WELCOME TO THE NEONATAL INTENSIVE CARE UNIT

PARENT HANDBOOK

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Dear Parents,

Welcome to the Newborn (Neonatal) Intensive Care Unit (NICU) at MetroHealth Medical Center. We realize the birth of an infant is a joyous time for families but having a baby that requires special care can be frightening. We have prepared this pamphlet to familiarize yourself and your family with the NICU and the special things we do to help your baby.

The NICU at MetroHealth Medical Center is a level III 51 bed unit. This means we provide care for the most critically ill infants. We are fortunate to have the most up to date technology and a wide variety of specialty services. Most importantly, our unit is staffed by doctors, registered nurses, neonatal nurse practitioners, and other health care professionals who are dedicated to helping your baby throughout this hospitalization.

Your baby’s health is truly a team effort, and you are a very important member of that team. We look forward to working with during your infant’s stay. We encourage you to visit frequently and when you can’t be here to call and check on your baby’s condition. Should you have any questions or concerns about your baby’s care, your baby’s nurse and doctor are available to address those questions. At MetroHealth, your baby’s health is our primary concern. A list of phone numbers is included which include interpreter services if needed. Please be aware we can only give you, the parents, and any information about your baby’s condition.

We hope to make what is often a frightening and anxious situation as reassuring as possible for you and your family. This booklet outlines some of the procedures and terms you may hear during your baby’s stay with us. We ask that you take the time to review this information and we encourage you to ask any questions.

Sincerely,

The NICU Staff

YOUR BABY AND YOU

Congratulations on the birth of your baby. We realize having your baby in the NICU is not what you had hoped for or expected. We realize this is a very stressful time and you are scared. In the beginning, you may even be afraid to touch your baby. Many parents do at first. We really want you to participate as much as possible in the care of your special baby. One of the most important ways you can participate in your baby's care is by communicating through touch. By touching, feeding, talking to, and caring for your baby, you will start to establish a special bond.

We know that parents yearn to hold their babies. Your baby may be too unstable in the first few hours or days to be held. Even if you cannot hold your baby yet, your voice and touch can be very comforting and reassuring. Your baby's nurses can help you find the most beneficial ways to interact with your baby and help you to understand the best time to touch, talk to, and interact with your newborn. Over time, you will be able to pick up on the cues your baby is giving of their needs for care or time out signals. You may be scared or intimidated to touch or hold your baby. Your baby may startle or jump when touched. This reaction is normal for a newborn, so don't be frightened, alarmed, or discouraged.

As you become actively involved in your baby's care, you will build confidence in your ability to provide care for your baby. We encourage you to parent your baby as often as you can. This may be especially difficult for mothers who are still recovering themselves or who have other children at home. We understand and would like to help you if we can.

As your participation in your baby's care increases, remember your baby's doctors and the entire staff are available to respond to any question or concern you may have regarding your infant.

Baby Characteristics

Premature babies have certain physical characteristics that are different from babies born closer to term. As the babies get older or mature, these distinct characteristics begin to disappear, and the babies begin to develop full-term characteristics. A few more noticeable features of premature babies are:

- Little body fat and look very thin
- Loose skin that may be covered with fine hair or lanugo
- Skin may appear red regardless of ethnic background
- Ribs and blood vessels can be easily seen
- Arms and legs may be outstretched and appear limp due to lack of muscle tone
- The head and face tend to look long or big and out of proportion with the rest of the body

Full term babies may also require special medical attention and assistance with advanced medical technology in the NICU. These full term infants will look more like what you

would expect of a newly born baby. They even look larger than you expected if other smaller premature infants are near them in the room.

Kangaroo Care

When intensive care is needed for premature or sick newborns, bonding can be interrupted because of the separation between parents and the baby. To help you and your baby bond, we encourage skin-to-skin holding or what is called Kangaroo Care.

With Kangaroo Care, a parent holds the baby in an upright position on their chest. The baby is dressed only in a diaper to allow skin-to-skin contact. A hat may also be used for the baby, as most heat is lost from the head. The parent then wraps their shirt, or a blanket around the baby to keep the heat between them. It will be easier if a shirt hat buttons in the front is worn. A privacy screen can also be provided when holding your baby in Kangaroo Care.

This simple method of holding allows you, the parent, to be in touch with your baby. Parents say they feel closer to their baby and feel more relaxed caring for their baby. Either parent can hold their baby in Kangaroo Care. Many breastfeeding mothers say they have a greater milk supply after Kangaroo Care, but you do not have to be breastfeeding your baby to do Kangaroo Care.

The first Kangaroo Care may be for a short time so the nurse can assure your baby's temperature, heart rate, and breathing remain stable. You can do Kangaroo Care every time you visit or less frequently, whichever is best for you. How frequently and how long your baby can be held in Kangaroo Care will be determined by how your baby tolerates it. Most babies do very well and actually have better temperature regulation because the parent's body automatically adjusts itself to keep the baby's temperature stable. Babies who are held in Kangaroo Care with their parents tend to gain weight faster, sleep longer, stay warmer, and learn to breastfeed sooner.

HEALTH CARE TEAM MEMBERS

During your baby's stay in the NICU, a team of specialists in newborn medicine will care for your infant. MetroHealth Medical Center's NICU team is dedicated to providing quality care and is specially trained to take care of your baby and your family's special needs.

The Members of the Neonatal Health Care Team:

The Neonatologist: A neonatologist is a medical doctor specializing in pediatrics with advanced training in neonatology, or the treatment of ill and premature newborns. The neonatologists are on service for one calendar month at a time.

The Neonatal Fellow: The fellow is a pediatric doctor who is completing the advanced training to become a neonatologist. The neonatal fellows are on service for one calendar month at a time. A fellow is available in the neonatal intensive care unit 24 hours a day.

The Pediatric Resident: The resident is a medical doctor now being trained to specialize in pediatrics. Residents are on monthly rotations that may change near or at the end of each month.

The Neonatal Nurse Practitioner: The neonatal nurse practitioner is an advanced practice registered nurse who has completed additional schooling in the diagnosis and treatment of illness in sick and premature infants. An advanced practice nurse in Ohio has a certificate of authority to practice and is credentialed by the medical staff at MetroHealth to provide this level of care.

The Pediatric Specialist: Other pediatric doctors or specialists may be asked by the neonatologist to see your baby to help identify or diagnose and treat the special health care problems your baby may have. Examples of the consulting specialist might include heart specialist, gastroenterologist, geneticist, and pediatric surgeon, depending on your baby's needs.

The Nursing Staff: All of the staff working in the NICU are registered nurses. These nurses have been educated in the care of premature and sick newborns. They provide 24-hour care to your baby. Primary & associate nursing is our team approach to caring for your baby.

The Nurse Manager/Assistant Nurse Manager: These are registered nurses in a management position, who are responsible for the daily operation of the unit and of the nursing and support staff.

