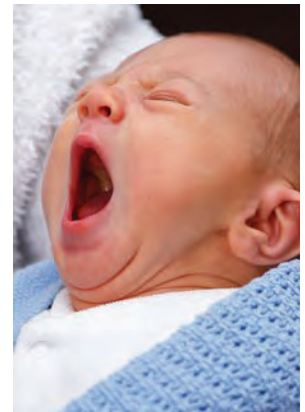


UW Medicine

# Baby Care

*In the hospital and at home*



*April 2018*



## **Baby's Discharge Checklist**

My baby can go home when:

- I checked off all the workbook chapters.
- The birth filing form is filled out.
- My baby had a discharge exam.
- My baby's hearing screen is done.
- My baby's jaundice screen is done.
- My baby received a hepatitis B vaccine.
- My baby's oxygen screen is done.
- I understand my baby's feeding plan.
- My baby's follow-up visit is planned.
- I know who to call when I have questions and concerns.
- My baby's car seat is ready.
- I have clothes for my baby to wear home.
- I signed my baby's discharge form.

# Table of Contents

## *Baby Care*

<i>Baby's Discharge Checklist</i>	<i>Inside front cover</i>
<i>How to Use This Workbook</i>	
<i>Baby's Day</i>	
<i>Milestones and Mementos</i>	
<i>Baby's Footprint and Birth Certificate</i>	
<i>Washington State Birth Filing Form</i>	

	I have reviewed this chapter	My nurse did "teach back" with me about this chapter
--	------------------------------	--

### **Section 1**

#### **My Baby's Care in the Hospital**

Your New Baby	<input type="checkbox"/>	<input type="checkbox"/>
Newborn "Safe 8"	<input type="checkbox"/>	<input type="checkbox"/>
Baby's Second Night	<input type="checkbox"/>	<input type="checkbox"/>
Late Preterm Infants	<input type="checkbox"/>	<input type="checkbox"/>
ID Bands and the Rectangle Wrap	<input type="checkbox"/>	<input type="checkbox"/>
Newborn Screenings	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Vaccine	<input type="checkbox"/>	<input type="checkbox"/>

### **Section 2**

#### **Planning for Home**

Getting Ready to Take Your Baby Home	<input type="checkbox"/>	<input type="checkbox"/>
Car Seat Safety	<input type="checkbox"/>	<input type="checkbox"/>
Circumcisions at UW Neighborhood Clinics	<input type="checkbox"/>	<input type="checkbox"/>
When Your Baby Stays in the Hospital	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3

## My Baby's Care at Home

Getting to Know Your Baby's Body



Keeping Your Baby Safe at Home



Period of PURPLE Crying



*Who to Call*

*Inside back cover*

*When to Call*

*Back cover*

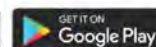
## Wondering what's next? We have an app for that.



**UW Baby helps you prepare for your baby.** Find answers to your questions about what's happening during pregnancy, week by week, customized to your due date. Watch informative videos. Learn about pregnancy, labor and birth, postpartum care, breastfeeding and newborn care. Find UW Medicine providers, clinics and more.

**Track appointments, baby kicks and more!** Capture every kick with the interactive tracker tools. You can record appointments, contractions, immunization records and more, during pregnancy and through your child's first year. UW Baby is your pregnancy and newborn care companion.

UW Baby is a free app available at:



## How to Use This Workbook

### *Baby Care*

There is a lot to think about after you give birth!

We want you and your loved ones to feel informed and ready for the hours and days ahead. At UW Medicine, we are committed to giving you correct and helpful information. The main ways we do this are:

#### **Slideshows**

Your nurse will help you access some short slideshows.

#### **Workbooks**

We will provide you with workbooks covering many aspects of self-care after giving birth, baby care, and breastfeeding. They include checklists to keep track of how things are going while you are in the hospital and at home. When you leave the hospital, take the workbooks home with you and refer to them as needed for the first weeks after your baby's birth.



*We are here to help! Please tell us if there's anything you need.*

The Table of Contents for each workbook has check boxes by each chapter title. Please check off each chapter as you finish reading it and have gone over it with your nurse.

#### **Talks with Your Nurses**

Your nurses are a great source of information. They will be talking with you about your care and what to expect when you go home.

#### **UW Baby App**

This app can be a very helpful resource when you are at home and have questions. Search the app store on your phone for "UW Baby."

*Ready? Let's get started!*



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## Milestones and Mementos

*Records to keep*



**Baby's Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Birth Time** \_\_\_\_\_

**Birth Place** \_\_\_\_\_

**Birth Weight** \_\_\_\_\_

**Birth Length** \_\_\_\_\_

**Delivered by** \_\_\_\_\_

**These people were present for the birth:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ID Bands

*Tape baby's ID band here*

*Tape parent's ID band here*

*Tape parent's ID band here*

## Crib Card

For Safe Sleep,  
please follow the ABCs

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MEDICAL CENTER

**A** Alone in crib  
Baby \_\_\_\_\_

**B** Back to sleep  
Date of Birth \_\_\_\_\_ Time \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

**C** Close to your bed





My due date was: \_\_\_\_\_.

I was born at \_\_\_\_\_ weeks gestation.



When I was first put skin to skin:

- I slept
- My eyes were closed
- My eyes were open
- I latched, or tried to latch



My first feeding was on: \_\_\_\_\_.

Memories about that feeding:

---



---



---



---



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The first time my mom and I spent a whole day and night together was:

---



I first pooped on: \_\_\_\_\_ . \_\_\_\_\_  
changed my diaper.

I first peed on: \_\_\_\_\_ . \_\_\_\_\_  
changed my diaper.





## Baby's Day

*A record of your baby's feedings, urine, and stool*

Use the forms in this chapter to record when your baby feeds, pees (urinates), and poops (has a bowel movement). Write down the time each occurs and check the box.

Watch your baby for feeding cues. Feed *any time* your baby seems ready. Having your baby at your breast a lot is good for your baby and your breast milk supply. If your baby is very sleepy or is late preterm, wake them up to feed at least every 3 hours.

If you have talked with a Lactation Consultant, write your feeding plan here:

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---

---

---

---

**Day 1: Date** \_\_\_\_\_

Time												
Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes about my baby's day:

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---

**Day 2: Date** \_\_\_\_\_

Time												
Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes about my baby's day:

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**Day 3: Date** \_\_\_\_\_

Time												
Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes about my baby's day:

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**Day 4: Date** \_\_\_\_\_

Time												
Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes about my baby's day:

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**Questions?**

Your questions are important. Talk with your nurse if you have any questions or concerns.



UNIVERSITY OF WASHINGTON MEDICAL CENTER

# Maternity and Infant Center



*This certifies that \_\_\_\_\_*  
*weighing \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. and measuring \_\_\_\_\_ inches*  
*at birth, was born to \_\_\_\_\_*  
*at the University of Washington Medical Center at \_\_\_\_\_ am/pm*  
*on \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

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 UNIVERSITY OF WASHINGTON  
 MEDICAL CENTER

\_\_\_\_\_







# Washington State Birth Filing Form

Fields with asterisk (\*) are required and appear on the Birth Certificate.

For Hospital Use Only			
Mother's Medical Record #:	Child's Medical Record #:	Prefer Parent / Parent Labels on Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No (Default Labels are Mother / Father)	
Plurality:	<input type="checkbox"/> 1- single birth	<input type="checkbox"/> 2- twin	<input type="checkbox"/> 3- triplet <input type="checkbox"/> Other _____
If multiple, this worksheet is for child:	<input type="checkbox"/> 1- first born	<input type="checkbox"/> 2- second born	<input type="checkbox"/> 3- third born <input type="checkbox"/> Other _____
Child's Information			
<b>*1. Child's Name</b>			
First	Middle	Last	
<b>*2. Child's Date of Birth</b> (MM/DD/YYYY) / /		<b>*3. Time of Birth</b>	
5. Type of Birthplace <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Enroute <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Freestanding Birth Center <input type="checkbox"/> Other (specify):		6. Planned Birth Place, if different (specify):	
<b>*7. Name of Facility</b> (If not a facility, enter name of place and address)		<b>*8. County of Birth</b>	<b>*9. City of Birth</b>
Mother's Information			
<b>10. Mother's Current Legal Name</b>			
First	Middle	Last	
<b>*11. Mother's Name Prior to First Marriage</b>			
First	Middle	Last/Maiden	
<b>*12. Date of Birth</b> (MM/DD/YYYY) / /		<b>*13. Birthplace</b> (State, Territory, or Foreign Country)	
14. Social Security Number			
15. Do you want to get a Social Security Number for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
16a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.)			Apt No.
16b. If not U.S.; Country	16c. State	16d. County	
16e. If you live on Tribal Reservation, give name		16f. City or Town	16g. Zip Code + 4
16h. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	17. How Long at Current Residence? Years:                      Months:		18. Telephone Number ( )
19a. Mailing Address, if different: Number and Street, or PO Box			Apt No.
19b. If not U.S.; Country	19c. State	19d. City	19e. Zip Code + 4
20. Occupation (type of work done during last year)		21. Kind of Business/Industry (do not use company name)	
<b>22. Mother's Education</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery.)  1 <input type="checkbox"/> 8 <sup>th</sup> grade or less (specify): _____ 2 <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (AA, AS, etc.) 6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) 7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.) 8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)		<b>23. Mother of Hispanic Origin?</b> (Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check "No" box if not Spanish/Hispanic/Latina.)  1 <input type="checkbox"/> No, not Spanish/Hispanic/Latina 2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana 3 <input type="checkbox"/> Yes, Puerto Rican 4 <input type="checkbox"/> Yes, Cuban 5 <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (specify): _____	
<b>24. Mother's Race</b> (check one or more) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) 4 <input type="checkbox"/> Asian Indian                      5 <input type="checkbox"/> Chinese 6 <input type="checkbox"/> Filipino                              7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean                                9 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian (specify): _____ 11 <input type="checkbox"/> Native Hawaiian                  12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander (specify): _____ 15 <input type="checkbox"/> Other (specify): _____			

