis gently toward the baby's body and clean the area where the skin meets the head of the penis. This prevents adhesions from forming. It is important to continue this for seven to 14 days or until the newborn is seen by his care provider.

It is normal to have a little yellow discharge or coating around the head of the penis. This should not last longer than a week. At home, gently clean the penis with plain water until it is healed. It generally takes seven to 10 days for the penis to heal fully after circumcision.

Problems after a circumcision are rare. However, call your newborn's care provider if:

- Your baby does not urinate within 24 hours after the circumcision.
- There is persistent bleeding.
- Redness around the tip of the penis worsens after three to five days.

Diapers

Your newborn will use about 70 diapers per week. If you use cloth diapers, you'll also need diaper wraps or plastic pants. Whenever possible, air-dry the baby without a diaper on. Powder is not recommended because it can irritate babies' lungs.

To prevent diaper rash, change diapers frequently – whenever they are wet or soiled, or every one to two hours during the day. Clean the diaper area with disposable wipes or water and mild soap. (Soap can irritate, so don't use it every time.) Wipe your baby girl from front to back to prevent infection.

Sometimes babies can develop a yeast infection in the diaper area. A yeast infection can appear as an inflamed red rash or as a white cheesy film. It can usually be treated with an over-the-counter antifungal cream. Consult with your care provider or pharmacist.





Skin care

The skin of newborns will often peel, especially on the hands and feet. Most infants do not need special skin care other than on the diaper area. Remember, when using lotions for dry skin, less is better.

Nail care

Keep your baby's fingernails and toenails short to prevent scratching. File nails with a soft emery board or cover your baby's hands. Be careful: the nails are very soft and may be difficult to distinguish from the tip of the finger or toe. It may be easier to file the nails when your baby is sleeping.

Swaddling and dressing

Wrapping your newborn securely can make him or her feel safe and relaxed. A wrapped baby is also easier to lift and carry. To swaddle, wrap your baby snugly in a soft blanket with the edge tucked under smoothly.

Don't overdress your baby. Layer the clothing so you can add or remove layers as room or outdoor temperatures change.

Babies lose a lot of body heat from their disproportionately large heads. Keeping a hat on the baby in cold weather helps maintain body temperature.



Figure 1



Figure 2

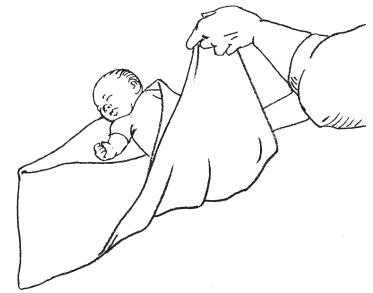


Figure 3

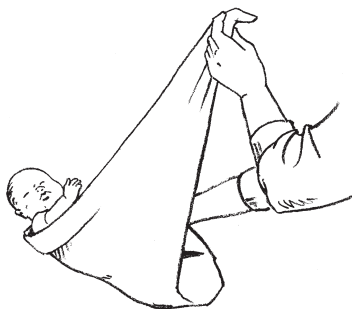


Figure 4

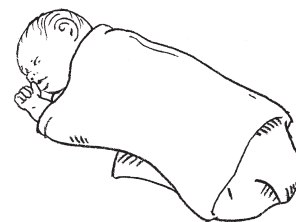


Figure 5

Eyes and nose

Newborns often have eye drainage during the first few weeks. Wipe it away with a moist clean washcloth. Always wipe eyes from the inside corner out using a clean area of the washcloth each time. If the drainage is unusually thick or if the eyelids are swollen or red, call the baby's care provider.

Gently clean the nose and outer ears with a damp clean cloth or a cotton swab. Never insert cotton swabs or any other object inside the nose or ears.

Sensory stimulation

Babies need opportunities to see, hear and learn. Give him or her things to look at, such as pictures, mobiles and non-breakable mirrors. Your baby will also enjoy gazing at the faces of family members.

What your newborn hears is equally important. Sing, read and talk often to your baby. Play music and introduce other soothing sounds.

Give your baby touch by cuddling, rubbing and exercising his or her body.