The Clinical Nurse Specialist: The neonatal clinical nurse specialist is an advanced practice nurse who has completed a Masters in Nursing with a focus in neonatology, has a certificate of authority to practice in the state of Ohio, and is credentialed by the medical staff at MetroHealth to provide care. The clinical nurse specialist works with the health care team within the organization and with families to assure quality of care and to provide education.

The Lactation Specialist: The lactation specialist is a registered nurse who has completed additional education and obtained certification as a lactation consultant, and provides breastfeeding assistance to mother and baby.

The Neonatal Nutritionist: The neonatal nutritionist is a registered dietician with special training in the nutritional needs of preterm and sick newborns. The neonatal nutritionist assists the staff in planning the intravenous and oral intake of your baby while in the hospital.

The Case Manager: The case manager is a registered nurse who helps the healthcare team to assess and plan services to meet the needs of you and your family. The case manager can help you apply for other forms of financial aid that may be available to you and your family. The case manager maintains contact with insurance companies and other payers to clarify benefits. Before discharge, the case manager will arrange for medical and home care equipment.

The Social Worker: The social worker is a master's prepared licensed professional that can provide counseling, education, and community referrals for children and families. In the NICU they can also offer support in dealing with the hospitalization of a sick or premature newborn.

The Respiratory Therapist: The respiratory therapist is a specially trained health care provider who works together with the doctors and nurses to help baby's breath easier. The respiratory therapist operates a wide variety of equipment, including breathing machines, oxygen and other special devices that help sick babies.

The Occupational or Physical Therapist (OT/PT): The occupational or physical therapists are health care providers specially trained to evaluate and treat children with neuro-developmental problems, feeding difficulties, strength or movement abnormalities or developmental delays. If your baby requires this special care, the neonatologist will ask the therapist to do an evaluation and they will recommend a treatment program for your baby that may include feeding methods, positioning, splinting, massaging, and exercises that you can do to help your baby. You may also be asked to see them after your baby has gone home for follow-up care.

Maternity Service Clerk: The maternity service clerk works at the front desk. They will assist you when you call or visit.

The Chaplain: Chaplains are professional men and women educated to provide spiritual and emotional support to families. They can assist you with specific requests you may have about prayer, sacraments or other spiritual needs, or they can contact your church community, pastor, or rabbi.

The Special Care or Preemie Clinic Coordinator: The coordinator of the follow-up clinic helps to schedule you for follow up preemie clinic appointments. If your baby needs to go to Special Care Clinic we will provide you with a handout explaining the importance of keeping these appointments.

The NICU AND COMMONLY USED TERMS

The NICU

The Neonatal Intensive Care Unit (NICU) is a very busy place. All of the equipment, tubes, wires, machines, noise, and medical terms can make you feel overwhelmed. The medical terms and strict routines are very unfamiliar to you. Feeling overwhelmed is a very normal reaction for parents and family members.

The machines, or monitoring equipment provide a very important part of your baby's care. The staff uses this equipment to monitor your baby's vital signs (heart rate, temperature, breathing rate and blood pressure) at all times. Infant monitors are very sensitive so they can detect any change in your baby's condition. Because they are so sensitive, even the baby's movement can trigger a false alarm. Many times the monitors will alarm when nothing is wrong with the baby's condition. The nurse or doctor will know which alarm needs immediate attention. They can answer any questions about this.

You will hear the following list of terms throughout your baby's NICU stay. We hope this helps you understand a little more about what is being talked about, but **PLEASE** ask questions when you do not understand what is being said about your baby. We want to help you feel as comfortable as possible when you spend time with your baby in the NICU.

Apnea & bradycardia (A's & B's)
Apnea is a temporary pause in breathing. Many times apnea happens with bradycardia, which is a decrease in heart rate. When apnea and bradycardia occur together, it is referred to as A's & B's.

Arterial Blood Gas (ABG's)
An ABG is a test done on a small amount of blood to measure levels, such as oxygen and carbon dioxide. The test results help the doctors and staff adjust the breathing support the baby is receiving.

Anemia
A condition of having not enough red blood cells in the blood.

Aspirate
The amount of breast milk or formula remaining in the stomach from the previous feeding time.

Bilirubin (Bili)
When your body breaks down old red blood cells, bilirubin is released. When there is more bilirubin than normal, jaundice or a yellowing of the skin occurs.

Cardiorespiratory Monitor
A machine used to display the heart rate, respiratory rate, blood pressure, and oxygen saturation. All babies will have respiratory and heart rates monitored, but depending on the baby's condition other things may not be monitored.

CBC (complete blood count)
This is a laboratory test done to determine the number of red blood cells and white blood cells in the baby's blood. The results will assist in evaluating the presence of infection.

Central Venous Line
A catheter used to give fluids and nutrition that has been inserted into a larger vein closer to the heart usually in the chest. Sometimes called central venous catheter or Broviac (one type of catheter used). Used for a long term, stable means of IV therapy.

Chest tube
A small tube placed between the ribs through the chest wall and connected to a suction device used to treat a pneumothorax (collapsed lung) or after some surgeries.

Chest X-ray
An x-ray picture taken of the chest area.

ET tube (Endotracheal Tube)
A flexible tube placed in the mouth and down the trachea (windpipe) connected to a breathing machine that helps the baby breathe.

Extubate
To remove the endotracheal tube.

Gavage feeding (NG or tube feeding)
A way to feed babies who are not able to go to breast or take feedings by mouth. A very small soft tube is put into the mouth or nose and passed into the stomach.

Gestational age (post-conceptual age)
Baby's age from the day you became pregnant or date of conception to the date of delivery. A full-term infant has a gestational age of 38-40 weeks.

Guiac Test
A test done on stool to detect blood.

Hematocrit
A blood test to measure the number of red blood cells.

Heel Stick
A blood sample that is obtained by pricking the baby's heel.

Hyperalimentation (Hyeral)
An intravenous solution that provides supplemental nutrition.

Isolette
An enclosed bed that can provide warmth or temperature control.

Intravenous line or catheter (IV)
A way to give fluids and nutrition through a hollow tube or catheter into a vein, arm, leg, or head (scalp vein).

Intubation
A procedure to insert an endotracheal (ET tube) through the mouth into the trachea (windpipe).

Jaundice
The yellow color of the skin that appears when there is a high amount of bilirubin in the blood.

Leads
Small patches placed on the baby's chest that connect wires to the cardiorespiratory monitor that shows heart rate and breathing rate. These may also be called electrodes.

LP (lumbar puncture)
A procedure where a spinal needle is inserted in between two lumbar vertebrae in the lower portion of the back to obtain a sample of spinal fluid. This is similar to an epidural or spinal.

Meconium
Your baby's first stool. It is very dark green or almost black, and usually sticky.