Continue on next page

Mother's Information	25. Mother's Height Feet: _____ Inches: _____	26. Mother's Pre-Pregnancy Weight (pounds)	27. Did Mother get WIC food for herself during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	28. Cigarette Smoking Before and During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of cigarettes or packs per day: # of cigarettes # of packs	
		Three months before pregnancy _____ or _____	
		First three months of pregnancy _____ or _____	
		Second three months of pregnancy _____ or _____	
		Last three months of pregnancy _____ or _____	

**Mother's Marital Status**

29. Is mother married? (Check only one box)

**Important - Read before responding to marital status question:**  
*If you were married at any time during your pregnancy, your spouse or partner is considered the other legal parent unless he or she completes a denial of paternity and another man acknowledges that he is the father (chapter 26.26 RCW). To add someone other than your spouse or partner to the birth certificate, an acknowledgment and denial of paternity needs to be completed by all parties (DOH form 422-032). Under Washington State law, a state-registered domestic partnership is considered the same as a marriage (chapter 26.60 RCW).*

*If you were not married at any time during the pregnancy, an acknowledgment of paternity needs to be completed to add the father to the birth certificate.*

Married - Yes		Married - No	
29a. <input type="checkbox"/> Yes, I am married to the other parent identified in box #30.		29d. <input type="checkbox"/> No, I am not married. I am providing information about the father in box #30. I will complete a Paternity Acknowledgment form at the hospital.	
29b. <input type="checkbox"/> Yes, I am married but not to the other person identified in box #30. <i>Ask hospital staff for a Paternity Acknowledgment form (# DOH 422-032). You must complete this form, including the spouse's Denial of Paternity.</i>		29e. <input type="checkbox"/> No, I am not married now, but I was married to the other parent identified in box #30 at some time during this pregnancy.	
29c. <input type="checkbox"/> Yes, I am married but not providing the spouse or partner's information. <i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>		29f. <input type="checkbox"/> No, I am not married and not submitting a completed Paternity Acknowledgment form with the father's information. <i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>	

**Father/ Parent's Information**

<b>*30. Current Legal Name</b>					
First	Middle	Last			
<b>*31. Date of Birth</b> (MM/DD/YYYY) / /		<b>*32. Birthplace</b> (State, Territory, or Foreign Country)			
33. Social Security Number					
34. Occupation (type of work done during last year.)		35. Kind of Business/Industry (do not use Company Name)			
<table border="1"> <tr> <td> <b>36. Father/Parent Education</b>            (Check the box that best describes the highest degree or level of school completed at the time of delivery.)            1 <input type="checkbox"/> 8<sup>th</sup> grade or less (specify): _____            2 <input type="checkbox"/> 9<sup>th</sup> – 12<sup>th</sup> grade; no diploma            3 <input type="checkbox"/> High school graduate or GED            4 <input type="checkbox"/> Some college credit, but no degree            5 <input type="checkbox"/> Associate degree (AA, AS, etc.)            6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.)            7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.)            8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)         </td> <td> <b>37. Father/Parent of Hispanic Origin?</b>            (Check the box that best describes whether the father/parent is Spanish/Hispanic/Latino or check "No" box if not Spanish/Hispanic/Latino.)            1 <input type="checkbox"/> No, not Spanish/Hispanic/Latino            2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano            3 <input type="checkbox"/> Yes, Puerto Rican            4 <input type="checkbox"/> Yes, Cuban            5 <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify): _____         </td> <td> <b>38. Father/Parent Race</b> (check one or more)            1 <input type="checkbox"/> White            2 <input type="checkbox"/> Black or African American            3 <input type="checkbox"/> American Indian or Alaska Native            (Name of enrolled or principal tribe) _____            4 <input type="checkbox"/> Asian Indian      5 <input type="checkbox"/> Chinese            6 <input type="checkbox"/> Filipino            7 <input type="checkbox"/> Japanese            8 <input type="checkbox"/> Korean                9 <input type="checkbox"/> Vietnamese            10 <input type="checkbox"/> Other Asian (specify): _____            11 <input type="checkbox"/> Native Hawaiian    12 <input type="checkbox"/> Guamanian or Chamorro            13 <input type="checkbox"/> Samoan            14 <input type="checkbox"/> Other Pacific Islander (specify): _____            15 <input type="checkbox"/> Other (specify): _____         </td> </tr> </table>			<b>36. Father/Parent Education</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery.) 1 <input type="checkbox"/> 8 <sup>th</sup> grade or less (specify): _____ 2 <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (AA, AS, etc.) 6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) 7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.) 8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)	<b>37. Father/Parent of Hispanic Origin?</b> (Check the box that best describes whether the father/parent is Spanish/Hispanic/Latino or check "No" box if not Spanish/Hispanic/Latino.) 1 <input type="checkbox"/> No, not Spanish/Hispanic/Latino 2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano 3 <input type="checkbox"/> Yes, Puerto Rican 4 <input type="checkbox"/> Yes, Cuban 5 <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify): _____	<b>38. Father/Parent Race</b> (check one or more) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 4 <input type="checkbox"/> Asian Indian      5 <input type="checkbox"/> Chinese 6 <input type="checkbox"/> Filipino            7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean                9 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian (specify): _____ 11 <input type="checkbox"/> Native Hawaiian    12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander (specify): _____ 15 <input type="checkbox"/> Other (specify): _____
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**Section 1**  
**My Baby's Care**



## Your New Baby

### *Plan of care during your baby's hospital stay*

*This chapter of your workbook explains your baby's plan of care in the hospital and discharge planning. Parents find it helpful to finish reading this chapter the night before discharge so they have time to think about it and ask questions.*

Congratulations on the birth of your baby! We will work as partners with you to help you become comfortable handling and caring for your baby. We will start reviewing baby care and baby safety very early in your stay.

### The First Hours

- In the first hours after your baby is born, we will be watching your baby's *vital signs*. This includes checking your baby's heart rate, temperature, and breathing. We want to make sure your baby is adapting well to life outside your body.
- We will need to check vital signs every hour at first. Then we will check every 4 hours. We will also "cluster" care tasks around your feeding times so that you can have more undisturbed sleep time.
- Most newborns show *feeding cues* (mouth and hand movements) when they need to eat. But, some are very sleepy in the first day of life. Please offer a feed to your baby about every 3 hours if they do not show feeding cues very often. Feeding at least every 3 hours helps keep your baby's blood sugar and temperature at healthy levels. It also helps build your milk supply.



*Use feeding time to talk and sing to your baby.*



This baby is “rooting,” a feeding cue that means the baby is ready to feed.

- We will help you learn to feed and diaper your baby, as needed. We will also show you how to keep track of feedings and diaper changes in the hospital and for the first days at home.
- Some babies are at high risk for low blood sugar. This can happen when a mother has diabetes. It can also occur if the baby is small or very large for gestational age, or born preterm. If one of these is true for your baby, we will check their blood sugar before meals. To draw blood, we will do a quick needle prick in their heel. We will keep checking your baby’s blood sugar before each meal until it is at a healthy level.
- We will weigh your newborn right after birth and then every 24 hours. All newborns lose weight after birth. We watch weight closely to make sure that weight loss is within healthy limits. Our goal is to weigh newborns before their first feed after midnight every day.
- We will teach you about safe positioning for sleep and feedings.
- We will bathe your baby when their temperature is stable.
- We will teach you about umbilical cord care.

### **How often should I feed my baby?**

Feed your baby when they show hunger cues. This is usually every 1½ to 3 hours. Your nurses may ask you to call them at the beginning of feeds so that they can check on how your baby is latching.

Some babies are very sleepy their first day. Your nurse will share ideas to help your baby start to feed. Please see the chapter “Breastfeeding” to learn more.

In the first days, until your milk is established, we ask you to *offer* your baby a feeding at least every 3 hours. The 3 hours are counted from the beginning of one feed to the beginning of the next.

Please see the chapter called “Baby’s Day” in this workbook. Record each time your baby feeds and has wet and dirty diapers. Your nurse will check this form to keep track of diaper changes.

Spitting up is common in babies. It may occur when they burp, because they swallowed mucus at birth, or because they ate more than their stomach can hold. Even though spitting up is messy, it usually does not mean something is wrong.

We will do our best to *cluster* your care around the feeding times. By doing this, we avoid disturbing you when you are resting. We want to help you get good sleep as you recover from giving birth.

## **How often do I need to change diapers?**

After birth, the first wet and dirty diapers are considered a major milestone. Most times, we look for 1 wet and 1 dirty diaper for each day of life until breastfeeding is going smoothly. This means that on day 2, your baby will have 2 wet and 2 dirty diapers.

The diaper has a strip in the front that turns blue when the diaper is wet. If the urine appears orange, your baby needs more fluids.

The first bowel movement is black and sticky and called *meconium*. Do **not** throw the first wet and dirty diaper away. Your nurse will want to check the amount and consistency of the urine and feces.

## **How do I clean my baby's diaper area?**

### ***Girls***

Always wipe your baby's bottom from front to back. This can prevent bladder infections. Clean gently between the folds of her skin.

Your baby girl may have white or pink mucous coming from her vagina. **This is normal.** It is caused by the mother's hormones.