Getting outdoors

Fresh air, exercise and sunlight are good for you and your baby. Take daily walks whenever possible. Make sure the baby is protected from the wind and sun. Discuss sunscreens with your care provider.





Your Baby's Body



Weight loss

Newborns often lose 7 percent to 10 percent of their birth weight during the first few days of life. With frequent feedings, most babies regain the weight by the time they are 2 weeks old.

The newborn's head

Your baby's head may be odd-shaped because of the birth process. The head will regain its rounded, smooth look within a few weeks. Babies are born with two soft spots on their heads, one on top and one at the back. These soft spots are areas where the bones of the skull have not yet grown together. They will close by the time your infant is 12 to 18 months old. It is not dangerous to gently touch the soft spots or to gently shampoo and brush your baby's hair.

Crossed or puffy eyes

The birth process and the medication used in your newborn's eyes to fight infection may cause the eyelids to look puffy. This should improve within a few days. Your baby may look cross-eyed because of undeveloped muscles. As the muscles strengthen, the eyes will begin to look normal.

Flaky scalp (cradle cap)

Scaly flakes, called cradle cap, may develop on your baby's scalp. Remove the flakes by gently scrubbing the scalp with a mild shampoo and soft brush every few days or as directed by baby's care provider.

Infected mouth (thrush)

If your baby has white, cottage cheese-like patches in his or her mouth, it is probably a yeast infection called thrush. This can be painful, so call the care provider as soon as possible. If you are breastfeeding, you may need treatment as well.

Spitting up and vomiting

Spitting up is very common for newborns. It is not a cause for concern unless your baby frequently spits up a large amount. Projectile vomiting or green or yellow vomit is not normal. Call your baby's care provider if you are concerned.

Occasionally, babies will gag and appear to be choking on mucus or other fluid. If this happens, use the bulb syringe that you received from the hospital to suction your baby's mouth. To use, place the tip of the syringe inside the baby's cheek towards the back of the mouth; it helps to tip baby to one side and suction the downside cheek.

Colic

Colic is the name for intense, inconsolable crying in an otherwise healthy, well-fed child. Colic affects approximately 10 percent to 15 percent of all babies. The bouts of crying usually last one to two hours or longer. Colic generally develops in the second or third week of life and is usually over by three months of age. This fussy crying is harmless for your baby.

The cause of colic is unknown. It is not usually caused by abdominal pain or excessive gas. A "colicky" baby can sometimes be soothed by motion (e.g. riding in an infant swing or in a soft front pack, or going for a ride in a car or a stroller), warmth, being held securely, sucking on a pacifier, being massaged or having a warm bath.

If the baby has been fed and changed and you have tried to console the baby using the methods listed above, you may place the baby in the crib and allow him or her to cry for 15 minutes. If the crying persists after 15 minutes, pick up the baby and try consoling methods again. It may take several 15-minute sessions before the baby falls asleep.

Notify your baby's health care provider if:

- The cry seems to become a more painful one
- The crying lasts more than three hours
- The colic begins after your baby is one month old
- Diarrhea, vomiting or constipation occurs
- The baby is inconsolable
- You or the baby's caretaker is exhausted or frustrated





Genitals

The mother's hormones can cause conditions in the baby that are normal and will go away without treatment. Babies of both sexes are sometimes born with swollen nipples, which may ooze small amounts of white liquid. Their genitalia are often swollen as well. You may see a red-orange ("brick dust") spot on a wet diaper. If your baby is a boy, he may have a swollen scrotum. It will return to normal in a few days.

Baby girls might have a white coating on their genitals. This is normal and does not need to be washed off. They may also have a clear mucous-like discharge, again a result of the mother's hormones. When you bathe your baby and change her diapers, gently clean the vaginal area by spreading the labia and wiping from front to back.

If any of these conditions continue or if you are concerned, talk with your baby's care provider.

Bowel movements

Your newborn will pass a dark, sticky substance called meconium for the first few days. Gradually, the stools will become yellow with a green or brown tinge. Breast-fed babies usually have loose, seedy stools (up to 10 per day). Bottle-fed babies usually have fewer stools with a more pasty appearance.

