



Your Guide to Newborn Care



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Learning to care for a newborn

Whether this is your first baby or your fourth, you'll be amazed at how much there is to do and to know when it comes to caring for your newborn. With the early discharge of mothers and their infants, most parent teaching is often shifted to the period before delivery. That is why the medical and nursing staff at The Christ Hospital have prepared this booklet for you.

Your Guide to Newborn Care covers most of the basics – from feeding to diapering.

If you're a first-time mom, you'll find this a useful learning tool. If you've been through it before, you'll find the booklet a quick refresher course.

If you have questions that aren't answered in the booklet, please feel free to ask our nursing staff or your baby's doctor.



Behavior patterns and infant stimulation

From the start, you'll marvel at the wonders of your newborn. And while each baby is unique, there are some common patterns you can look for.

Most newborn babies will sleep 18 to 20 hours a day and then gradually increase their awake time as they grow. When awake, your baby may be quiet and alert or crying. In the quiet, alert state, your baby's eyes will be bright and curious. This is a good time to stimulate and play with your baby. Most infants enjoy looking at black and white objects and faces, hearing voices and music, and being touched or gently massaged.

At other times, your baby will cry, moving his or her arms and legs vigorously. When your baby is crying, it's important to respond to him or her promptly.

Crying is often your baby's way of telling you he or she needs to be fed, changed, held, or your baby may feel too cold or too warm.

Overstimulation or just being tired can cause your baby to cry. Unfortunately, every cry does not mean that your baby is unhappy or has a specific need.

There may be times when he or she will cry in spite of all of your efforts and you must be aware of your own frustration levels and respond appropriately both to your needs and those of your baby. Never shake your baby. There is nothing wrong with putting baby in a safe place and walking away for a few minutes if you need to regroup!

Newborn skin characteristics

As you are caring for your baby, you'll observe some of the following skin characteristics that are common among newborns:

Milia

White or yellowish, pinpoint dots on the nose or chin caused by unopened or immature oil ducts. These will disappear within two to four months, and don't require any treatment.

“Storkbite”

A flat, reddened area on the eyelids, bridge of the nose, or the nape of the neck. These areas fade as your child grows older and aren't significant.

Newborn Rash (Erythema Toxicum)

Small, red blotches with slightly raised central areas that resemble mosquito bites. The rash can appear anywhere on your baby's body. There is no specific treatment. The rash should go away on its own by approximately two weeks of age.

Acrocyanosis

It isn't unusual for your baby's hands and feet to be slightly blue in color from time to time, especially when it's cool or during bath time or when the affected limbs are in dependent positions.

Other Skin Discoloration

There may be faint bluish-black areas appearing on the baby's back, buttocks and genital area. This discoloration normally disappears in about a year. Ask your nurse or baby's doctor for more information.

Jaundice

This is a condition that is characterized by a yellow appearance of the skin. It's caused by too much bilirubin in the blood. Bilirubin is produced by the body's red blood cells as they break down. It's processed by the liver and removed from the body through the gall bladder and intestines. Up to two-thirds of all full-term babies (including breastfed and bottle fed) will have what is known as “physiologic jaundice.” This means that the bilirubin is only slightly elevated and is usually harmless.

Even when bilirubin is only mildly elevated, though, it can cause your baby to be sleepy and eat less.

Occasionally, the bilirubin level will rise to a point that requires treatment. High levels of bilirubin can be harmful to your baby. Your baby's maturity, general health and nutrition are important in determining what are safe levels of bilirubin.

Severe jaundice can be caused by or worsened by:

- prematurity
- blood incompatibilities (i.e. an Rh negative mother and an Rh positive baby or blood type O mother and an A, B or AB baby)
- infections
- significant stress
- bruising
- dehydration.

The level of bilirubin, not its cause, is the main thing to worry about in whether your baby needs to be evaluated and possibly treated.

SOME TIPS TO TRY

When Your Baby Won't Stop Crying

- Take the baby for a car or stroller ride.
- Take baby outside

Most infants need one or more treatments if they have high levels of bilirubin. They include:

- maintaining good growth and nutrition
- phototherapy, which consists of exposing the infant to a special light, which activates the bilirubin, causing it to be more rapidly removed from the body

When simpler methods don't work and/or the level of jaundice is very high, more extensive treatment is needed. To help minimize jaundice, babies should eat frequently – every two to three hours. Your baby needs the breast milk or formula to “flush out” the bilirubin in his or her system. You should feed your baby as often as he or she wants.