### ***Boys***

Wash, rinse, and dry carefully between your baby's scrotum and legs. Do **not** pull the foreskin back. This may cause harm.

The foreskin will pull back on its own between 4 and 8 years of age. No special care is needed until then.

## **How do I care for the umbilical cord?**

Check your baby's umbilical cord stump every day. Keep the diaper below the cord stump so that air can help dry the stump.

The cord stump will fall off in 1 to 2 weeks. When it falls off, there might be some yellowish drainage, dark red spotting, or a small amount of bright red spotting. This is normal. But, if the area around the cord is red, smells bad, is draining pus, or is bleeding more than the size of a quarter, call your baby's healthcare provider.



*A newborn baby's skin is sensitive. When you give your baby a bath, use just a little mild soap, or no soap. Do not use body lotions or powders on your baby's skin.*

If the area around your baby's umbilical cord stump gets dirty, clean it. To do this:

- First, wash your hands well.
- Then, use a clean cotton ball soaked with warm water to clean between the cord and your baby's tummy. This is not painful for your baby.

The umbilical cord area on some infants will push outward and feel squishy, especially when they cry. This is called an *umbilical hernia*, which is a small separation in the belly muscles. This is not a serious condition. It usually goes away by 12 to 18 months.



*It is normal for babies to cry more from about 2 weeks to 2 months of age.*

## **What should I do when my baby cries?**

Newborn babies cry for all sorts of reasons. Think of it as their language. They cry when they have had too much activity, need a diaper change, or are hungry, tired, or gassy. All babies have times when they cry and we cannot figure out why.

To soothe your crying baby, try:

- Swaddling, holding, or gently rocking.
- Walking while you gently bounce. Babies like repeated movements.

Read the chapter "Period of PURPLE Crying" in this workbook.

## **How should I dress my baby?**

- While you are in the hospital, it is best to use our baby clothes. If you want to use your own, please ask for a green belongings bag for your dirty laundry. If your personal belongings are sent to the hospital laundry, they will most likely not be returned.
- Do not put socks and sleepers on your baby while you are in the hospital. We want to be able to check your baby's safety bands without disturbing your baby.
- Have baby clothes ready to put on your baby when it's time to go home.
- Do not overdress your baby or use too many blankets, especially when your baby is sleeping. You may want to use a sleeper with long legs and sleeves or a wearable blanket for the car ride home.

## Vaccines and Screening

- **Vaccines** are usually started in the hospital, soon after birth. Learn more in the “Hepatitis B Vaccine” chapter in this workbook.
- **Newborn screening** for certain diseases is done on all babies when they are about 24 hours old. A lab technician will use a heel stick to draw the blood from your baby. This can be done while you are feeding or holding your baby, since your baby is more relaxed then.
- To learn about other tests your baby will have in the hospital, see the chapter “Newborn Screenings” in this workbook.

## Safety in the Hospital

Our units are secured for your safety. This means your visitors must sign in at the front desk each time they enter the unit. Your baby is wearing an alarm band on one leg. If anyone tries to take your baby off the unit, an alarm will sound.

It is normal for new parents to be concerned about the safety of their baby. Follow these tips to help keep your baby safe:

- Always keep your infant in sight, even when you go to the bathroom. **Never** leave your baby alone in your room.
- Tell your nurse if there is anything going on in your personal life that might place you or your baby at risk.
- Get to know your nurses and others who are caring for you and your infant. Check their name and photo on their ID badge.
- If someone you do not know wants to take your baby from your room, check with your regular nurse to see if it is OK.
- Only give personal information about your baby to people you know and trust. **Call the nurses’ station right away if you are concerned.** You can push the Nurse Call Button at your bedside or bring your baby with you to the nurses’ desk.
- If your baby needs tests or procedures, find out where your baby will be and how long your baby will be there. You can go with your baby to the test or procedure.

# SAFE

# 8

## What else can I do to keep my baby safe?

To help prevent falls and dangerous breathing problems, follow these **8 guidelines** during your baby's first days of life:

- 1. Moving your baby:** In the hospital, do **not** carry your baby in your arms, or let anyone else carry your baby this way.
  - Hospital staff will always use the rolling crib when we need to move your baby. Moving your baby this way makes sure your baby does not fall out of someone's arms.
  - Do **not** leave the unit with your baby. Even walking with your baby near the exit doors might trigger an alarm.
  - If you need to leave the unit, your nurse can help you decide who can best stay with your baby on the unit until you return.
- 2. Look for the color band on your nurse's photo ID:** These bands confirm that your nurse is on the Obstetrics (OB) staff at the hospital:
  - OB nurses have **pink bands**.
  - Members of the OB Resource Team have **dark blue bands**.
- 3. Sleep positions:** Your baby should always sleep on their back and in the crib. (See the chapter "Keeping Your Baby Safe at Home.")
- 4. No shared sleeping:** We encourage you and your partner to hold your baby while you are wide awake. For safe sleeping, put your baby in the crib. This is because you and your baby are at high risk for falling right after birth. Placing your baby on their back in the rolling crib is also best for safe breathing during sleep.
- 5. Crib sleeping:** Do not put any loose blankets, pillows, or toys in your baby's crib. The American Academy of Pediatrics (AAP) and the Sudden Infant Death foundation clearly state that babies should sleep on a firm mattress without extra cushions.
- 6. Room safety:** Keep your baby's crib on the side of the bed closest to the door, near the cabinet where we store safety equipment. Please keep the floor clear of belongings so that staff can easily reach you and your baby if there is an emergency.



7. **Infant security:** We use 3 bands for baby identification. These will be checked by staff each shift. The bands are on correctly if we can fit a fingertip under the edge of the band. Please do not try to cut or open the bands. The infant security tag will sound an alarm if someone tries to open it or remove the baby from the unit. If you notice your baby has kicked one of the bands off, please tell your nurse or patient care technician right away.

8. **Swaddle safety:** The AAP says to avoid using blankets with a newborn. Instead, use sleep clothing such as a wearable blanket. This will keep your baby warm without covering their head and face or getting tangled in their legs. (See the chapter “Keeping Your Baby Safe at Home” in this workbook.)

In the hospital, we use blankets for swaddling during the first hours of life. If you are using a blanket for swaddling while you are in the hospital, we will show you how to safely wrap it so we can still check your baby’s ID easily. (See the chapter “ID Bands and the Rectangle Wrap” in this workbook.) We also use wearable blankets for safe sleeping.

## **Newborn Safety**

Please read the “Newborn Safe 8” chapter in this workbook and sign the form on page 2 of that chapter. Your signature tells us you have read, understood, and agree to follow the “Safe 8” steps for baby safety while you are in the hospital.

After you sign this form, we will place it in your baby’s chart. It helps us make sure we give baby safety information 100% of the time.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## Questions?

Your questions are important. If you have questions about your baby, call your pediatric provider.

**For urgent care needs, call 911.**

## Newborn “Safe 8”

*While you are in the hospital*

**These “Safe 8” steps are part of our infant security plan. They help prevent falls, and dangerous breathing problems.**

Please read this chapter, sign and date it, then tear out the page and give it to your nurse. When you sign this, it tells us you have read, understood, and agree to follow these “Safe 8” steps for baby safety while you are in the hospital.



After you read and sign this chapter, we will place this page in your baby’s chart. It helps us know that we gave you this important information.

1. **Moving your baby:** While you are in the hospital, **always** use the rolling crib to move your baby. This includes when you leave your room. Do **not** carry baby in your arms.
2. **Look for the color band on your nurse’s photo ID:** These bands confirm that your nurse is on the Obstetrics (OB) staff at the hospital:
  - OB nurses have **pink bands**.
  - Members of the OB Resource Team have **dark blue bands**.
3. **Sleep positions:** Always place your baby on their back to sleep.
4. **No shared sleeping:** Always put your baby in a crib to sleep. Do **not** let your baby sleep in bed with you.
5. **Crib sleeping:** Do not place any loose blankets, pillows, or toys in your baby’s crib.
6. **Room safety:** Keep your baby’s crib near the cabinet where our safety equipment is stored. Keep the floor clear of belongings.



*After you sign this page, please tear it out and give it to your nurse. We will keep it in your medical record to verify that you received and agreed to follow the “Safe 8” steps for baby safety in the hospital.*

7. **Infant security:** Leave all the ID bands in place on your baby.
8. **Swaddle safely:** Swaddle your baby as shown in the chapter “ID Bands and the Rectangle Wrap” or use a wearable blanket.

*I have read, understand, and agree to follow the “Safe 8” steps for baby safety in the hospital.*

\_\_\_\_\_

Name

\_\_\_\_\_

Date

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## Questions?

Your questions are important. Talk with your nurse or doctor if you have questions or concerns.

## Baby's Second Night

### *And beyond*

*This chapter explains what new parents can expect in the first few days of their baby's life.*

### **The First 24 Hours**

After the excitement of being born, most babies rest well. During the first 24 hours outside the womb, they may:

- Have short wakeful periods when they show feeding cues
- Come to breast just to settle into the safety of mom's arms
- Open their eyes just briefly to take in the new sights and sounds before falling asleep again



*Most newborns sleep a lot during their first 24 hours of life.*

If a baby has periods of crying during their first day of life, it is usually easy to calm them.

### **The Days and Nights That Follow**

After a fairly quiet first 24 hours, most parents are not prepared for what happens on the second night and beyond.

Most babies start show feeding cues quite often. They spend a lot of time on the breast, especially at night. Research shows that feedings on the second night tend to occur from 9 p.m. to 3 a.m.

Newborns also find out that the most comforting place to be is at the breast. It's where they feel safest and most connected to their mom, so they want to be there a lot.