As your baby gets older, bowel movements will become less frequent (as seldom as every few days). This is normal as long as the stool is soft and the baby is not straining too hard. It's common for infants to grunt and turn red when they are having a bowel movement.

Constipation is uncommon with breast-fed babies but more common with bottle-fed babies. Signs of constipation include hard, pebbly stools and abdominal pain.

Diarrhea consists of frequent, watery stools often accompanied by a foul odor. If your baby has diarrhea or constipation, let the care provider know.

Body hair (lanugo)

Your baby may be born with fine, downy hair covering his or her back, shoulders, forehead, ears and face. This condition is more common in premature babies. The lanugo will disappear within a few weeks.

Skin problems

Skin abnormalities commonly occur in newborns. Most should cause no concern, require no special treatment, and disappear by themselves. They include:

- Milia: small white spots on the face due to blocked sweat and oil glands
- Slightly transparent skin with purplish blotches (most common in newborns with fair skin)
- Mongolian spots: a greenish-blue coloring on the lower back (present at birth and most common in infants with dark skin)
- Baby acne: a red, pimply rash
- Stork bites: visible reddened area of the skin commonly located on the back of the neck, eyelids or forehead
- Vernix: a white, creamy substance that protects the skin before birth and remains in the creases of the skin even after bathing

Skin problems that may require more attention include:

- Heat rash: tiny red bumps around the shoulders and neck that occur during hot weather or when babies get too warm. Keep your baby warm and dry, but don't overdress.
- For any other skin condition not listed above that concerns you, call your baby's care provider.

Blue feet and hands

Newborns commonly have blue feet and hands because of immature circulation. This is a normal condition as long as the rest of your baby is warm and pink.

Jaundice

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

Call your pediatrician if:

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

In breastfed babies, jaundice often lasts for more than 2 to 3 weeks. In formula-fed babies, most jaundice goes away by 2 weeks. If your baby is jaundiced for more than 3 weeks, see your baby's doctor.



Colds and coughs

Mild cold symptoms include runny nose, sneezing and congestion. Stuffy noses make it hard for newborns to breathe and eat. To help your baby breathe, put a few saline drops in his or her nose, wait a minute, then use a suction bulb to remove the mucus. You can also use a cool water vaporizer in the baby's room. Elevate your baby's head by putting a pillow under the mattress, not under his or her head. Be sure to keep your baby warm. Call the care provider if fever, coughing or breathing difficulties develop.

Coughs can also be treated with a vaporizer. If breathing becomes labored or if the baby turns blue or drools, keep the baby upright and call the care provider or 911 immediately.

Ear infections

Newborns' ears are highly susceptible to infections caused by bacteria or viruses. Symptoms include slight fever, irritability, crying and loss of appetite. Call the care provider immediately if you think your child has an ear infection.

Fever

Take your baby's temperature under his or her arm unless your care provider instructs you differently. In a newborn, a temperature less than 97.1 degrees Fahrenheit or more than 100.4 degrees Fahrenheit is cause for concern. Call the baby's care provider immediately.

With lower fevers, watch for signs of ear infections or other serious illnesses. Call the baby's care provider for the appropriate dose of non-aspirin liquid pain reliever.



Keeping Your Baby Safe



Car travel

Car accidents are the most common cause of death in babies. Most of these deaths could be prevented with proper use of car seats.

Always put your baby in an approved rear-facing car seat. Follow the manufacturer's instructions completely when you install it. Make sure your child is strapped securely into the car seat before placing blankets on your baby. Never hold your baby in your arms in a moving car, even if you are only going a short distance.

For further information, view the Child Safety Seat Resource Center Website at www.childsafetyseat.org or call 1-800-772-1315.

Preventing drowning

Drowning is the second most common cause of accidental death of children. A newborn can drown in less than an inch of water in just a few minutes. Never leave your baby alone in a tub of any size. If you must leave to get something, take the baby with you. Let your phone go to voicemail during the baby's bath.

Preventing falls

Babies wiggle, move and push against things with their feet soon after they are born. These simple movements can cause a fall. Never leave your baby alone on a changing table, bed, sofa or chair. When you need to step away — even for a second — put him or her in a safe place, such as a crib or playpen.