Nasal CPAP (Continuous Positive Airway Pressure)
A way to give oxygen and pressure through small prongs that fit into the nose. The extra pressure helps your baby's lungs and makes it easier for him/her to breathe on his own.

NEC (Necrotizing Entercolitis)
An infection in the intestines or lower gastrointestinal tract (GI tract).

Neonate
A newborn infant.

NG or OG tube (Nasogastric or Orogastric tube)
A very small flexible tube passed into the stomach through the nose (NG) or mouth (OG) for feedings or to relieve air from the stomach.

O2
An abbreviation for oxygen.

Percutaneous line (PICC line)
A long catheter or tube placed into a vein and extends up inside the body to give fluids and nutrition. This type of intravenous catheter stays in place longer than a regular IV.

Phototherapy
A special light used over the baby to help lower the bilirubin level. The baby will have his eyes covered when the light is on.

Pneumothorax
A condition when air escapes from the baby's lungs into the chest cavity, which compresses or collapses the lung.

Preemie
An infant born before 37 weeks gestation.

Pulse oximeter (O2 Sat monitor)
A monitor that measures the amount of oxygen in the bloodstream by using a small light sensor wrapped around the baby's hand or foot.

Radiant Warmer
An open bed with an overhead heater used to keep the baby warm.

RDS (Respiratory Distress Syndrome)
A condition in the lungs caused by the lack of a substance called surfactant, usually because of prematurity, making it difficult for the baby to breathe.

Sepsis
An infection in the bloodstream.

Surfactant
A substance produced by the lungs to help keep them inflated by reducing surface tension. There is also a manufactured substitute used to treat respiratory distress syndrome in premature infants.

TTN (Transient tacypnea of the newborn)
Rapid breathing that can occur after birth if fluid that had filled the baby's lungs before delivery is not absorbed by the body. This usually lasts just a few days.

Umbilical Artery Catheter (UAC)
A small catheter placed into one of the two arteries in the umbilical cord. It can be used to give fluids, allow blood to be drawn, or for blood pressure to be monitored.

Umbilical Venous Catheter (UVC)
A small catheter placed in the vein of the umbilical cord that is used to give fluids and nutrition and can be used to draw blood.

Ventilator (Respirator)
A machine used to help support breathing by giving oxygen and a prescribed number of breaths per minute and a set amount of pressure.

Vital Signs
Refers to body temperature, heart rate, respiratory or breathing rate and blood pressure.

COMMON PROBLEMS IN THE NICU

Respiratory Problems

Respiratory or breathing problems are the most common reasons babies are admitted to the NICU. Full term infants may have difficulty transitioning from being inside the mother's uterus where the lungs are fluid filled, to after birth being air filled. The baby may need more time to clear this fluid from the lungs, and may breathe faster or harder to do this. This is call **transient tachypnea of the newborn or TTN.** If this happens your baby needs to be watched more closely and may need some help with breathing in the NICU. Sometimes a possible infection in the uterus or from delivery may affect the baby and might cause breathing problems, too.

Premature babies may have similar problems that the full term baby has but might also have lungs that are not fully mature. Lungs that are not fully developed lack a substance called surfactant. This makes them stiffer and they can not do their job of exchanging the oxygen from the air for the carbon dioxide in the body as well as mature lungs. This is called **respiratory distress syndrome or RDS.** The doctors may give a manufactured surfactant replacement treatment. This treatment requires intubation and a ventilator.

Immediately after birth, it is not always possible to determine what is causing the baby to need breathing support, so your baby will need to be carefully watched and evaluated for the cause. The medical team will need to evaluate and treat these breathing problems by obtaining chest x-rays; blood tests to find out about infections, oxygen-carbon dioxide exchange, and blood counts; placing intravenous or umbilical catheters; or by giving your baby oxygen through a ventilator, nasal CPAP or cannula. If the baby needs to be placed on a ventilator, an endotracheal tube will be placed into the mouth or nose down into the trachea or windpipe. When a baby is intubated, they cannot make any noise when they cry because the tube passes between the vocal cords.

Infections

If infection is suspected at the time of admission, a number of tests will be performed. Blood samples will be sent for compete blood count. Blood and urine may also be sent for culture, and if indicated a lumbar puncture to send spinal fluid for culture. The baby may also be started on antibiotics and would then need an intravenous line.

Other

Your baby may have other medical needs that require admission to the NICU. The neonatologist or other healthcare team member will discuss these specific conditions with you.

COMMONLY ASKED QUESTIONS

These are just a few questions the NICU staff is frequently asked by parents. Many of these will help you through your baby's stay and begin to cover home going and discharge needs. Please feel free to ask questions if these answers are unclear to you or if questions you have are not here.

When will my baby be able to go home?
The doctors will determine when your baby's condition is stable enough for the baby to go home. For babies on antibiotics for an infection, this may be when those are completed if no other problems require treatment. For premature babies, it will depend on how early they were born and how serious their complications, often times the babies are home around the time they would have been born if the pregnancy went to term. In any case, your baby will need to be able to maintain their temperature in the crib or bassinet, and most babies will need to eat all of their feedings at breast or with a bottle, and be showing signs of weight gain.

Can I stay here with my baby?
MetroHealth does provide overnight accommodations on a very limited basis for a small fee. The NICU secretary or your baby's nurse will be able to assist you. Closer to discharge, the health care team may request that parents stay in our rooming-in area in order to learn some of the additional needs some babies may have.

Why is my baby in a special bed?
Babies are usually admitted into an open radiant warmer or an isolette. These beds provide easy access and temperature control. As babies become healthier and gain weight, the baby will be moved into an open crib. You may hear the word weaning to a crib or bassinet, because we slowly decrease the amount of heat in the isolette and dress the infant as we see if they are ready to move into a crib or bassinet.

Why are babies moved within the NICU?
We try to keep babies in the same room as they are admitted to, but sometimes we need to move them in order to provide the best possible care to all of the babies. We will try to notify you when we need to do this. However, if you come in to spend time with your baby and do not find your baby in the same place, please check with the secretary or charge nurse.

Will my baby's photograph be taken?
You will have the opportunity to have your baby's picture taken just as if they were in the newborn nursery. Please tell your nurse or the secretary if you want your baby's picture taken. The picture is usually taken near the time of discharge. There is a form that must be completed in order for the pictures to be taken.

When will my baby start eating?
All babies are provided with nutrition when they are born but most get it through IV's when first admitted to the NICU. Breast milk or formula feedings will be started for your

baby as soon as we think the baby can digest it properly. Depending on the baby's condition, we may need to pass a feeding tube (called a nasogastric or NG tube) down the food pipe or esophagus into the stomach and give the breast milk or formula through it until they are able to go to breast or take a bottle.