Many new parents are surprised by so many feeding requests. They may feel concerned because the mother's milk volume is still small. Some may worry that their baby is not getting enough to eat.

Try not to worry about this. Feed your baby often, so that they get small amounts of your special "first milk." This is perfect for now.

## Helpful Tips

In the days after birth, your baby learns a lot about their new world. With tired parents and a very active baby, it can be challenging!

Here are some ideas to help you through these days:

- Be ready for a busy night at least until mother's milk increases. Remind yourself that this is normal.
- During the day, take plenty of naps. Try to sleep for 90 minutes at a time between feedings. For adults, 90 minutes is a full sleep cycle. Most people feel more rested if they sleep for 90 minutes than if they sleep more or less than that.
- Avoid having visitors when your baby is asleep, so that you can nap during these times.
- Ask your support people to comfort your baby when you feel like you need a break.
- Hold your baby skin-to-skin (*kangaroo care* -- see below).
- Plan to go to bed right after night feedings.

Your baby brings great change, some challenge, and a new love into your life. Do your best to enjoy the adventure!

## About Kangaroo Care

Holding your baby skin-to-skin helps both your baby and you. While you are awake, do this as much as possible for the first weeks.

### For Baby

- More stable heart rate, better breathing and use of oxygen
- Better sleep time and less crying
- More rapid weight gain
- More successful breastfeeding

### For Parents

- Improves bonding, feelings of closeness with their babies
- Increases mom's levels of *oxytocin* – this hormone increases feelings of well-being and also helps boost milk supply!

## Questions?

Your questions are important. Talk with your nurse or doctor if you have questions or concerns.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## Late Preterm Infants

### *Plan of care*

*Congratulations on the birth of your baby! This chapter explains how we care for babies who are born late preterm.*

### What is a late preterm baby?

A baby's due date is 39 to 40 weeks after conception. The last few weeks in the womb are very important. This is when babies finish maturing. They also store up energy and fluid to sustain them in the first days after birth. Babies who are born at 39 to 40 weeks gestation are **full-term** babies.

It is best for babies to be born no more than 1 week before their due date, but some babies are born earlier than that:

- **Early-term** babies are born 2 to 3 weeks before their due date (37 to 39 weeks gestation). They are still maturing, but they usually do not have health problems from being born early.
- **Late preterm** babies are born 3 to 6 weeks before their due date (at 34 to 37 weeks gestation). These babies did not have those last few weeks in the womb to prepare them for entering the world.

A late preterm baby may look like a full-term baby. But the earlier a baby is born, the more special care they need.

Your late preterm baby may need extra care to breathe, stay warm, feed well, fight infection, and prevent *jaundice*. (Jaundice is when skin becomes yellow from increased levels of *bilirubin*, a normal chemical in the blood.)



*A late preterm baby may look like a full-term baby, but they often need extra care.*



*Your late preterm baby will receive extra care in the first hours and days after birth.*

## **Can my late preterm baby stay with me on the Mother Baby Unit?**

Many late preterm babies need extra care for several hours or days in the Neonatal Intensive Care Unit (NICU) or the Progressive Care Nursery (PCN). Older late preterm babies sometimes are well enough to stay with you on the Mother Baby Unit.

## **What extra care does my late preterm baby need?**

When your late preterm baby is on the Mother Baby Unit with you, your baby's care team will pay special attention to:

- **Breathing.** A pediatrician will check your baby's breathing right after birth. Nurses will keep careful watch for normal breathing.
- **Temperature.** We closely monitor your baby's temperature. We will teach you how to keep your baby warm with skin-to-skin holding (kangaroo care) and swaddling.
- **Feeding.** We will watch how your baby feeds, and encourage feedings at least every 3 hours. Late preterm babies may have a weak suck or may not wake up or give feeding cues when they need to feed.
- **Infection.** We will watch for signs of infection and test blood if needed. We will closely follow practices to prevent infection.
- **Jaundice.** Late preterm babies are more likely to become jaundiced. This happens because their livers are not fully matured. We will do a skin test or blood test to check bilirubin in your baby's blood. We will teach you about newborn jaundice and include you in the care if your baby needs treatment.

We will also be sure that you receive this extra support:

- **Hand-expressing or pumping milk.** We will teach you how to hand-express your early milk. This is important for giving extra milk to your baby and to stimulate your breasts to make more milk. Feeding your baby your own milk helps fight infection.

If needed, we will help you with breast pumping. A good milk supply helps your baby breastfeed well. Many late preterm babies need extra milk at first. We will work with your baby and you to make sure your baby is getting what they need.





*Once your nurses tell you it is safe for you to move about, you can spend lots of time with your baby.*

## **When can my baby come home?**

We know you are excited to take your baby home! Before that can happen, your baby needs to stay in the hospital until we are certain your baby can thrive and be well at home.

Your baby's plan of care may change from day to day or even hour to hour. This is because we are watching and responding to your baby's needs, which change over time. Your baby's length of stay in the hospital will be decided by their care needs.

Talk with your baby's nurses and doctors about your baby's plan of care at least once a day. Some days, your main job may be to watch and wait.

## **Things to Do Before You Take Your Baby Home**

We will work with you to **create a plan** for taking your baby home. You will talk with the team of pediatric doctors, your nurse, the lactation consultant, and the social worker if needed. If there were other therapists helping with care, you will also talk with them.

In addition to the usual newborn tests, we will give your baby a **car seat test** to see how they respond to being in the car seat. A nurse will put your baby on a monitor while in your car seat and watch their breathing for 90 minutes.

Before you leave the hospital, we will help you **plan for the important first checkup** with your baby's clinic.

## **Going Home**

Be assured that when it is time to take your baby home, you will be comfortable and confident about caring for and feeding your baby. Before your baby leaves the hospital, we will talk with you about warning signs to watch for. We will also talk about the signs of normal growth and development.

And we will congratulate you, as you go home to take the next steps in building a family life with your new little one!

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## Questions?

Your questions are important. If you have questions about your baby, call your pediatric provider.

**In an emergency, call 911.**

## ID Bands and the Rectangle Wrap

*What to expect*

### What are the bands on my baby's legs?

Your baby has 3 ID bands:

- An **alarm band** on one leg. This band is used for security. It sets off an alarm if it gets near the doors to the Mother Baby Unit.
- A **blue “Zebra” band** on the other leg. This band has your baby's patient number.
- The **Baby ID band** is looped into the Zebra band. This band has a number that matches the number on the band you received after the birth.



*Your baby has 3 leg bands for safety.*

### Is my baby wrapped in a special way?

We swaddle babies using a *rectangle wrap* or a *wearable blanket*. These safe swaddles help us read the ID bands without disturbing your baby. See “Folding the Rectangle Wrap” on page 2.

### What do I need to do?

- Please do **not** put your baby in a sleeper with feet while they are in the hospital. These sleepers do not let us read your baby's ID.
- Tell staff if one of the ID bands falls off. We will need to replace it right away.
- Do **not** remove the ID bands. If you can fit a fingertip under the edge of an ID band, it is loose enough. Bands are rarely too tight, and will get looser since all babies lose weight in their first days.
- **Never** try to adjust or remove the alarm band. It will send out an alarm that will lock the doors of the unit. If you think the band is too tight or too loose, ask the nurse or patient care technician to adjust it. They will put the tag “on hold” in the computer system while they work on it.



Many of our babies take part in the wearable blanket program while they are in hospital. Your nurse or PCT will talk with you about this program.

- When you walk in the hall, pushing your baby in the crib, please do **not** walk close to the unit exit doors. It may trigger an alarm.
- Before you go home, we will remove the bands and:
  - Give you the name tags.
  - Keep the alarm band, since it is connected with the hospital alarm system. After we remove the alarm band, it is sterilized and reused. Please make sure it does not go home with you.

## Folding the Rectangle Wrap



### Questions?

Your questions are important. If you have questions about your baby, please call your baby's primary care provider.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## Newborn Screenings

### *What to expect*

There are several *screenings* (tests) that are done while your baby is in the hospital. These tests can help us find and treat some problems early, before they become serious or life-threatening.

### Metabolic Screening

Washington state requires that all babies born in Washington have *newborn metabolic screening*. This test uses several drops of the baby's blood. The blood is collected on a special paper, dried, and sent to the lab. This screening is done to find inherited problems that can lead to serious or life-threatening illness if they are not treated.

The American Academy of Pediatrics (AAP) advises testing for *congenital disorders* before babies are discharged from the hospital where they are born. Congenital disorders are health conditions that are present at birth. Most are very rare.

The first screening test finds most of the babies with these inherited conditions, but some conditions may not show up right away. **That is why a 2nd metabolic screening test is very important for your baby.** It is done about 7 to 14 days after birth.

### Hearing Screening

Hearing screening is a short test to check your newborn's hearing. It is important to find out if infants have hearing problems so that they can start therapy.



*Your newborn will have some tests before leaving the hospital.*

It is best to do a hearing screening while the newborn is asleep, in a quiet place, and about 1 day old. For the test, a soft rubber piece is placed in the baby's ear. The test is easy and is not painful, but your baby may not like how the rubber piece feels in their ears.

## **Pulse Oximetry Screening**

*Pulse oximetry screening* is also advised by the AAP. This screening can show if an infant has *critical congenital heart defects* (CCHDs). It is done when the baby is between 24 and 48 hours old. This screening does not cause your baby any pain.

We do this screening before you take your newborn home because signs of heart defects might not appear until a baby is a few days old.

For the test, a probe called a *pulse oximeter* is placed onto your baby's right hand and then on 1 foot for a few minutes. The probe checks to see if your baby's blood has a normal amount of oxygen.