Preventing burns

Never carry your baby and hot liquids or hot food at the same time. Prevent burns from scalding tap water by reducing the temperature of the hot water heater to 120 degrees Fahrenheit.

If your baby gets burned, immediately put the burned area in cold water. Keep it there until he or she stops crying. Cover the burn loosely with a bandage or clean cloth, and call the care provider.





Preventing suffocation

Never put your baby on a waterbed, beanbag chair, pillow, blanket or anything soft enough to cover the baby's face and block air to his or her nose and mouth. Keep pillows and stuffed animals out of the crib.

Reducing the risk of SIDS

Always place your baby on his or her back to sleep, not on the stomach or side. The "back to sleep" practice has helped reduce the incidence of Sudden Infant Death Syndrome (SIDS). The American Academy of Pediatrics also recommends the following:

- Use a firm sleep surface with no soft materials or objects like pillows, quilts, comforters or sheepskins placed under the sleeping newborn. Keep soft objects and loose bedding out of the crib.
- Research shows infants who sleep in bedrooms with fans have up to a 70% lower risk of SIDS.
- Avoid exposing the baby to smoke.
- Provide a separate but close sleeping environment, if possible. When the baby sleeps in the same room as the mother, the risk of SIDS is reduced. A crib, bassinet or cradle that meets safety standards is recommended.
- Avoid overheating the newborn.
- Encourage tummy time when the baby is awake and can be observed.

Smoking

Always keep your baby in a smoke-free environment. Environmental smoke can lead to ear infections, colds, respiratory disease and an increased risk of asthma and SIDS. If adults in your home smoke, insist that they smoke outdoors. If you smoke and need help to quit, call

- Providence Resource Line, 503-574-6595.
- Community Health Education and Resources, 509-232-8138

Child care

Be very selective about the people who care for your baby. People who are careless, easily angered or frustrated in other situations may behave the same way with a crying baby.

A baby must never be shaken. Serious brain injury or death may result. If you or anyone who spends time with your baby is easily angered or frustrated, seek help.

What to do if your baby starts to choke

If the baby can still make sounds and/or coughing, the choking is mild, stay with the baby and watch him/her closely.

If the foreign body airway obstruction is severe (ie, the baby cannot make sounds) you must act to relieve the obstruction.

For an infant, deliver several cycles of 5 back blows (slaps) followed by 5 chest compressions—until the object is expelled.

If the baby becomes unresponsive, start CPR with chest compressions . After 30 chest compressions, open the airway. If you see a foreign body, remove it but do not perform blind finger sweeps.

Attempt to give 2 breaths and continue with cycles of 30 chest compressions and ventilations until the object is expelled.

After 2 minutes, if no one has already done so, call 911!





Keeping Your Baby Well



Choosing a care provider for your baby

It is important to select a care provider for your baby. If you do not already have one, you may call Women's Services at 509-474-2400. Staff at will provide a list of care providers who are conveniently located near you.

Newborn metabolic screening test

Before your baby goes home, laboratory staff will draw a few drops of blood for a test required by state law for all newborns. The blood draw is simple and safe for your baby. The test looks for a number of rare diseases that can cause brain damage or other serious complications if not treated shortly after birth. When these diseases are quickly discovered and treated, most problems can be prevented. When your baby is 7-14 days old, this test needs repeated.

Hearing test

The state of Washington requires that all newborns undergo a hearing screening soon after birth. Results are available immediately. If the screening indicates that your baby should undergo further testing, the hearing screener will talk with you and give you instructions.

Newborn vaccinations and medications

While in the hospital, your baby will receive some essential medications and vaccinations. These are given routinely, but it is a good idea to make sure your baby receives the following:

- Hepatitis B vaccination — Hepatitis B can cause serious liver damage. Your baby will receive the first of three hepatitis B vaccinations while in the hospital.
- Vitamin K injections — State law requires that all newborns receive a dose of vitamin K, which is essential to blood clotting. Some babies do not have enough vitamin K and, as a result, could develop abnormal bleeding if they do not receive the vitamin at birth.
- Erythromycin eye ointment — To avoid the possibility of serious eye infection from multiple types of bacteria, erythromycin ointment is placed in your newborn's eyes within a few hours of birth.