Jaundice is usually first noticed on your baby's face. Continue to check your baby's skin in the chest, abdomen, groin and leg areas for one week. If he or she is as yellow in the groin and leg area as the face, notify your baby's doctor. Also, notify your baby's doctor if he or she is sluggish, tired, weary, feeding poorly or is not having the number of wet and dirty diapers that were reviewed prior to discharge.

Please contact lactation for concerns regarding infant's output at lactation@TheChristHospital.com or 513-585-0597.

In most cases, jaundice resolves on its own without any treatment. It may take a few weeks for the “yellow color” to go away completely. If problems persist or get worse, call your baby's doctor right away.

JAUNDICE AFTER DISCHARGE

Jaundiced babies being discharged still may need to be observed at home. It is important to keep an eye on

- your baby's color – how yellow your baby looks as well as how much of the body is affected
- how alert your baby is
- how well your baby eats



Common newborn behaviors

Hiccups

Hiccups are little spasms of your baby's diaphragm. You may have felt your baby hiccup while still in your womb. Most hiccups stop on their own in 5 to 10 minutes.

Coughing and Sneezing

Coughing and sneezing are your baby's only way of cleaning out the nose and mouth. They

don't necessarily mean that your baby has a cold. No treatment is needed unless the baby seems uncomfortable or runs a fever.

Startling and Quivering

An occasional, sudden startle or brief, gentle quivering of an arm or leg is normal during the baby's early months. This is especially so during sleep. It shouldn't be associated with any change in color or activity.

Breathing Patterns

Your baby will breathe through his or her nose at a rate of 30 to 60 breaths per minute, almost double that of an adult.

Because your baby breathes through his or her nose, the respirations may be noisy. Also, he or she is using abdominal muscles to breathe, so you will see the abdomen moving up and down with each breath.

It isn't uncommon for your baby to breathe irregularly. From time to time, his or her breathing may stop for several seconds and then start again. If you feel any concern over your baby's breathing patterns, notify your baby's doctor immediately. Babies with breathing difficulties usually act uncomfortable, and have trouble feeding and sleeping.

Elimination

Stools

There is a great variation in the color, frequency and consistency of stools in newborns. Your baby's first stools will be thick, with a greenish-black color. Then, as the first feedings are digested, the bowel movements will change from green to brown to yellow. When feedings are well established, most babies' stools will be yellow or occasionally yellow-green.

Urination

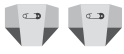

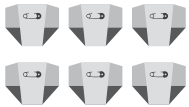



You should also check the number of wet diapers your baby has per day. When he or she is getting enough fluid. Please remember that your baby only needs breastmilk or formula until six months of age. Please do not give your baby water.

The hospital will provide you with a form to record your baby's feedings, urines and stools so it will be easier to tell if there is a problem. Here is a chart that may be helpful to refer to as well.



Breastfeeding Guidelines

Hunger Cues	Milk Expression	Cluster Feeding	Skin to Skin
<ul style="list-style-type: none"> Sucking, hand to mouth movement, rooting (opening mouth wide), and clenched fists are all signs that your baby wants to feed. Avoid routine pacifier use. It may alter your baby's suck. This can make latching difficult and can hide your baby's hunger cues. 	<ul style="list-style-type: none"> If baby sleeps through more than one feed or even six hours, hand or pump expression can stimulate your milk production. Routine pumping is necessary if baby is not continually feeding or is on the Special Care Nursery. Expressed milk may be fed to your baby via syringe or cup. 	<ul style="list-style-type: none"> Cluster feedings encourage your milk to increase in volume. Usually begins when baby is 24 hours old. Baby may feed for 20-30 minutes then feed again right away for 2-3 feedings. Watch for hunger cues and feed on cue. Let your baby determine length of the feed. 	<ul style="list-style-type: none"> Skin to skin contact with your baby helps promote your milk production and bonding with baby. It also keeps baby calm and regulates his/her temperature. Anyone can do skin to skin. Involve your partner or other close relatives if you are comfortable.