When will my baby be circumcised?
If you choose to have your baby circumcised, this will be done when he is big enough and medically stable. This is usually a few days before going home. You will then receive instructions on home going care.

Will my baby go home on a monitor?
Many premature babies that have problems with apneas and bradycardias when they are ready to go home will be evaluated carefully to determine if a home-going monitor is necessary. If it is needed, you will be given instructions on how to use. Your baby may also have a test called a sleep study to determine if the home going monitor is necessary.

Where can I find more information?
The NICU has resources available such as books, videos, and pamphlets. Please see your baby's nurse.

Will my baby go home on any medications?
Many babies in the NICU will go home without any medications except vitamins with iron. Depending on the baby's condition, some medications may still be needed at the time of discharge. If your baby needs medications at home, you will be taught how and when to administer them and if there are any side effects.

HOMEWARD BOUND

Now that you and your baby are getting ready to go home, it is very important that you get off to a good start. Your baby is special and needs lots of love and care. It is important for you to plan to visit frequently, especially just before going home to learn about your baby's home-going needs. Please talk to your baby's nurse to set up a plan for the teaching you still need before taking your baby home. You should have already completed a questionnaire about what baby care needs you are most familiar with and which you may need more teaching. Your baby's nurse will review this and help decide what you will need to focus on.

The most important gift you can give your child is love. Hold, talk to, and smile at your baby as often as possible. The bonds that begin now are the building blocks for developing trust between each other. Spend as much time as you can with your baby when you get home. Accept help from friends and family. Others can help with household chores, cooking, or even with the baby if you need rest for your own recovery.

First Check-UP

The baby will need to be seen 1-2 weeks after discharge from the NICU by their PCP or pediatrician. If you need help in choosing a pediatrician, let us know so we can assist you with this. There may be other appointments for specialists depending on your baby's special needs. We will set these appointments for you before you leave. It is VERY important for the baby to receive regular medical check ups to stay healthy.

A nurse may visit you at home during the first few days after you leave the hospital. During this visit, the nurse will assess and weigh the baby. The nurse can help answer questions about your baby's care or have you call the doctor if needed.

Upon the baby's discharge we will provide you with a booklet that contains information on general or basic infant care. If there are any specific needs your baby has at discharge we will provide you with handouts that address these areas.

GOING HOME

Now that you and your baby are ready to go home, it is very important to get off to a good start. *Your baby is special and needs lots of love and care*.

The most important gift you can give your child is love. Hold, talk to and smile at your baby as often as possible. Over the next few weeks you will get to know each other. You are beginning a bond with your baby that will last forever.

Accept help from family and friends. They can help with cleaning, cooking, laundry, and so on to allow you time to rest and recover and begin to know your baby.

BEFORE YOU LEAVE ~

1ST Baby Shot: Your baby will receive many vaccines this first year. Vaccines will help give your baby life long protection against many diseases.

The first shot your baby may receive is the Hepatitis B vaccine. Your baby will continue to receive shots about every 2 months.

Ohio Newborn Screen: This blood test, in which a few drops of blood are taken from your baby's heel, is used to screen your baby for disorders that can cause major problems such as PKU, Thyroid problems, Sickle cell anemia, and more. If these problems are detected early, many babies will continue to grow well. The Ohio Newborn Screen is done around 24 hours of age.

Anemia: Newborns may receive a variety of blood tests, but usually all newborns at our hospital are checked for anemia. Anemic babies are followed closely by their health care providers.

Hearing Screen: Babies in the State of Ohio usually receive a hearing screen before they go home. Some babies may need to be retested after a few weeks. This does not mean that they are deaf; only that the first test could not say for sure that there is not a hearing problem. If your baby needs another hearing test, it is important that you follow up on this because hearing well is important to your baby's growth, development, and future talking skills.

Circumcision: If you decide to have your baby circumcised, this will usually be done before discharge. Your baby will receive pain medicine before the circumcision, during the procedure, and afterwards. One of the obstetricians will do the procedure. The nurses will help you learn to care for the healing penis.

Car Seat Challenge: Baby's who are born 4 or more weeks early will usually receive a car seat challenge screen to make sure that they can ride in a car seat without having problems like trouble with their breathing. This is often done a day or two before discharge. You may bring your own car seat in. Your baby will be monitored for at least one hour while in the car seat and this will be done in the nursery.

FIRST CHECK-UP ~

A home health nurse may visit you at home during the first week after you leave the hospital. During this visit, the nurse will check and weigh your baby and may do a blood test. *Always ask to see the visiting nurse's identification badge before letting the nurse in your house*. The visiting nurse will call you before she comes to your home, so before your leave the hospital make sure that we have the phone number and address where you will be staying when you go home.

Your baby should be seen by a health care provider - either a doctor or a nurse practitioner - by 2 weeks of age. It is VERY important for your baby to receive regular medical check-ups to stay healthy. Check-ups are a good time to ask any questions you have about feeding your baby or about your baby's development. *If you do not have an appointment before you leave the hospital, call your health care provider or one of the MetroHealth System Clinics for one as soon as possible.*

FEEDING ~

Breastfeeding is a natural way to feed your baby. The American Academy of Pediatrics (AAP) recommends feeding only breast milk for the first six months of life and continuing to breastfeed along with other foods for the first year and beyond.

Some mothers may choose to bottle feed their babies either all the time, or only once in awhile when not breastfeeding.

The following sections will give you information about breastfeeding and formula feeding.

Whether you are breastfeeding or bottle feeding your baby, there is important information for you to know about each method.

Once in a while you will receive different information about breast feeding or formula feeding from your health care provider and you should follow that information.

BREASTFEEDING

There are many good reasons to breastfeed your baby. It is a natural method and women have been feeding their babies this way from the beginning of time.

Breastfeeding:

- Is emotionally rewarding and gives you special time with your baby.
- Provides the perfect food with all the nutrients your baby needs in the right amounts.
- Is convenient – no bottles, no buying formula, no sterilizing.
- Provides your baby with protection from some illnesses both now and in the future.
- Helps you to lose the weight you gained during pregnancy.

Off to a Good Start:

- It is important to breastfeed your baby as soon as possible after birth.
- This first milk is called colostrum and is all your baby needs the first few days.
- *Babies should nurse when they act hungry*.
    - *Hunger cues* in a newborn include restlessness, rooting, trying to put a fist in his or her mouth, waking up from a sleep period.
    - Hunger cues may occur every 1-5 hours. *Crying is a late sign of hunger*.
    - The nurses in the hospital will help you decide if your baby is hungry or only being a little fussy.
    - You will get to know your baby's cues as you get to know each other.
- Frequent nursing will help you produce more milk faster.
- Some babies are sleepy babies and you may need to wake them up during the day to nurse. If fed more often during the day, your baby may sleep longer at night.
- Try to wait until your baby has learned to breastfeed before offering a pacifier.