If your baby's blood does not have a normal amount of oxygen, we will refer you to a *cardiologist* (heart doctor) for more tests. If a heart defect is found, your baby can receive special care right away.

## **Screening for Jaundice**

*Jaundice* causes yellow skin color. It is common in newborn babies. It happens when a chemical called *bilirubin* builds up in the baby's blood. Newborns break down bilirubin very slowly because their liver is still developing. Jaundice can occur in babies of any race or color. Very rarely, a high level of bilirubin can harm brain cells.

At UWMC, all babies are screened for jaundice the day they are discharged from the hospital. For the test, a device called a *transcutaneous meter* is touched to the baby's forehead. If the meter shows that their bilirubin is higher than normal, a blood test may be done so that we can plan the right kind of care for your baby.

## **Screening Results**

If your baby's newborn screening tests show that there could be a problem, **work with your baby's doctor to get any needed follow-up tests as soon as you can.**

### **Questions?**

Your questions are important. If you have questions about newborn screening, please ask your baby's healthcare provider.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**



## Hepatitis B Vaccine

*For newborn babies*

### What is hepatitis B?

Hepatitis B is a liver infection. It is caused by a virus. It can cause severe illness, liver cancer, and even death. Many people who get hepatitis B do not look or feel sick. Others may have a loss of appetite, stomach pain, extreme tiredness, or yellow skin or eyes.

### Why does my baby need a hepatitis B vaccine?

Babies are less able to fight hepatitis B infection than older children or adults. If a baby is infected:

- There is a 90% chance they will develop chronic hepatitis B, the most serious form of the disease.
- There is a 25% chance that a baby with chronic hepatitis B will die of liver problems later in life.

Many schools and preschools will not admit children who have not had this vaccine.



*We advise that all babies get the hepatitis B vaccine at birth, followed by 2 more doses within 6 months.*

### How do I know if my baby is exposed to the virus?

You may not know if your baby is exposed. A baby or young child can become infected by coming in contact with a household member, caregiver, or another child who has the disease. Anyone who has the virus can spread it to others, even if they do not look or feel sick.

## **How is the virus spread?**

Hepatitis B virus can spread by:

- Contact with blood or certain body fluids of an infected person
- An infected mother to her newborn during childbirth
- Using unsterile needles for injections, body piercing, or tattooing
- Using contaminated razors, toothbrushes, towels, and nail clippers
- Unprotected sex
- Human bites, wound-to-wound contact
- Living with someone who has chronic hepatitis B infection

Hepatitis B is **not** spread through food or water, kissing, sharing eating utensils, breastfeeding, coughing, sweat, tears, or urine.

Please review the list of places below. You and your baby are at higher risk for hepatitis B infection if you, or someone you live with, was born in one of these places, has visited there, or will be traveling there.

- Africa
- Alaska (rural)
- Amazon Basin
- Asia
- Eastern Europe
- Former Soviet Union
- Middle East
- Pacific Islands

## **What can I do to protect my baby?**

The American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention advise that all babies get the hepatitis B vaccine at birth, followed by 2 more doses within 6 months. All 3 doses are needed for the best protection.

## **Is the vaccine safe?**

The hepatitis B vaccine is safe. It has been used in the U.S. since 1982. The most common side effects to the vaccine are soreness where the shot is given and a low fever. These may last 1 to 2 days.



## **How do I get a vaccine for my baby?**

Your baby's nurse can give the first shot to your baby before your baby leaves the hospital. Talk with your baby's clinic doctor, nurse, or public health clinic about all the vaccines your child will need.

### **To Learn More**

#### **Centers for Disease Control and Prevention**

800.232.4636 (TTY) 888.232.6348

[www.cdc.gov/vaccines/default.htm](http://www.cdc.gov/vaccines/default.htm)

#### **Immunization Action Coalition**

[www.immunize.org/birthdose](http://www.immunize.org/birthdose)

#### **Washington State Department of Health**

866.397.0337

[www.doh.wa.gov/YouandYourFamily/Immunization/DiseasesandVaccines/HepatitisBDiseases](http://www.doh.wa.gov/YouandYourFamily/Immunization/DiseasesandVaccines/HepatitisBDiseases)

#### **WithinReach, The Family Health Hotline**

800.322.2588

[www.withinreachwa.org](http://www.withinreachwa.org)

#### **Public Health – Seattle & King County Perinatal Hepatitis B Prevention Program**

206.296.4774

[www.kingcounty.gov/healthservices/health/communicable/providers/phbpp.aspx](http://www.kingcounty.gov/healthservices/health/communicable/providers/phbpp.aspx)

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

*The information in this handout is adapted from "Hepatitis B Vaccine" by the Washington State Department of Health, © May 2015.*

## Questions?

Your questions are important. If you have questions or concerns, call your baby's healthcare provider.

**Section 2**  
**Planning for Home**



## Getting Ready to Take Your Baby Home

*For families of newborns*

*Please read this chapter carefully. It explains what you need to do before you leave the hospital after giving birth.*

Care and rest are important after giving birth. In these first hours, most families focus on getting to know their new baby. But don't forget that you must also take care of some business before you leave the hospital.

After you get some rest, you and your family will need to:

- **Plan for your ride home.** Do this long before it is time to leave!
- **Bring your baby's car seat to the hospital.**
- **Read the chapter "Newborn Warning Signs" in your workbook.** Read this chapter **early** in your stay.
- **Review all chapters of your workbook** with your nurse. Your workbook will also be a great resource at home when you have questions.
- Talk with the pediatric team about your baby's **follow-up visit.**
- If you use **Medicaid** or **Washington Apple Health**, you must get a Provider One number for your baby within 21 days after birth. Call your WIC office or the Healthcare Authority at 800.562.3022.



*There is much to do before you are ready to go home!*

## Medical Records

The hospital keeps a medical record of the healthcare services you and your baby received while in the hospital. You may ask to see your record and your baby's, and request copies. To learn how to do this, visit [www.uwmedicine.org/patient-resources/medical-records](http://www.uwmedicine.org/patient-resources/medical-records).

We will not show your medical record or your baby's to others unless you tell us to, or unless we are legally required to do so.

## Your Baby's Healthcare

- While your baby is in the hospital, their care will be managed by either the pediatric doctors or by the family medicine doctors.
- Please tell the hospital team the name of your baby's primary care provider (PCP). If you have not chosen a PCP for your baby, we can help you find one.

## Your First Well-Baby Checkup

After you take your baby home, you will need to take your baby for a well-baby checkup. If you go home:

- **Less than 48 hours after birth:** Your baby must have a well-baby checkup in the next 1 to 2 days.
- **More than 48 hours after birth:** Your hospital care team will tell you when to take your baby for a well-baby checkup.

**This visit is very important.** Your provider will weigh your baby to make sure your baby is eating enough. Even if your baby is peeing and pooping more, this does not tell us how much your baby is eating. Your baby's weight is the only way to know for sure that your baby is eating the right amount.

If you cannot set up a well-baby checkup for some reason, please talk with your nurse. It is important to have a plan for setting up that visit.

## What to Expect

Your first well-baby checkup visit can last 1 hour or longer. Be sure to bring with you:

- A clean diaper
- A snack for yourself
- A list of your questions



*You will need to take your new baby for a well-baby checkup.*



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### Questions?

Your questions are important. If you have questions about birth documents, talk with your nurse.

These UWMC numbers may also be helpful:

Medical Records and Notary Services: 206.598.3478

Notary Services are also available at:

- Registration: 206.598.4310
- Social Work (for inpatients): 206.598.4349
- Release of Information: 206.598.3343
- Health Information Management: 206.598.3976

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**



## Car Seat Safety

### Checklist and safety tips

*This handout gives tips to help you to install and use your car seat safely. Please carefully read the instruction booklet that came with your car seat.*

### About Car Seats

More than 80% of car seats are used improperly. This puts children at great risk for injury and death. To make sure your car seat meets the latest safety standards, **we urge you to call 800.BUCK.L.UP** (800.282.5587) or visit [www.800bucklup.org](http://www.800bucklup.org).



*This car seat is installed correctly. It is at a 45° angle.*

### Checklist

There are many car seat types and models. Some car seats are best suited for preterm babies. How do you know which one is right for your infant?

The right car seat fits your baby and your car. Use this checklist to help you to know if your car seat is safe. **All of these items must be true for your car seat to be safe:**

- My car seat is the right size for my infant. (Check your car seat's height and weight limits.)
- My car seat fits in my car. (Check your car manual for installation instructions.)
- My car seat has never been in an auto accident or crash.
- My car seat does not have any missing parts.
- My car seat does not have any cracks in the frame.
- My car seat is not more than 6 years old.
- My car seat has instructions (manual, booklet, or a sticker on the seat) or I know how to use the car seat.

## How to Use Your Car Seat Safely

**Every time** you travel:

- The car seat should face the back of the car (“rear-facing”) until your baby is **at least** 2 years old, **or** when their weight and height are greater than the guidelines for the car seat.

You will need a car seat that can be used rear-facing until your baby outgrows the seat. Most children do not outgrow the rear-facing seat till they are **over 2 years old**. Rear-facing is the safest position for reducing risk for spinal injury.

- Place the car seat in the center of the back seat. This is the safest place.
- **Never** place the car seat in front of an air bag.
- Install the car seat at a 45° angle (see photo on page 1). Read the car seat manual for specific instructions.
- The handle should be down and locked when the car is moving.
- The car seat should move no more than 1 inch in either direction where the seatbelt holds it in place.
- Do **not** use products such as fleece inserts, headrests, attachable toys, and belt tighteners that were not installed by the car seat manufacturer. They are not safe.