Age	Day 1	Day 2	Day 3	Day 4	Beyond Day 4
Number of feeds in 24 hours	Baby may be sleepy the first day, wake baby every 3 hours to feed 4-8 feeds is normal.				
Wet Diapers in 24 hours	 1-2 wet		 2 or more wet		 6-8 wet daily
Soiled Diapers in 24 hours	 1-2 black or dark green		 2 or more brown, green or yellow		 2-3 large, soft, seedy and yellow
Baby's Weight	An average weight loss of 7-10lbs is normal. If baby loses more than 10lbs of his/her birth weight, the feedings will need to be assessed by you care provider or lactation consultant.			Baby should regain his or her birth weight by 10-14 days. By this age, stools may drop in 1-2 per week.	

Breastfeeding Resources

- The Skylight Program on the TV in your room has breastfeeding videos to assist you.
- Go to Main Menu, Health Videos, Mother & Baby Breastfeeding
- Topic includes expression of milk and breastfeeding in the first day.
- To add our Lactation Department to your contacts, simply scan the QR code with your phone!



The Christ Hospital Lactation Department 513-585-0597

Feeding

Feeding may be among the most pleasant times you share with your baby. During feedings, your baby is getting nourishment from the milk, as well as a feeling of love and security.

To enhance this experience, you'll want to find a feeding position that is comfortable for both you and your baby, away from noise and distractions.

Make sure that your baby is warm and dry before you begin. However, a baby in the first week of life may not feed well if made too comfortable.

In the hospital, whether you are breast or bottle-feeding, if your baby tends to be sleepy or uninterested in eating, let the nurse know. Our nurses can show you ways to rouse your baby for feeding and can give you individual assistance to help you and your baby's special needs.

Breastfeeding

Because breastfeeding is a natural art, you and your baby may do some things instinctively; however, you will both need practice with breast feeding techniques. To help you learn more about breast care, initiating feeding, length of feeding, and how to

handle problems, refer to the "Breastfeeding Guide" on this website. Lactation experts are available to discuss breastfeeding while you are in the hospital and after discharge. There are outpatient lactation appointments available after discharge as well.

To discuss questions or concerns or to schedule an appointment, please contact the lactation department, "Expressions & More" at 513-585-0597 or lactation@thechristhospital.com.



Bottle Feeding

If you decide to bottle feed, your baby's doctor will recommend the type of formula to use.

Most bottle fed babies will feed every three to four hours. The first day, your baby may not want to feed or take only a half-ounce per feeding. However, by the second day, your baby may take one to one-and-a-half ounces per feeding every three to four hours. After a couple of weeks, your baby will increase to about four ounces every three to four hours. But, it is important to keep in mind that this will vary from baby to baby. Just remember, if your baby has six soaking- wet diapers, he or she is probably getting enough.

Most city water doesn't need to be sterilized. On the other hand, bottled waters, well water and cistern water do. Consult with your baby's doctor if you aren't sure.

Formulas are available in several forms

- Ready-to-feed formulas offer the greatest convenience. You don't need to add water or sterilize the formula.
- Liquid concentrate formula is prepared by mixing concentrate liquid with an equal amount of water.
- Powder formula is prepared by mixing powder with water. This is the most economical form.

Instructions for formula preparation are on the can. Follow these instructions carefully. Do not use the microwave to heat.

Pacifier Use

Experts agree that to establish a good milk supply and prevent latching issues, we should delay the use of pacifiers. After breastfeeding is well established {after the first few weeks} you may use a pacifier, but be sure to never hang it around the baby's neck, and always check for cracks or signs of breakdown. Please do not allow your infant to skip feedings because they are using a pacifier.

Warming formula or expressed breast milk
Microwave ovens are a great convenience, but you should never use one to heat your baby's formula or baby food.

Why? Because the liquid can become extremely hot, even though the bottle itself remains cool to the touch. Drinking this hot liquid could burn your baby's mouth, throat or esophagus (the tube leading to the stomach). Hot liquid forms steam. The buildup of steam in a closed container could cause it to explode.

In addition, heating the bottle in a microwave oven may destroy some of the vitamins in formula and the protective qualities of breast milk.