Safety / Privacy:

You can feed your baby in almost any comfortable position or place. Because breastfeeding is convenient, moms often choose to nurse while they are in bed with their baby. However, you should put your baby in his or her own bed between feedings. The crib or bassinette can be put next to your bed. This will prevent you or a family member from rolling on your baby.

For privacy you can cover yourself and your baby with a blanket or towel. Wear shirts that open in the front or can easily pull up from the waist.

Nutrition for Mom:

To stay healthy and make an adequate supply of milk, eat a variety of foods and drink plenty of fluids such as water or juices. Try to get enough rest. Continue to take your prenatal vitamins daily. If you are a member of Cuyahoga County's Women, Infants & Children (WIC) program, you will receive extra food coupons while breastfeeding.

Latching On:

- Choose a comfortable position; use extra pillows for back and arm support.
- *Support your breast by placing your fingers below the breast and your thumb above.*
- Place the baby on his or her side facing you, tummy to tummy. Tap your baby's lips with your nipple and watch for a wide open mouth. When his or her mouth opens wide, gently bring your baby on to the nipple.
- *Your baby's lips should curl out and lie flat against your breast. If they don't, take your baby off the breast and start over.*
- Your baby's chin should press firmly into your breast and the tip of his or her nose should gently touch your breast. Your baby's nose can safely touch your breast - YOUR BABY CAN NURSE AND BREATHE!
- *You may feel some tenderness when the baby first latches on. If you have nipple pain during a feeding, try pulling down the baby's chin. You may need to take the baby off and help your baby latch on again farther back on the areola (the darker circle of skin around the nipple).*
- *Before you go home, your nurse can help you learn to get your baby latched on.*
- To take your baby off the breast, gently slide your finger between the baby's gums to break the suction.

Supply and Demand:

The more your baby nurses, the more milk your breasts will produce. This is important especially when your milk supply is developing. Usually a mom will have a good amount of milk by day 4 to satisfy her baby.

When your milk is in, you will know if your baby is getting enough milk if he or she:

- Wants to nurse at least 8 times or more in 24 hours.
- Is happy and content between feedings.
- Has at least 6-8 wet and several dirty diapers in 24 hours. Stools may be mustard-like in color and may be loose.
- Is making swallowing sounds that you can hear and sucks while breastfeeding.
- Nurses for at least 15-20 minutes on each breast.

Your milk will come in quicker and with more volume if you don't bottle feed or bottle feed as little as possible.

Once in awhile, after your milk is in, your baby will want to nurse more than usual and this can mean that your baby will be going through a growth spurt – *not* that your milk is drying up.

Feeding Times:

Most babies should nurse every 2-3 hours the first few weeks; this will help them get well established with nursing. Breast fed babies digest their milk easily, so they may continue to feed several times at night until they are older.

BOTTLE FEEDING

If you decide not to breastfeed, you will need to feed your baby an iron-fortified formula until your baby is 1 year old.

Feeding Tips:

- When feeding, relax and hold your baby close. Babies like to snuggle next to their mothers.
- Sometimes when moms are tired they may choose to feed their baby in bed with them – if you do this, *put your baby in his or her own crib or bassinette between feedings*. You can put the crib or bassinette next to your bed. This will prevent you or another adult from rolling over onto the baby.
- Do not give your baby any regular milk during the first year. Regular milk can cause anemia in infants less than 1 year of age.
- Some people think adding cereal to the bottle will help babies sleep at night, but it doesn't often work and can cause upset tummies and allergies if started too soon. Your baby does not need solid foods until 4-6 months of age. Your doctor, nurse practitioner or dietitian will talk to you about when to begin solid foods.
- *NEVER ADD ANYTHING EXTRA TO FORMULA*.
- PLEASE ***DO NOT*** PROP A BOTTLE – This can lead to choking, an increased chance of ear infection and tooth decay.
- Hold the bottle so the neck of the bottle and the nipple are always filled and your baby will swallow less air while sucking.
- Refrigerated formula can be re-warmed by placing the bottle in a pan of warm water. After warming the bottle, gently shake the milk and test the temperature on your inner forearm, near your wrist. If it is warm but not hot, you can then use it to feed your baby. Room temperature is just fine for formula.
- Throw away formula left in the bottle after one hour. Germs grow quickly.

DO NOT USE A MICROWAVE OVEN TO WARM FORMULA BECAUSE HOT SPOTS CAN FORM IN THE MILK AND BURN YOUR BABY'S MOUTH.

Sterilization:

- *Water that is used to dilute concentrated formula, or water that powder will be added to, should come to a rolling boil for at least one minute.*
- After the water has boiled, cover the water, put on the back of the stove, and allow to cool. *Keep other children away from the hot pan and water until it cools.* Very hot water can cause scalding and burns.
- The Centers for Disease Control (CDC) and WIC recommend boiling water for the first 3 months to help kill germs which can cause diseases in infants and which are present in tap water.
- Remember also that bottled water is not sterile water.

Making Formula:

ALWAYS START BY WASHING YOUR HANDS WITH SOAP AND WATER.
Clean bottles and careful mixing of formula will help keep your baby healthy.

1. To Begin:
    - ***Wash*** all the parts of the bottles with hot soapy water; use a bottle brush to reach the bottom of the bottles.
    - Force soapy water through the nipples holes to clean them.
    - ***Rinse*** the bottles and nipples with hot water, air dry, and store in a clean place.
    - If you choose, you can sterilize the bottles, nipples, rings, caps, and pacifiers by boiling them in a pot of water for 1 minute; cool, and air dry.
    - ***Store*** the clean and dried bottle parts in a clean container
    - Before opening a formula can for the first time, clean the top of the can and the can opener with hot soapy water and rinse.

2. Preparing the different formula types:
    - Formula can come as a *ready-to-feed liquid* which just needs to be poured into cleaned bottles and fed to your baby. Read the can for directions on how long you can store unused formula. This is the most expensive type of formula to buy.
    - *Concentrated formula* is formula that is mixed one to one with boiled water. Use one can of concentrated formula to one can of boiled water. WIC usually gives coupons for this type of formula to supplement the formula you will purchase for the first year of your child's life.
    - *Powdered formula* is prepared by adding one unpacked scoop of powder to 2 ounces of boiled water. "Fluff" up the powder first and only use the scoop that comes with the powdered formula. Gently tap the scoop to settle the formula powder but do not pack it down or your baby will get too much powder.

How Much is Enough:

In a day (24 hours), most newborns will drink 16-32 ounces of formula depending on their weight, age, and size of their stomach. If your baby acts content and wets 6-8 or more diapers daily, then your baby is getting enough.

You should try to wake your baby during the day if your baby has slept more than 4 hours between feedings. To waken a sleeping baby, try to sit him up and rub his back.

Most babies will stop eating when they are full. Don't force your baby to eat.