## Placing Your Baby in the Car Seat Correctly

*Retainer clip is at armpit level or “tickle zone.”*

*Harness straps are locked and threaded correctly, not twisted.*



*Harness straps are at or below your baby’s shoulders.*

*Make sure the straps fit snugly at your baby’s collarbone – only 1 finger should fit under the strap. If you can fit 2 of your fingers under the strap, it is too loose.*



*If needed to keep your baby from slipping, place a rolled towel in front of your baby's crotch area and behind the lower harness.*



*Place rolled towels along the sides to support your baby's head, if needed.*

*Only place a blanket over your baby **after** strapping him into the car seat. Do **not** wrap your baby in a blanket or bulky garment before strapping him into the seat. **Never** use extra padding behind or under your baby.*

## Resources

If your car seat is not safe to use, talk with your healthcare team. If your baby was born at UW Medical Center, the hospital offers car seats at a good price to parents on the day their baby is discharged.

If you have questions about car seat safety:

- Call **800.BUCK.L.UP** (800.282.5587) or visit [www.800bucklup.org](http://www.800bucklup.org):
  - To get the most up-to-date information about car seats
  - To find out if your car seat has been recalled
  - To find the nearest place to have your car seat checked
- Take a baby safety class that includes information about car seat safety. UW Medicine offers “Babysafe with Infant CPR” at several locations. For more information:
  - Call 206.789.0883
  - Visit [www.uwmedicine.org/services/obstetrics/childbirth-classes](http://www.uwmedicine.org/services/obstetrics/childbirth-classes). Type “childbirth education” into the search bar, and scroll down to “Babysafe with Infant CPR.”
- Visit the National Highway Traffic Safety Administration website at [www.nhtsa.gov/Safety/CPS](http://www.nhtsa.gov/Safety/CPS). Click on “Car Seats and Booster Seats” for current car seat information, installation tips, instructional videos, and more.
- Visit the Safe Kids USA website at [www.safekids.org/car-seat](http://www.safekids.org/car-seat).

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

### Questions?

Your questions are important. If you have questions about car seat safety, please see the “Resources” section on this page.

## Circumcisions at UW Neighborhood Clinics

*Many UW Medicine Neighborhood Clinics do circumcisions as an outpatient procedure. We respect a family's choice about whether or not to have their newborn son circumcised.*

### Circumcision and Your Baby Boy

*Circumcision* is an optional surgery for male babies. It removes 25% to 50% of the foreskin of the penis. It is usually done in the first few weeks of a baby boy's life.

A baby must be healthy to be circumcised safely. The surgery takes about 20 minutes and healing takes 7 to 10 days.



*A circumcision is usually done in the first few weeks of a baby boy's life.*

Studies show there are health benefits of circumcision. In 2012, the American Academy of Pediatrics (AAP) stated that these health benefits outweigh the risks.

Parents choose what is best for their child. They may base their choice on religious, social, or cultural reasons.

### Benefits of Circumcision

- A lower risk of urinary tract infections (UTIs).
- A lower risk of getting cancer of the penis. But, this type of cancer is very rare, whether or not a male is circumcised.
- A slightly lower risk of getting sexually transmitted infections (STIs) including HPV and HIV, the AIDS virus.
- Prevention of foreskin infections.
- Prevention of *phimosis*, a condition in uncircumcised males that prevents foreskin *retraction* (pulling back).
- Easier to keep the genital area clean.



To make an appointment for your baby's circumcision, please call the UW Medicine Contact Center at 206.520.5000.

## Risks of Circumcision

- As with any surgery, circumcision has some risks. Problems from circumcision are rare, and most times they are minor. They include bleeding, infection, cutting the foreskin too short or too long, and improper healing. Be sure to talk with your healthcare provider about possible problems.
- When the foreskin is removed, it may be easier for the tip of the penis to become irritated. This may cause the opening of the penis to become too small. Rarely, this can cause urination problems that may need to be corrected with surgery.
- Some people believe that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life. This has not been proven by any medical or psychological study.

## Planning for Circumcision at UW Medicine

If you choose a circumcision, we will make sure that your baby is as comfortable and safe as possible. We give caring support and medicines to ease the discomfort of this procedure.

Even though this is a short procedure, plan to be at the clinic for at least 1½ to 2 hours to allow full care for your baby. We want to make sure your baby is fine before you leave.

Make your appointment as soon as you can after you give birth. We prefer to see infants **up to 3 weeks of age**. Ask your insurance company if it covers circumcisions. Many insurance companies do not pay for them. If circumcision is not covered by your insurance plan, you must pay for it at the time of the procedure.

## To Learn More

To learn more about circumcisions, visit these websites:

- American Academy of Pediatrics ..... [www.aap.org](http://www.aap.org)
- American Academy of Family Physicians..... [www.aafp.org](http://www.aafp.org)
- Family Doctor ..... [www.familydoctor.org](http://www.familydoctor.org)
- Healthy Children ..... [www.healthychildren.org](http://www.healthychildren.org)

### Questions?

Your questions are important. If you have questions about circumcision, call your healthcare provider during office hours.

UW Medicine Contact Center: 206.520.5000

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**



## When Your Baby Stays in the Hospital

### *What to expect*

*This chapter explains what to expect if you are discharged from hospital care and your baby is still a patient, either on the Mother Baby Unit or in the Neonatal Intensive Care Unit.*

### What happens if my baby stays in the hospital after I am discharged?

Sometimes a mother is discharged from the hospital but her baby still needs hospital care. If this happens for you, and:

- **Your baby is strong enough to stay in the Mother Baby Unit (MBU):** You can stay in your MBU room and help care for your baby.
- **Your baby needs extra care:** Your baby will stay in the Neonatal Intensive Care Unit (NICU). You will become a “guest” at the hospital and can stay overnight in your baby’s NICU room.



*It is best for parents and newborns to stay together, if possible.*

### What can I expect when my baby is a patient and I am a guest?

- You will sign **discharge forms** for yourself. This means that you are no longer a patient in the hospital and will not receive medical care. Your baby will keep receiving medical care as long as they are a patient.
- We will remove your **inpatient wrist band**. But, you and your support person will keep wearing the wrist band that matches your baby’s band. You and your support person need to keep these bands on until you take your baby home.

- You will need to provide your own **food**. Before you sign out, you might want to order some snacks from room service. This will give you a little time before you need to think about bringing in food, ordering take-out, or using the cafeteria. You can keep these snacks in the refrigerator in your room until you are discharged. We will refill your water and can give you access to a microwave to heat your food.
- You and your support person will need to provide your **clothing and supplies**. We will give you 6 peri pads, 2 mesh panties, a bar of soap, and toothpaste to last until you can get your own supplies.
- You will need to take care of your own **medicines**. Please remember to pick them up from the pharmacy before you need your next dose. The Mother Baby Unit cannot supply medicines to you after your discharge.

### **What if I (or my support person) need medical care?**

- If your support person needs urgent medical care, they should go to the Emergency Department.
- Because you were recently discharged, if you need urgent medical care, you may be able to see a doctor or a midwife on the Labor & Delivery Unit. If you need to see a doctor, tell your baby's nurse. We will help you get care either in the Labor & Delivery Unit or the Emergency Department.

### **How can we help care for our baby?**

#### ***On the Mother Baby Unit:***

- **At least 1 parent must stay with your baby 24 hours a day.** Some parents choose to take turns.
- **Tell your nurse right away if you need to leave your baby's MBU room for any reason.**
  - If you will only be gone 15 to 20 minutes, we will arrange for a nurse from the MBU to watch your baby.
  - If you need to be gone longer or more often, your baby will need to stay in the NICU. If this happens, you can visit your baby there. You can sleep overnight in your baby's NICU room as a guest.





*Tell your baby's nurse if you want some quiet time for yourself and your baby.*

- **If you want some quiet time for yourself and your baby,** please tell your baby's nurse. We will circle "Do Not Disturb" on the sign on the door to your room and note an end time on the clock sign. Talk with your baby's nurse about how to "cluster" care around feeding times.

### ***On the MBU or in the NICU:***

- **Please talk with your nurse about what you can do to help care for your infant.** We want to help you learn as much as possible before you take your baby home. We also want to help you practice care while your baby is in the hospital.
- **While your baby is in our care, we will:**
  - Talk with you about your baby's plan of care
  - Watch and assess your baby's health
  - Support, supervise, teach, and help you as needed so that you can feed and care for your newborn by yourself
  - Provide the highest quality medical care for your baby
  - Provide your baby's diapers, blankets, clothing, and feeding supplies, and your breast-pumping supplies as needed

### **Safety**

- Read the chapter "Newborn 'Safe 8'" in your workbook.
- Please keep the floor clear, so that care providers can easily and quickly get to your baby from the door.
- Keep all personal belongings inside the storage cupboard. Please tell us if you have any problems doing this.

### **Preventing Infection**

Infants are at risk for infections. To help prevent infection please:

- Wash your hands or use the hand gel sanitizer:
  - Each time you enter your baby's room
  - Each time you leave your baby's room
- Please tell us if you are getting a cold or the flu.
- If visitors or family members are ill, ask them to stay at home and visit when they are well.

## **Personal Belongings**

- You are responsible for your own belongings at all times.
- Please do **not** leave any of your belongings in the room when you leave the room, even if you will be gone for just a short time. Take electronic devices and all connectors with you.
- Before discharge, be sure to check everywhere for items you may have brought with you. Check the floor, electrical plugs, your bedding, the sofa-bed area, bathroom, and shower. Make sure you do not leave any of your belongings in the hospital when you go home.

## **Coping**

This can be a stressful time for parents. Many parents are tired and some are worried. Most are eager to take their baby home.