Here are some simple steps to heat a bottle:

- Set the filled bottle in a bowl of warm, not boiling, water or hold it under warm tap water.
- Shake the bottle gently to distribute the warmth
- Sprinkle a few drops from the bottle on your wrist to make sure the liquid isn't too hot.

Warming the bottle this way takes a few minutes longer, but it's worth it for your baby's safety.



Burping

Burping is your baby's way of releasing air that is swallowed and trapped in his or her stomach during each feeding. Most babies are burped at the middle and end of each feeding. Some burp often, others rarely, depending upon the amount of air swallowed. Not all babies require burping.

Your baby will often give you a clue as to when a burp is needed. He or she may stop sucking, pull away from the nipple or become fretful. Most babies' patterns are apparent by the end of the first week.

There are several ways to hold your baby as you gently pat or rub him or her on the back.

Spitting

Many babies "spit up" a small amount of milk after each feeding. Occasionally, your baby will lose all or most of a feeding. While spitting tends to be messy, it isn't a real problem for most babies if they continue to thrive and gain weight. Your doctor may have some suggestions that can help with some spitting patterns, but most disappear by six or nine months of age.

Babies who spit often, spit in large amounts, or seem uncomfortable may need to be seen by the doctor.

Bathing

Bath time can be a time to play with your baby and give him or her a chance to exercise by kicking and moving without clothing. Choose a time of day that is convenient for you, whether it is morning,



afternoon or evening. It is best not to give a bath right after feeding, as it may cause your baby to spit up.

Give your baby only a sponge bath until the navel and/or circumcision

have completely healed. After they have healed, you can bathe your baby in a clean sink lined with a towel or in an infant tub.

Daily bathing is usually not necessary and can cause excessive skin dryness.

Clean the genitals with a mild soap at bath time. Rinse well after washing. If you have a girl, gently separate the labia and wipe from front to back to avoid bringing bacteria and stool up into the urethral or vaginal opening.

For the first two weeks, it's normal for baby girls to have a small amount of whitish mucous discharge from the vagina, which can be tinged with blood. This is simply a response to the hormones transferred to her from her mother.

Nail care

Your baby's nails are thin and soft and may be quite long when he/she is born. You may use a soft nail file to remove sharp edges. Do not use nail clippers or scissors, as the nail may still be attached to the skin. As your baby gets older, discuss nail care with your baby's doctor.

Guidelines to remember when giving a bath

- NEVER LEAVE THE BABY UNATTENDED.
- Gather all necessary supplies before starting the bath.
- Check bath water temperature before bathing your baby. The water temperature should be tepid.
- Wash from the cleanest to the least clean parts of the body.
- Wash each eye with a clean cotton ball and water.
- Wash the face using clear water unless otherwise instructed by your baby's doctor.
- Clean only the outer portions of the ear. Never try to clean inside the ear canal with a cotton swab as any sudden movement by your baby could cause injury to the ear.
- Clean in all creases and between the toes and fingers.
- Dry skin immediately to prevent chilling.

Shampooing

Many babies enjoy having their heads lathered with a baby shampoo. One of the easiest ways to wash your baby's head is to hold him or her in the "football hold."

By supporting your baby's head in the palm of your hand, you can place your thumb over one ear and a finger over the other, thus keeping water out of the ear canal. This position keeps one free hand to shampoo and rinse.

A mild soap or baby shampoo is usually recommended. Be sure to rinse the scalp well after lathering and then towel dry.

Circumcision

Circumcision is the surgical removal of the foreskin of the penis. If you choose to have your son circumcised in the hospital, the obstetrician will perform it.

For the first one to seven days after circumcision, apply petroleum jelly to the tip of the penis after each diaper change.

To keep the circumcision area cleaned, squeeze a soapy washcloth over it, then rinse well and pat dry. A yellowish coating may form at the tip of the penis a few days after the circumcision; this is normal and will go away as the circumcision heals.

Notify your baby's doctor if the penis becomes more red and swollen after your son is at home.

Beginning around two weeks of age, most circumcised males need their foreskin gently pulled back then returned one time per day. Your doctor, medical staff or his or her RN should demonstrate this for you.

An uncircumcised penis is easy to keep clean. Gently wash the genital area while bathing. The foreskin usually does not retract fully and should not be forced.