- However, in the first few days or weeks some babies may need to be encouraged to wake up and to complete a feeding.
- Once in awhile babies will try to fall asleep during a feeding and then want to feed an hour later. Try not to let your baby get in that bad habit.
- Some babies will act sleepy when all they need to do is to burp again.

WATER, BURPING, and STUFF

Water:

Your newborn doesn't need extra water unless advised by a health care provider. Too much water can cause your baby to become sick. *Breastfeeding or formula provides all the water your baby needs.* If your baby seems thirsty in hot weather, give an extra breastfeeding or some extra formula.

Burping:

Whether breast or bottle fed, *all babies swallow air and need to be burped*. Stop several times during the feeding and after the feeding to burp the baby. Hold your baby upright against your chest, seated on your lap with his or her head supported, or across your knees, and gently pat your baby's back. You may not always hear a burp.

Spitting Up:

Babies often spit because they swallow air while feeding and because they have small stomachs. A little spitting is normal. Some babies spit with each feeding but continue to grow and develop well. These "happy spitters" will spit less as they grow older. *Changing formula doesn't always stop spitting*. If your baby spits up large amounts frequently, acts sick, develops diarrhea or rashes, then call your health care provider.

Skipping the Night Feeding:

As your baby gets older, he or she will give up the night feeding. The timing for this is different with each baby. Feeding cereal or letting the newborn "cry it out" will not help your baby to sleep through the night any sooner than he or she is ready to.

Bowel Movements:

Normal bowel movements vary in newborns. Some infants may have a bowel movement after each meal, others 1-2 per day, still others once every few days. Frequency often depends on whether the baby is formula fed or breast fed.

The first 2-3 days a newborn's stool color usually is a dark brownish green. Then the color may vary from bright yellow breast milk stools to a yellow-green formula stool.

If your baby is passing frequent loose or watery stools, he or she may have diarrhea. Your baby can lose more fluid than is being taken in and can become very weak. *Call your health care provider if your baby has frequent or large watery stools.*

Hard, dry stools are not normal. Hard stools can mean your baby is constipated. However, grunting, pushing, or straining while having a stool is normal for infants and does not mean they are constipated. Do not use over the counter remedies for constipation on your own or give extra water or juices without first checking with your health care provider for instructions. *Formula with iron DOES NOT cause constipation.* Your baby should not be changed to a low iron formula because your baby can become anemic and this can affect your baby's development.

INFORMATION for DAILY CARE ~

SKIN

Newborns will often develop peeling skin, rashes, blotches, and irritations on and off for the first days to several weeks. These are normal and most will go away with time.

Body/Face Rashes:

Some rashes occur for no reason at all and will go away on their own. Often fine pink or red rashes will develop. These rashes can be caused by overdressing, hot weather, spitting, or rubbing. Rashes will usually go away when the irritation is removed. Try changing the position of your baby's face if it is rubbing on the clothes; take off some clothes if the weather is very hot; wipe off your baby's face and neck after spit-ups.

Diaper Rash:

Urine and stool can cause skin rashes and a sore bottom when they stay in contact with your baby's bottom.

Prevention:

- Change diapers frequently. Disposable diapers can hold a lot of urine and it may be hard to tell when your baby is wet; but if you change the diapers at least 8 times in a 24 hour period, you can help prevent rashes.
- Clean the area well. Wash your baby's bottom with mild soap and water and rinse well after each stool. Avoid diaper wipes that have a lot of perfume or alcohol.
- Leave diapers off for a short time after each change so your baby's bottom can air dry.
- Some over the counter remedies like Aquaphor® and A&D® Ointments may help to prevent diaper rashes.

Treatment:

- Leave diapers off for a short time after each diaper change to allow your baby's bottom to air dry.
- Desitin® products may help heal a diaper rash.
- If the rash doesn't clear with home treatments, spreads, becomes fiery red, or develops bumps, call your baby's doctor.

Birthmarks:

- These are small, red, blotchy birthmarks that occur on the eyelids, nose and back of neck. Some mothers call these "stork bites". They usually fade over time.
- A large area of pale blue color on the skin (usually on the baby's bottom and especially on the buttocks) is called a "Cerulean Spot." These areas are very common in dark-skinned babies of all races. They often fade away by school age.
- If your baby was born with a dark brown or black birthmark, your primary care provider may want your baby to see a skin doctor when he or she is older.

“Cradle Cap”:

This is a name for waxy, yellow crusts that often develop on a baby’s scalp or forehead. It is not from poor bathing, but using a mild shampoo every 2-3 days may help control the crusting. When your baby is older, your baby’s health care provider may have you use special shampoos. Cradle cap will usually go away as your baby becomes older.

Jaundice:

- Jaundice is a yellow coloring of the skin. It often occurs 2-3 days after a baby is born. Many things can cause your baby to become jaundiced.
- If your baby’s chest, tummy, or eyes become yellow; if your baby has a high pitched cry; or acts ill - call your health care provider.
- If your baby was jaundiced in the hospital, a nurse may be coming to your home to check on your baby. You will be told this before you go home.

CARE of the PENIS

Circumcised Infant:

- Bleeding:
    - If the circumcision begins to bleed a lot, hold the area with firm pressure using a clean cloth for a few minutes until the bleeding stops. Do not press so hard that the head of the penis turns white or blue. Then you can call your health care provider.
    - If you cannot stop the bleeding or if it bleeds again, call 911 or take your baby to the closest emergency room.
- Healing:
    - The penis should heal in a week to 10 days. Keep the area clean by washing it at bath time and with diaper changes as needed.
    - You can use Vaseline® on the head of the penis for the first day, or longer if needed, to keep the penis from sticking to the diaper. If the penis sticks to the diaper you can use some water to help moisten the area before separating the penis from the diaper.
    - Avoid tub baths until the circumcised area is healed.
    - A whitish-yellow film may develop over the penis while it is healing. These are new cells. DO NOT TRY TO WIPE THIS FILM OFF.
    - If you notice any unusual drainage, call your health care provider.

Un-Circumcised Infant:

- Your son’s penis will not need any special care at this time, only regular cleaning with diaper changes and at bath time.
- ***DO NOT try to pull the foreskin back at this time.***
- When your son is a small boy, the skin will start to separate on its own. This often doesn’t start until age 3-4 and may not happen until he is a preteen. When the foreskin is fully separated your health care provider will tell you and your son how to keep it clean.

BATH TIME

No tub baths until the cord falls off and, if you have a circumcised son, until the circumcision is healed.

Use a washcloth with soap and water and just give a sponge bath for the first week or so. You don't need to use oils, lotions or powders on babies.

- Oils can block skin pores and make babies slippery.
- Too much lotion can cause skin to be irritated.
- Powders should not be used; they can be inhaled *and* cause lung problems.