Your baby's discharge date depends on:

- Their vital signs
- Their progress with feeding
- Whether they have jaundice

Your baby's doctors and nurses will be talking with you every day about your baby's discharge plan. But please know that the discharge plan may change often and suddenly. We will help you to be ready when it's time to take your baby home.

Please talk with your nurse about how you are feeling and what you need. Your nurse can help you through this time.

## **Privacy**

Please remember that care providers may enter your baby's room at any time. This means you do not have the privacy you have at home.

Please:

- Use the bathroom for changing clothes.
- Remind your partner to wear clothes while they are in your baby's room.

## **Your Baby's Stay on the Mother Baby Unit**

Your baby's nurse will work with you to cluster care. Each shift, your new nurse will make a plan with you for feeding, taking vital signs, weighing your baby, doing tests, and anything else that needs to be done for your baby's care. Please call the nurse if your baby wakes up to feed earlier than planned so we can support your need to rest.

### **Goals for My Baby's Stay on the Mother Baby Unit**

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## **My Baby's Plan of Care**

### **Feeding**

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### **Weight**

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## **Section 3**

# **My Baby's Care at Home**



## Getting to Know Your Baby's Body

*What's normal in the first 2 months?*

*From head to toe, your baby is wonderfully unique. You will become an expert on how your baby looks, moves, and sounds. In this chapter, you will learn what is normal and expected.*



### Sneezing

Sneezing is the way babies clear their nose. It does not mean your baby has a cold.

*Ask your baby's provider if you have any questions or concerns about your newborn's health.*

### Skin

It is normal for newborns to have dry and peeling skin for the first 1 to 2 weeks of life. A few other rashes are also normal in new babies. They are:

- **Salmon patches or “stork bites.”** These deep-pink patches are usually on the back of the neck, bridge of the nose, upper eyelids, and lower forehead. They are the most common birthmarks, especially in light-skinned babies. They usually go away over time.
- **Slate grey spots.** These large flat areas contain extra pigment (skin coloring). Slate grey spots are greenish or blue, like a bruise, and may be on the lower back or buttocks. These spots are very common, especially in dark-skinned babies. They usually go away over time. You can ask your baby's healthcare provider to note these in your baby's medical record.
- **Milia.** These tiny white bumps or yellow spots spread across the tip of the nose or chin. They are smooth to the touch. Do **not** squeeze or try to pop them. They usually go away in the first month of life.

- **Erythema toxicum.** This rash of red splotches has yellowish or white bumps in the center. They usually appear during the first few days of life and go away within the first week or so. They do not need any treatment.

### **Crossed Eyes**

Most babies have times when their eyes wander and seem to “cross.” This is common during the first 4 to 6 months of life.

### **Breast Swelling**

Most babies, both boys and girls, have some swelling of their breast tissue. This is from the hormones they received from their mother during pregnancy. A baby’s breasts might even leak a little milk at first.

### **Hiccups**

Most babies hiccup from time to time. Hiccups will not harm your baby. You do not need to try to stop them.

### **Chin Quivering**

A newborn’s chin often shakes or quivers during the first few months of life. This will go away as your baby’s nervous system matures.

### **Cough**

Your baby may cough and sputter after the first few breast or bottle feedings. Coughing should stop once your baby adjusts to the feeding routine.

### **Moro Reflex**

This is often called the *startle reflex*. It occurs when your baby is alarmed or surprised by a noise, bright light, or quick movement. The baby suddenly flings their arms and legs out and straightens their body.

### **Rooting Reflex**

Stroking your baby’s cheek with your finger will cause their head to turn toward your touch and their mouth to open. This “rooting reflex” is strongest when your baby is ready to feed.



## Sleep and Wake Cues

Infant cues are body movements that tell us what they need. When your baby is ready to interact with you, you will see *engagement cues*:

- Eyes open wide
- Body turning toward you with smooth and calm movement

This is the time to gaze face-to-face, talk, sing, or read to your baby.

When your baby has had enough interaction, you will see *disengagement cues*:

- Eyes looking away
- Sharp body movement
- Frowning or crying

This is the time to stop activity and help your baby to be calm. Swaddle or hold and comfort your baby.



*Watch for early feeding cues.*

## Feeding Cues

When your baby wants to feed, you will see cues that get more and more active. Beginning the feeding is usually easier if you respond to the early cues.

- **Early cues:** Opening and closing mouth, smacking lips or mouth, sucking lips or hands
- **Active cues:** Rolling and rooting toward the caregiver's chest, moving into feeding position
- **Late cues:** Frantic movements and crying, problems calming down

## Crying

Newborn babies cry for all kinds of reasons. They cry when they are hungry, overstimulated, tired, gassy, or need a diaper change.

Crying is one way babies communicate. It may not mean that they are feeling bad. Here is a quick check list to use when you want to soothe your child:

- **Fix the cause:** Is your baby too warm or too cold? Wet or dirty? Hungry (again)? Do they want a cuddle or company?
- **Soothe your baby:** Some ways to soothe a baby are swaddling,



*During the period of PURPLE crying, your baby can cry as much as 5 hours a day.*

holding or gently rocking, or walking while you gently bounce up and down. Babies like repeated movements.

- **Help your baby feel safe:** Wrap your baby snugly in a blanket, or carry your baby in your arms, a front pack or sling.

All babies have times when they cry and we cannot figure out why. Sometimes it may be because they have entered “the Period of PURPLE Crying.” If you are concerned about your baby’s crying, see your baby’s healthcare provider. (See the chapter “Period of PURPLE Crying” in this workbook.)

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## Questions?

Your questions are important.

If you have questions or concerns about your baby’s health, call your baby’s primary care provider.

## Keeping Your Baby Safe at Home

### *Important tips*

*As the parent of a new baby, you have many issues to think about. This chapter explains how to keep your baby safe, what physical symptoms are normal, and how to prevent falls and accidents.*

### **How can I protect my baby from strangers?**

- Allow **only** people you know and trust well to enter your home. A kidnapper can be someone who has recently made friends with a family that has a new baby.
- When you are in public places, be alert to people you have just met who offer to watch your baby. Do **not** leave your baby, even for a moment, with someone you do not know very well. If you need to use the restroom, take your baby into the stall with you.
- Think about the risks you are taking if you:
  - Place a birth notice in the newspaper. If you do this, **never include your address.**
  - Use outdoor decorations to announce your infant's arrival. Balloons, signs, or large bouquets of flowers tell strangers that you have a new baby in the house.



*A new baby's health and safety are a parent's top priorities.*

### **How can I reduce the risk of sudden infant death syndrome?**

*Sudden infant death syndrome (SIDS) is the sudden, unexpected death of an infant who is less than 1 year old. We do not know what causes SIDS, but we do know some things you can do to help reduce the risk of SIDS. Some of these are:*

*For your baby's safety while napping or sleeping, follow the ABCs:*



**A**lone in crib



**B**ack to sleep



**C**lose to your bed

- **“Back to sleep.”** Always place your baby on their back to sleep, for naps and at night. This is the safest sleep position. Since we began advising parents to place their babies on their backs to sleep, there are half as many deaths from SIDS.
- **Use a firm mattress.** Always place your baby on a firm sleep surface, such as a safety-approved crib mattress covered with a fitted sheet. **Never** place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
- **Breastfeeding** is linked with a 50% reduction in SIDS. In other words, formula feeding doubles the risk of SIDS.
- **Clear the clutter from your baby's sleep area.** Keep soft objects, toys, and loose bedding out of your baby's sleep area. This includes pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers. Also keep any other items away from your baby's face.
- **Do not allow smoking around your baby.** Do not smoke before or after the birth of your baby. Do not let anyone else smoke around your baby.
- **Keep a separate sleeping area for your baby.** Keep your baby's sleep area near, but apart, from where you and others sleep. Your baby should **not** sleep in a bed or on a couch or armchair with adults or other children. But, your baby can sleep in the same room as you or others. If you breastfeed in bed, put your baby in their separate sleep area after feeding.
- **Try using a pacifier.** When breastfeeding is going very well, or after about 4 weeks, think about using a clean, dry pacifier when placing your infant down to sleep. Do not force your baby to take it. If you are not breastfeeding, you can try a pacifier sooner.
- **Keep your baby comfortable when they sleep:**
  - Do **not** let your baby get too hot. Dress your baby in light sleep clothing.
  - Keep the room at a temperature that is comfortable for an adult.
- **Immunize your baby.** Follow the advice of your baby's care provider about vaccines.
- **Avoid using products that claim to lower the risk of SIDS.** Most have not been tested for effectiveness or safety.

- **Do not rely on a baby monitor to reduce the risk of SIDS.** If you have questions about using monitors for other reasons, talk with your healthcare provider.

## **When are accidents likely to occur?**

Accidents tend to occur when:

- An infant is left alone, even for a short time.
- The infant or caregiver is tired, ill, hungry, thirsty, or stressed.
- Family routines change.
- Others are caring for your infant.
- The baby learns new skills such as crawling or walking.

To lower the risk of accidents, pay close attention to your baby's safety at these times. **Never leave your infant without a trusted caregiver in charge.**

## **How do I protect my baby from falls?**

Infants can and do fall. Emergency rooms report that falls are the most common accidents in children 0 to 2 years old.

Newborn falls often occur when the baby slips out of a parent's arms when the parent falls asleep. To protect your baby from falls:

- If you gave birth by Cesarean, remember that pain medicines can make you sleepy.
- All caregivers should watch out for sleepiness in each other. It can come on quickly. When someone who is holding your baby gets sleepy, move your baby to a safe sleeping area.
- Be aware that breastfeeding releases hormones in your body that can make you relaxed and sleepy.
- **Never** leave your baby alone on any surface they could fall from.
- Use safety straps on swings, high chairs, bouncers, and strollers.