Umbilical cord care

The most important aspect of cord care is keeping the cord area dry. No tub baths until the cord falls off. Daily bathing prior to cord separation is not necessary unless the baby is dirty. Most pediatricians recommend two to three baths per week. The cord will usually fall off in two weeks.

Powders and Lotions

Hospitals don't regularly use powders or lotions. It's best to check with your baby's doctor about the use of these items. Powder in the diaper area is not recommended.

Diapering

One of a new parent's biggest concerns is diapering, but it's really quite simple. With just a little practice, you'll feel like a pro. Remember that your baby has soft, delicate skin and you need to wash the area and change the diaper as soon as possible after he or she has a bowel movement. If a rash appears,

it should not persist beyond three to four days after treatment with a topical ointment. Choose a flat stable area that is large enough for the baby and all of your supplies. Remember, do not leave your baby unattended. Also keep in mind that this can be a good time to talk and play with your baby. Make it a pleasant experience for both of you.

Types of diapers

There are two types of diapers: disposables and cloth.

Disposables are more convenient to use. But they are less economical and some babies develop diaper rash with their use.

Cloth diapers are reusable and are less expensive, but need to be laundered at home or by a diaper service.

If you prefer cloth diapers, but don't want the inconvenience of laundering them, a diaper service may be a good alternative.

With a diaper service, clean diapers are delivered to your home and soiled diapers are picked up to be laundered and specially treated by the service.

Using Cloth Diapers

- Rinse them out before dropping them in the diaper pail.
- Use hot water and detergent when washing. Be sure the detergent is thoroughly rinsed out.
- This may require an extra rinse cycle.
- When pinning cloth diapers, place your fingers between diaper and infants skin and pin from front to back. In the event the pin should come open, it will not stick any vital organs.

Illness

Because you know your baby best, you will be able to tell when he or she is not feeling well. The

following are signs of illness that you should watch for in your baby:

- vomiting (as opposed to spitting up)
- extreme fussiness
- listlessness or extreme sleepiness
- a change in eating habits
- persistent diarrhea
- rigid or seizure-like movements

If you think your baby is ill, it's important to contact his or her doctor. Before calling the doctor, be sure to check the baby's temperature under the baby's arm.

The normal newborn temperature is 97.5° F to 99.8° F.

When you call the doctor, have a pencil and paper ready to write down any instructions. Also, have a pharmacy phone number ready.

If your physician instructs you to take a rectal temperature, follow these steps:

- Lubricate the tip of the rectal thermometer with a small amount of petroleum jelly.
- Insert the thermometer one-half to three-fourths of an inch into the rectum.
- Hold the legs and the thermometer the entire time the thermometer is in the rectum, about three to five minutes.

Low body temperature

It's important that all babies maintain a proper body temperature. While an elevated temperature (fever) is often a sign of illness, a low body temperature (hypothermia) can also be a sign of illness and can cause poor weight gain, and lowered heart and breathing rates. Maintaining a room temperature around 70°F, keeping your baby away from drafts and windows, and properly dressing your baby will help to prevent hypothermia.

Hypothermia is always a greater risk during the winter months, but can occur year round. Small (low birth weight) and premature babies are especially at risk for developing hypothermia. A light hat, socks, t-shirt and appropriate weight sleeper will help to prevent hypothermia.

It's also important not to over-bundle your baby or to keep the room temperature too high. After six weeks of age, swaddling is not longer recommended. Never place thick or fluffy blankets in your baby's crib or sleep area. An active and pink baby who is waking every two to four hours, feeding well and with frequent urine and stools is usually a sign that your baby's temperature is okay. Remember that holding your baby skin to skin for several hours per day with nothing but a diaper on and a blanket over the two of you will help him or her to learn to maintain her temperature and assist with brain development, and good feeding habits. This is an excellent way to warm a baby that is cool.

If your baby feels cold, looks pale, blue or mottled, is less active and/or not feeding well, it may be an indication that your baby's temperature is low (hypothermia). Routinely taking a baby's temperature is not necessary, but if you feel your baby's temperature might be too high or too low based upon the signs noted above, check his or her temperature. If the temperature is lower than 97°F or higher than 100°F, call your baby's doctor for further advice.