Bath water for your baby's bath only needs to be warm. *Make sure it is not too hot* – test the water first before putting your baby in it.

- Get all your supplies ready before bathing the baby so you don't have to leave your baby to get something.
- *Don't answer the door or the phone while your baby is in the tub.*

The soft spot on the top of your baby's head is covered by tough skin, so you will not hurt your baby's head or brain by shampooing it.

Bath time is a good time to check your baby. Are there any rashes or scalp crusts? Is there discharge from the eyes or crusts on the eyelashes? Do you see white patches in your baby's mouth? These problems need to be checked by your health care provider.

REMEMBER: NEVER LEAVE YOUR BABY ALONE AROUND WATER

UMBILICAL CORD CARE

Until the cord falls off, keep it dry. Do not put bandages over it. Keep the diaper turned down below the cord. This will help the cord to dry and fall off. Gently cleanse the cord with soap and water if it becomes soiled with stool or urine. Avoid tub baths until the cord falls off and the area is dry and healed. This may take a week or two. If the area becomes red, begins to bleed, or has pus coming from it call your baby's doctor. You do not need to put alcohol on the cord.

CLOTHING

Baby's clothing should be soft, loose and washable. Do not use clothing that ties around the neck because they can cause choking. Dress your baby as you dress yourself. Hats can help keep babies warm because their heads are bigger in proportion to the rest of their bodies. Newborn babies' hands and feet are usually cool to the touch the first few weeks but this does not mean they are cold. In order to tell if your newborn is cold, feel your baby's tummy – if the tummy is nice and warm, then your baby is dressed well; if the tummy is cool your baby may need more clothes on; if the tummy is very warm, try taking off some clothes.

Wash clothes in a mild detergent, but you don't have to buy special baby soap. Double rinsing can help get leftover soap out. Fabric softener or fabric sheets can also be used, but sometimes newborns are sensitive to them.

SAFETY ISSUES ~

SAFE SLEEPING

A new baby may sleep a large part of the day. Some babies seem to sleep very little. Sleep patterns vary with individual babies. Your baby will sleep as much as he or she needs.

Important Things to Remember for Safe Sleeping:

1. The American Academy of Pediatrics recommends that ***ALL*** babies be placed on their backs to sleep. ***DO NOT*** *put your baby on his or her tummy to sleep*. This will help to prevent Sudden Infant Death Syndrome (SIDS). Babies can also use a pacifier while they are sleeping until they are 1 year old. This may help prevent some cases of SIDS. You do not have to replace the pacifier if it falls out of your baby's mouth during naptime or at night.

2. Have a special place for your baby to sleep. It could be a cradle, crib or bassinet. If you do not have one of these, you could use a large drawer that has been removed from a dresser. Make sure that the slats on the crib or bassinet are no more than 2 3/8 inches apart. Widely spaced slats can trap your baby's head.

3. *DO NOT put your baby to sleep in an adult waterbed, a bean bag chair or on a sheepskin pad.* Your baby could smother. He or she should sleep on a firm mattress. This way if your baby rolls on his or her tummy, a soft surface won't smother your baby.

4. Crib bumper pads should not be used because your baby could wiggle up next to them and his or her mouth and nose could become blocked. Also, if the pads are not securely fastened to the crib slats, your baby could become twisted in them.

5. Try not to get in the habit of putting your baby to bed with a bottle. Choking, ear infections and tooth decay can occur. Infants who learn to go to sleep without sucking on a bottle or nursing from a breast sleep better when they are older.

6. *We do not recommend sleeping in bed with your newborn.* Sometimes adults can roll on a baby and not realize that they have done so. Babies can also wiggle around and fall out of bed. If you are concerned about your baby sleeping alone, put the baby to sleep in his or her crib next to your bed.

7. When you put your baby to sleep, *DO NOT have stuffed animals or toys in the crib* which could fall on the baby's face and cause your baby to have trouble breathing.

8. Try not to use blankets – dress your baby in a heavier sleeper in cooler weather. If you have to use a blanket, make sure it is tucked snuggly under your baby's arms so that your baby cannot wiggle under the blanket and block his or her breathing.

HOME SAFETY

Pets:

Pets can be jealous of a new baby. Do not leave your baby where he or she could be injured by a pet, even by mistake. *Pets should not sleep in the same room as your baby*. Keep bottles and toys away from pets. You can introduce a pet to a baby by letting the pet smell a piece of clothing or small blanket that has the baby's odor on it. But carefully watch your baby and your pet until your baby is able to understand about pets. *After handling your pet, remember to wash your hands before taking care of your baby.*

Toys:

Make sure toys don't have buttons, beads or objects that can be pulled off and swallowed. Within a short time your baby will be putting things in his or her mouth. Begin now to get rid of problem toys.

Stuffed animals should not be put in the crib with your baby. They could block your baby's mouth and nose, causing breathing problems.

BABY SAFETY

Jewelry:

Infants and toddlers should not wear jewelry of any kind. Necklaces, baby rings, bracelets, and pins are NOT recommended. They can be swallowed or can twist around hands, fingers, or necks.

DO NOT PIERCE A BABY GIRL'S EARS UNTIL SHE IS PAST THREE MONTHS OF AGE. This will lessen the chances of your baby's ears becoming infected and the infection spreading into her body.

Pacifiers:

Pacifiers sometimes come on ribbons and clips. Avoid using these or adding a string to one because the ribbon or string could wind around your baby's neck and cause circulation or breathing problems. Babies will sometimes get their fingers caught in the ribbon or string and this can cut the circulation to their fingers.

INFANT ABDUCTION

- A home visit nurse should not come into your home unless you first check the nurse's identification. If at all possible, have a trusted friend or family member with you during a home nurse visit.
- *NEVER allow anyone into your home to see your baby if you don't know them well.* **DO NOT** leave your baby alone in the room with a stranger or a new friend.
- We don't recommend placing birth announcements in the paper or online, and never with your home address included. Don't use outdoor home decorations like balloons or storks. These things can draw unwanted attention from strangers.
- While you are in the hospital, your baby will be monitored with an electronic bracelet. Your baby's band numbers and your band numbers will be checked often to see that they match. Your baby cannot routinely leave the post partum area.