*Infants are 5 times safer in rear-facing car seats.*

## **Car Safety**

Injuries that occur in cars are one of the top 4 causes of infant death.

Car seats must face the rear of the car until a baby is at least 2 years old. Infants are 5 times safer in rear-facing car seats. If the car is in an accident, a baby in a rear-facing car seat:

- Is much less likely to have a serious injury

- Has much less force on their head, neck, and spine
  - Is protected by the “cocoon” effect the car seat provides
- Please read the chapter “Car Seat Safety” in this workbook.



**Never** leave a baby alone in or near water.

## **Drowning**

A baby can drown in as little as 2 inches of water. **Never leave an infant alone in or near water.** Infants must wear a life vest if you take them in a boat.

## **Burns**

Babies are burned most often by house fires, inhaling smoke, hot liquids, and household electrical devices. To keep your baby safe:

- Install smoke detectors and carbon monoxide detectors.
- Have fire extinguishers.
- Never allow smoking inside your home.
- Be careful with hot liquids:
  - Do **not** drink hot liquids while you are feeding your baby.
  - Do **not** hold or pass hot drinks to other people while you are holding your baby.

## **Choking**

Choking is very common in babies. Expect it to happen and learn what to do when it does. To help prevent choking:

- Keep small objects away from your baby.
- Give your baby only those toys and food that are right for your baby’s age.

## **Shaken Baby Syndrome**

Shaken baby syndrome happens when a baby or child is shaken hard. This kind of injury can happen when a parent or caregiver tries to quiet a crying baby, but the baby keeps crying. The adult can get so frustrated that they shake the baby. **This shaking can cause lasting harm to a baby’s neck, spine, and eyes.**

Talk with your family and anyone who will be taking care of your baby. Tell them about the danger of shaking the baby.



Also read the chapter “Period of PURPLE Crying.” It gives ideas on how to soothe a baby. It also gives tips on how caregivers can soothe themselves when they feel frustrated, tired, or overwhelmed.

## **Baby-Safe Zones**

Every baby needs a place to play and explore. Create at least one baby-safe zone in your home. To do this:

- Use barriers or baby gates, keep floors clean, and provide the right toys for your baby’s age in this area.
- Do a home safety search. Get rid of hazards or lock them up.
- No device can take the place of a caregiver. Do **not** rely on a baby monitor or other device to keep your baby safe.
- Give your baby time:
  - To play alone in a baby-safe place
  - To spend on their tummies each day while they are awake



*Although it is safest for babies to sleep on their backs, it is also important for them to spend awake time on their tummies each day.*

## **Resources**

### **Sudden Infant Death Syndrome (SIDS)**

- Centers for Disease Control and Prevention: [www.cdc.gov/SIDS](http://www.cdc.gov/SIDS)
- National Institutes of Health: [www.nichd.nih.gov/sids](http://www.nichd.nih.gov/sids)

### **Shaken Baby Syndrome**

- Period of PURPLE Crying: [www.purplecrying.info](http://www.purplecrying.info)
- Educational video from Seattle Children’s: [www.seattlechildrens.org/classes-community/community-programs/period-of-purple-crying/](http://www.seattlechildrens.org/classes-community/community-programs/period-of-purple-crying/)

### **Car Seats**

Call 800.BUCK.L.UP or visit [www.800bucklup.org](http://www.800bucklup.org).

### **Product Safety**

Research the products you use to help care for your newborn and child as they grow. To learn about product recalls, safety tips, and childproofing your home and other places where your child spends time, visit:

- Consumer Product Safety Commission: [www.cpsc.gov](http://www.cpsc.gov)
- Safe Kids USA: [www.safekids.org](http://www.safekids.org)

## **Baby Safety Classes**

To learn more about keeping your infant safe, take a baby safety class that covers infant CPR and basic safety. Visit these websites to learn more about baby safety classes:

- **UW Medicine:**  
[www.uwmedicine.org/services/obstetrics/childbirth-classes](http://www.uwmedicine.org/services/obstetrics/childbirth-classes)
- **American Heart Association:** [www.cprseattle.com/adult-child-infant-cpr-aed-first-aid](http://www.cprseattle.com/adult-child-infant-cpr-aed-first-aid)
- **Seattle Children's:**
  - [www.seattlechildrens.org/content.aspx?id=88132](http://www.seattlechildrens.org/content.aspx?id=88132)
  - [www.seattlechildrens.org/classes-community/classes-events/cpr-and-first-aid-for-babysitters](http://www.seattlechildrens.org/classes-community/classes-events/cpr-and-first-aid-for-babysitters)

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

### **Questions?**

Your questions are important. If you have questions about your baby's safety, ask your baby's healthcare provider.

**For urgent concerns, call 911.**



## Period of PURPLE Crying

*What to expect*

### What is the Period of PURPLE Crying?

The Period of PURPLE Crying is a normal phase in a baby's life. It starts when babies are about 2 weeks old and lasts until they are 3 to 4 months old. It does not mean your baby will look purple! The letters in the word PURPLE stand for:



**P: Peak of crying.** Your baby will cry more each week, the most in their 2nd month, and then slowly begin to cry less.

**U: Unexpected.** You have done everything – fed, burped, changed, and comforted your baby – but they are still crying.

**R: Resists soothing.** Your best efforts may not help your baby calm.

**P: Pain-like face.** Your baby may look like they are in pain when they are not.

**L: Long lasting.** Your baby can cry as much as 5 hours a day.

**E: Evening.** Your baby may cry more in the late afternoon and evening.

To learn more, visit [www.dontshake.org/purple-crying](http://www.dontshake.org/purple-crying).

P

#### Peak of crying

Your baby may cry more each week, the most in month 2, and less in months 3 to 5.

U

#### Unexpected

Crying can come and go and you won't know why.

R

#### Resists soothing

Your baby might not stop crying, no matter what you try.

P

#### Pain-like face

A crying baby may look like they are in pain, even when they are not.

L

#### Long lasting

Crying can last as long as 5 hours a day, or more.

E

#### Evening

Your baby may cry more in the late afternoon and evening.



During the period of PURPLE crying, your baby can cry as much as 5 hours a day.

## How can I soothe my baby?

It is important for caregivers to learn ways to soothe a crying baby. Some of these are:

- Swaddling
- Soothing sounds
- Changing your baby's position
- Movement such as rocking
- Suckling

But, there are times when nothing will help your baby stop crying. When this happens, it is normal to feel frustrated. The most important thing you can do is have a plan to help **you** cope with your baby's crying.

## How can I soothe myself?

- Just remember that the word “period” means this time of extra crying **will** come to an end.
- Create a list of things you can do if you start to feel overwhelmed or angry. **Do these things only if your baby is safe or someone else is taking care of your baby.**

Your list might include:

- Setting your baby down in a safe place, like the crib
- Calling a friend
- Sitting outside
- Taking a shower or bath
- These resources can also help if you are feeling overwhelmed:
  - Family Help Line: 800.932.HOPE
  - Crisis Clinic (24 hours): 206.461.3222
  - Period of PURPLE Crying website: [www.purplecrying.info](http://www.purplecrying.info)

### Questions?

Your questions are important. If you have questions, please talk with your doctor or nurse.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**



## Who to Call

### Your Baby's Clinic

Call your baby's clinic any time if you have concerns about your baby's health. If it is after hours, a recording will tell you what to do.

Your pediatric clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

### UW Medicine Clinics

#### Roosevelt

Pediatric Care Center ..... 206.598.3000

Pediatric Nurse ..... 206.598.3030

#### Harborview Medical Center (HMC)

Family Medicine ..... 206.744.8274

Women & Children's Clinic ..... 206.744.3367

### UW Medicine Neighborhood Clinics

Call Center ..... 206.520.5000

To find a UW Medicine Neighborhood Clinic near you, visit [www.uwmedicine.org/neighborhood-clinics](http://www.uwmedicine.org/neighborhood-clinics).

### Breastfeeding Help

UWMC Lactation Services.....206.598.4628

Roosevelt Lactation Consultant ..... 206.598.3030

NW Hospital Breastfeeding Group ..... 206.368.1882

### Services

Birth Certificates (UWMC Medical Records)..... 206.598.3478

Classes (Parenting and Safety) at Great Starts ..... 206.789.0883

Community Care Line  
(Nurse Consult 24 hours a day) ..... 206.744.2500

UW Medicine Insurance and Registration ..... 206.598.4388

# When to Call

Call 911

## Call 911 if your baby:

- Is having a medical emergency.
- Has a problem that you feel cannot wait and your baby's clinic is closed.

Call your baby's clinic right away

## Call your baby's clinic right away if your baby has:

- An underarm temperature of 100.4°F (38°C) or higher.
- Red or hot skin around their belly button.
- Shortness of breath, a hard time breathing, or is breathing fast for several minutes.
- A hard time waking up for feedings, is too tired or not interested in eating, is rarely alert, and is floppy.

Call your baby's clinic within 24 hours

## Call your baby's clinic within 24 hours if your baby:

- Does not seem satisfied after feedings and has fewer wet and dirty diapers than you expect.
- Is not breastfeeding at least 8 times in 24 hours (or not bottle feeding at least 6 times in 24 hours).
- Has yellowish skin or eyes.
- Coughs or chokes a lot during feedings.
- Vomits green liquid, vomits more than 2 times in a day, or vomits and has diarrhea.

**Call your baby's clinic at any time if you have questions or concerns about your baby's health.** If it is after hours, a recording will tell you what to do.

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Clinic Name

Phone

**Remember to make your baby's follow-up clinic appointment!**

UW Medicine