Safety issues

Accidents are one of the most common causes of death and disability of infants and children. Automobile accidents alone are the most common cause of death in children under the age of 14, with infants under the age of six months being the most vulnerable. Drowning is the second most common cause of death in children in the United States. Accidental injuries can be prevented.

Car safety

- Current law requires that all children under eight years of age, and who are under 4 feet 9 inches must be protected by an approved child restraint when riding in a motor vehicle. Lightweight plastic feeding seats that are designed for household use are not acceptable.
- It is required that you have the seat ready in the car when your baby is discharged from the hospital.
- It is recommended that you bring the car seat to your room prior to discharge so that your infant can be properly fitted prior to discharge.
- Never, never hold your baby in your lap while riding in a car. If an accident should happen, your body may be thrown forward and you could crush your baby.
- Use a car seat that has a sticker that says it meets all federal regulations. Your baby should face backwards in the back seat until they are two years of age. Get a seat that fits in your car, and is easy to use, so it can be correctly fastened and used for each ride.
- In cars equipped with an airbag on the passenger side, the rear-facing car seat should be used only in the back seat. Inflation of the airbag will tip the car seat into the passenger seat, possibly injuring your baby.
- Some car seats say they should only be used in the rear center seat. Use the car seat according to the instructions and check your automobile owner's manual for instructions. No one under the age of 12 should sit in the front seat.
- In the summer, the seat belt and car seat buckles can be very hot. Inspect both the belt or buckle and, if necessary, cool them with wet wipes or wrap them to prevent a burn.
- Be certain that you have strapped the car seat into your seat belt system properly.
- An excellent resource is available at www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx

Types of Car Seats At a Glance

Note: This chart is a quick guide on where to start your search. It's important to continue reading more about the features and how to use your car seat. Additional safety tips are at the end of this article.

Age Group	Type of Seat	General Guidelines
Infants/Toddlers	<i>Rear-facing only seats and rear-facing convertible seats</i>	All infants and toddlers should ride in a Rear-Facing Car Seat until they are at least 2 years of age or until they reach the highest weight or height allowed by their car seat's manufacturer.
Toddlers/Preschoolers	<i>Convertible seats and forward-facing seats with harnesses.</i>	Any child who has outgrown the rear-facing weight or height limit for their convertible car seat should use a Forward-Facing Car Seat with a harness for as long as possible, up to the highest weight or height allowed by their car seat manufacturer.
School-Aged Children	<i>Booster seats</i>	All children whose weight or height is above the forward-facing limit for their car seat should use a Belt-Positioning Booster Seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
Older Children	<i>Seat belts</i>	When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use Lap and Shoulder Seat Belts for optimal protection. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

Crib safety

Always place your baby on his or her back during sleep or when unattended.

Use only a crib that meets all Consumer Product Safety Commission safety standards. The paint on the crib should be non-toxic. The crib slats should be far enough apart that the baby can see you, but not be more than two and three eighths inches apart.

If the slats are too far apart, your baby can get caught between the slats and be seriously hurt.

- Don't place pillows, beanbags, positioning devices or bumper pads in the crib.
- Keep the crib sides up.
- No toys or stuffed animals should be placed in the crib.
- Have a firm, approved mattress.



General Safety

- Smoke detectors save lives. Remember to change the battery in your smoke detector semi-annually. A good idea is to change the batteries when you adjust your clock for daylight savings time in the spring and fall.
- Don't use a microwave oven to heat bottles.
- Check the bath water temperature before you put your baby in the water.
- If your baby is in the bathtub, don't leave him or her unattended.

Safe Sleep and SIDS

Sudden Infant Death Syndrome (SIDS) is the leading cause of death in infants from age one month to one year. While it is not totally preventable, you can do several things to help reduce the risk of SIDS.

- Place your baby on his or her back to sleep.
- Dress your baby in sleep clothing or a sleep sack; avoid the use of blankets.
- Do not sleep with your baby.
- Provide your baby with "tummy time" while he or she is awake and is directly observed by an adult. This is important to help develop your baby's neck and shoulder muscles.
- Place your baby in a safety-approved crib on a firm mattress and avoid excessively loose or soft bedding materials. This includes bumper pads. Babies should not sleep in adult beds, or on couches or chairs.
- Avoid letting your baby get too hot. Dress him or her lightly for sleep. Set the room temperature in a range that is comfortable for an adult.
- Do not let people smoke near your baby.
- Place baby to sleep in his or her own crib but in your room. Rooming in with your baby may decrease the risk of SIDS.
- Breastfeeding is known to reduce the risk of SIDS.