Vaccination schedule

Vaccines prevent serious diseases by helping your baby build defenses. Most babies and children have only mild reactions to vaccines, which can include slight fever and soreness.

You can find the most current vaccination schedule at www.cdc.gov or from your care provider. Your care provider's recommendations may vary according to what he or she thinks is best for your child. You may also want to check with your health insurance company to see what it covers.





Important Contacts

Providence Holy Family Hospital - www.holy-family.org..... 509-482-0111
Family Maternity Center.....509-482-BABY or 509-482-2229

Providence Sacred Heart Medical Center - www.shmc.org..... 509-474-3131
The Birth Place 509-474-6400
Neonatal Intensive Care Unit..... 509-474-6300
The Maternity Clinic 509-474-3170
Children’s Hospital 509-474-4841 or 1-800-442-8534

Breastfeeding Assistance

Women’s Outpatient Services..... 509-474-2400 or 1-877-474-2400
M-F, 8:30 a.m.-12 p.m. & 1 p.m.-5 p.m.
Pump Rentals - the Care Shop at Sacred Heart Medical Center 509-474-4040
Pump Rentals - at Holy Family Lactation Office 509-482-1809
Mother-Baby Time Wednesday’s at 10 a.m..... 509-474-2400
La Leche League - www.llusa.org..... 1-877-4-LALECHE or 1-877-452-5324
www.breastfeedingwa.org; www.breastfeeding.com; www.kelleymom.com

Postpartum Depression

PostPartum Support International of Washington State - www.ppm-support.com. 1-888-404-7763

Ronald McDonald House 509-624-0500

Parenting Classes

Community Health Education & Resources (CHER) - www.cherspokane.org
M-F, 8 a.m. – 5 p.m..... 509-232-8138
Childbirth & Parenting Alone Program CAPA - www.catholiccharitiesspokane.org.. 509-325-7667

Car Seat Information

Spokane Child Passenger Safety Team Hotline - www.safekids.org..... 509-232-2985

Child Care

Family Care Resources – 24 hour message machine 509-484-0048

Vanessa Behan Crisis Nursery 509-535-3155
 Short-term care for children birth – 6 years
 Martin Luther King Jr. Family Outreach Center 509-455-8727

Emergency Resources

Poison Control Center 1-800-222-1222
 YWCA – Alternatives to Domestic Violence 509-789-9297
 WA Domestic Violence 24-Hour Hotline 1-800-562-6025
 SAFeT Response Center Sexual Assault & Family Trauma 509-747-8224
 Spokane Child Abuse & Neglect Prevention Center (SCAN)..... 509-458-7445
 Child Protective Services (CPS) 509-458-7445
 Anna Ogden Hall (for women with children) 509-327-7737
 Hope House (Emergency shelter for women)..... 509-455-2886
 St. Margaret’s Shelter (housing for women with children) 509-624-9788

Resources

American Academy of Pediatrics - www.healthychildren.org
 Birth Certificates – Vital Statistics Office 509-324-1522
 Project Access – Health services for the uninsured..... 509-532-8877
 Family Care Resources/Child Care..... 509-484-0084 or 1-800-446-2229
 Family Food Hotline - www.familyfoodhotline.org or www.parenthelp123.org..... 1-888-436-6392
 Family Health Hotline 1-800-322-2588
 M.I.S.S. Foundation support for grieving families.....509-244-2809 ext. 35
 Spokane Regional Health District 1-888-535-0597 or 509-324-1500
 WIC, Immunizations

You can dial 211 to request phone number of any Spokane resource.



Notes



We're here if you need us!

As a new parent, nothing is more precious than your baby's health. At Sacred Heart Children's Hospital, our entire staff is dedicated to outstanding care for the youngest in our community. Physicians and surgeons, from every major pediatric specialty, are supported by highly experienced teams of nurses and staff who have devoted their lives to caring for children.

And, we have the only children's trauma and emergency center in the Inland Northwest, 24 hours a day, 7 days a week. **Right here ... just in case you need us.**



shmchildren.org

OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