CAR SEATS/CHILD PASSENGER SAFETY SEATS

Save your child from injury or death by following these tips:

- *Infants should be in a rear-facing seat*. Use either an infant-only or convertible seat in a rear-facing position. Although some infant seats have a 3 point seat belt system, a 5 point belt system is recommended.
- Seats should be secured to the vehicle by the safety belt or by the LATCH system. Refer to your vehicle's manual.
- *Tightly install child seat in rear seat*, facing the rear.
- ***NEVER use a car seat in a front seat, especially if an air bag is on.***
- The child seat should recline at about a 45 degree angle.
- Harness straps/slots should be at or below shoulder level (usually in the lower set of slots for most convertible seats).
- Harness straps should be snug on child. Keep them clean and lying flat.
- Harness clip should be at armpit level.
- *Have your seat checked at a Child Safety Seat Inspection Site*. To find one near you call 1-866-SEAT-CHECK or see the following website: *www.nhtsa.gov/*

For more information on choosing a child safe car seat, visit the American Academy of Pediatrics (AAP) website:

www.nhtsa.dot.gov/CPS/CSSRating/Index.cfm

Premature or low birth weight infants may have special needs. The AAP recommendations can be reviewed by clicking on *Safe Transportation of Premature and Low Birth Weight Infants* under Policy Statement for Children with Special Needs:

www.aap.org/healthtopics/carseatsafety.cfm

GENERAL SAFETY

1. *Install a smoke detector and change the batteries every 6 months*. Practice a plan to get your family out of the house in case of fire.
2. ***Do not smoke or allow visitors to smoke in your house.***
3. Keep poisons in their original containers and keep locked in a cabinet.
4. *Lock all medicine cupboards.*
5. Plastic bags should be stored away from your baby to avoid suffocation.
6. Never leave your baby unattended in a car, a grocery cart, etc.
7. Wash flame-retardant clothing according to label directions.
8. *Use only a store bought pacifier*. Home made pacifiers can cause choking.
9. Ill family and friends should stay away from your child.
10. While you can take your infant outside as soon as you are home from the hospital, try to avoid the outdoors on rainy, windy, very cold, or very hot days for extended periods.
11. *Keep your infant away from crowds, malls, and parties until your baby is older* and his or her immune system is more developed, especially during the winter flu season.

ILLNESS ~

Good hand washing is the best way to prevent illness.

Be sure to wash your hands well before handling your baby. Ask your visitors and other family members to wash their hands before touching your baby.

CALL 911 OR EMERGENCY SERVICES IF YOUR BABY IS BLUE, WORKING HARD TO BREATHE, FLOPPY/NOT RESPONSIVE, OR HAVING SEIZURES.

If your baby has any of the following symptoms, they may be an early sign of illness:

- Working hard to breathe.
- Flushed/bluish color/grey color.
- Not feeding well/fewer wet diapers.
- Activity level is down; drowsy and listless/ limp; sunken in eyes.
- Fever over 100.4 degrees F.
- Eye redness, pus, or eye tearing.
- Runny nose/coughing.
- Blood or pus in baby's bowel movement or diarrhea.
- Very fussy; hard to console.
- Jaundice (yellow coloring on face, body, and whites of eyes).
- Vomiting more than once.

FEVER

A fever is a body temperature of 100.4 degrees Fahrenheit or 38 degrees Celsius. You may suspect a fever when your baby's skin feels warm to the touch, but you cannot be sure until you take your baby's temperature. For safety reasons we recommend using a digital thermometer and taking the temperature under your baby's arm in the armpit. (Reasonably priced digital thermometers can be purchased at most drug stores.)

~ Taking Your Baby's Temperature (in the armpit)~

1. Place the tip of the thermometer in your baby's armpit, gently covering the arm over the thermometer.
2. Hold the arm in this position for 5 minutes or as long as the thermometer instructions say to. After reading the thermometer, clean it with soapy water. For newborns do not use pacifier thermometers, forehead thermometers, or ear thermometers – they are less accurate.

BULB SYRINGE

A bulb syringe is used to clean your baby's nose and mouth of formula when your baby spits up or has a stuffy nose.

To use –

- Squeeze the bulb until it collapses. Place it in one nostril and quickly release the bulb. This will bring the formula or mucous into the bulb.
- Remove the bulb from the nose and squeeze it quickly into a tissue to get rid of the material. Repeat if necessary.

If you need to suction your baby's mouth, remember not to put the bulb syringe too far back or to squeeze too hard against the cheeks, because the mucous membranes in the mouth are tender and can bleed easily.

To clean the syringe, squeeze it while the tip is in hot, soapy water. Rinse by repeating with clean, hot water. Drain all water out and store until needed.

COMMON CONCERNS ~

CRYING

- Crying is how your baby lets you know he or she wants or needs something. Perhaps your baby is hot, cold, hungry, bored, has dirty diapers, or has gas pains. Your baby may be lonely, startled by strangers, or just tired from too much handling or stimulation. Your baby may just need to be cuddled.
- As babies grow, they tend to cry less. Crying often peaks around 3 weeks of age. Colicky crying is usually gone by 3 months. Sometimes a baby's crying can be very irritating and bothersome. If *your baby's crying is getting on your nerves, then you need to put the baby down, take some deep breaths, go calm down, and then pick your baby up and try comforting your baby again.* If there is a family member or a friend who can help you, call them and ask them to come over.
- Call your baby's health care provider or 911 if you feel the baby is crying from illness.
- ***DO NOT EVER SHAKE YOUR BABY***. *Shaking can damage a baby's brain and this could be fatal.*
- You cannot spoil a baby in the first few months of life. *Pick your baby up when he or she is crying – don't let your baby "cry it out" these first few months.* When you respond to your baby's cries each time, your baby will learn to trust you and feel confident that you'll meet his or her needs. Hold your baby close, speak softly and watch for the response!

PACIFIERS

For some babies who like to suck a lot and want to suck longer than a feeding time, a pacifier may give extra sucking satisfaction and can be very soothing. However, don't substitute a pacifier for attention, food or diaper changes.

HICCUPS

Frequent hiccups are common among new babies. Hiccups don't bother babies as much as they bother moms. Don't give a baby anything like sugar, or try to scare your baby to make hiccups go away. Hiccups will go away by themselves.

BROTHERS and SISTERS

Sometimes brothers and sisters feel jealous when a new baby becomes part of the family. Behavior may change while they get used to a new sibling. They may be fussy and want more of your attention. *Include your other children in the new baby's care and spend some special time with them without the baby.* Supervise other small children until they get used to the new baby and you can trust them to be safe when alone with their new brother or sister.

INSURANCE

Most insurance companies need to be notified as soon as possible after baby's birth. Call within a few days of your baby's birth so you won't forget.

~ MOM CARE ~

Remember to take care of yourself while you take care of your baby. Try to eat regularly, take time for personal care, and get as much extra rest as you can. If families or friends want to help, let them help with house cleaning, grocery shopping, or laundry. Sometimes moms are moody for a few days to a few weeks. If you think you have more than brief "baby blues", call and talk to your health care provider. Once in a while, let someone else that you know well baby sit and take a break from your baby.

A HAPPY MOM = A HAPPY BABY!

IN CONCLUSION ~

The longer you take care of your baby, the more you will understand and get to know each other. Trust your common sense. Love and learning go together.

For questions and concerns call the MetroHealth Line at 216-778-7878 24 hours a day.

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