A few words about smoking and your child

For your and your baby's health, it is best not to smoke at all. If you smoke, chances are you have also tried to quit or have at least thought about quitting. Now that you have a child, you should consider quitting even more seriously. You know about the damage to your own health that smoking causes. Never smoke in the house. Are you aware of the risks caused by second-hand smoke? Here are some ways in which smoking by others can affect your child:

Smoking during pregnancy is one of the leading causes of complications for both the mother and the baby. It can increase the likelihood of:

- miscarriage
- bleeding
- need for Caesarean delivery
- premature delivery
- low birth weight
- polycythemia (abnormal elevated red blood cell count)

Infants whose parents smoke are more likely to die of SIDS (sudden infant death syndrome) than infants who live in smoke-free homes.

Infants and children whose parents smoke suffer more frequent respiratory illnesses such as cold, bronchitis, ear infections and pneumonia as a result of second-hand smoke. Smoking in another room does not protect the child from second-hand smoke.

Toddlers whose parents smoke may suffer accidental burns from lit cigarettes or become poisoned by ingesting cigarettes or ashtray contents left in easy reach.

Allergic children whose parents smoke have more severe symptoms, requiring more medications, visits to the doctor and hospitalizations.

Children whose mothers smoke are twice as likely to develop behavioral problems, such as hyperactivity, anxiety, depression and antisocial behavior, than children of non-smoking mothers.

Smoking shortens your life expectancy, making it less likely that you'll enjoy your children for your full, normal life span.

Follow-up appointments

Your baby's doctor in the hospital will tell you when to schedule your baby's first office appointment. It's important that your baby be checked periodically and that you keep his or her immunizations up to date.

A final note

We recommend that all babies have a visit with their pediatrician within two days of discharge. Depending on each individual infant, there may be changes to this recommendation. Sometimes home health visits are available depending on your insurance program and the time of discharge and anticipated need.

In the weeks and months ahead, you'll probably receive a great deal of advice on how to care for and rear your new baby. The information in this booklet is meant to be a general guide. If it differs from the information you receive from your baby's doctor, follow the doctor's instructions.

Remember, be flexible! Don't spend too much time worrying about whether what you are doing is "right" or "best." What is most important is to love and enjoy your baby.



Emergency phone numbers

It's a good idea to have a list of emergency telephone numbers by your phone, both for your own use and for your baby sitter.

Baby's doctor (office number):

(After hours number):

Pharmacy:

Lactation at The Christ Hospital:

Children's Hospital Emergency Room:.....

Father's work number:.....

Mother's work number:.....

Neighbor(s):.....

Relatives:.....

Babysitter:

Police:.....

Ambulance:

Fire Department:

Cincinnati Poison Control Center:

Consumer Product Safety Commission:.....

Auto Safety Hot Line:

Baby care basics

Bathing _____

Umbilical Cord Care _____

Diapering _____

Feeding _____

Clothing _____

Wet and Dirty Diapers _____

Safety _____

Safe Sleep _____

Illness _____

Remember, be flexible! Don't spend too much time worrying about whether you are doing what is "right" or "best". What is most important is to love and enjoy your baby and keep them safe and healthy! Enjoy being a parent.

Additional Resources

National Organization of Mothers of Twins Clubs:
www.nomotc.org

The Triplet Connection:
435-851-1105 or www.tripletconnection.org

Childbirth Education Association of Cincinnati:
513-661-5655 or
www.childbirthclassesofcincinnati.com

- Online Resources:**
- breastfeeding.com
 - kellymom.com
 - babiesfirstlactation.com
 - medela.com
 - breastfeedingonline.com
 - lilili.org

International Childbirth Education Association:
952-854-8660 or www.icea.org

International Lactation Consultant Association:
888-452-2478 or www.ilca.org

Consumer Product Safety Commission:
1-800-638-2772 or www.cpsc.gov



The Christ Hospital Birthing Center
The Christ Hospital
2139 Auburn Avenue | Cincinnati, OH 45219

513-585-HUGS (4847)

TheChristHospital.com/birthing-center

