



UW Medicine

您的新生儿

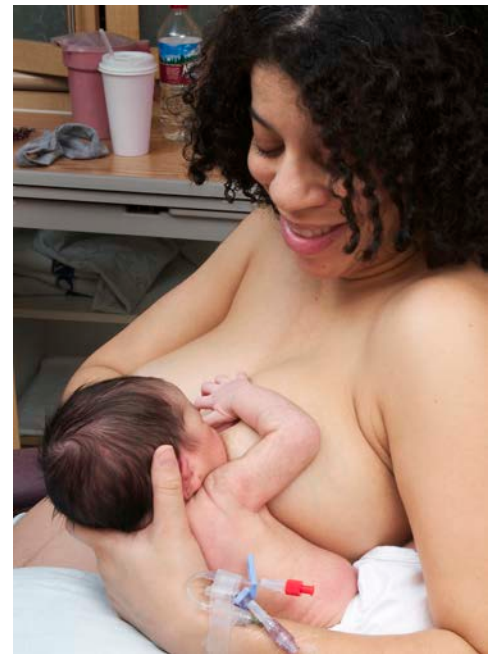
在宝宝住院期间就需要为宝宝在家的照顾做好计划

手册的这一章为您介绍介绍了婴儿在医院的护理计划及出院计划。父母亲会发现在出院前一天晚上读完本章会有所帮助、这样他们就有时间思考和提出问题。

恭喜您宝宝的诞生！我们将与您合作、帮助您能得心应手地照顾宝宝。我们将在您入住初期就开始教导宝宝的照顾和宝宝安全。

在最初的几个小时

- 婴儿出生后的头几个小时、我们会观察婴儿的生命体征。这包括检查宝宝的心率、体温和呼吸。我们要确保您的宝宝对在您体外的生活适应良好。
- 开始时我们需要每小时检查一次生命体征。然后我们就每 4 小时检查一次。我们还会利用哺乳的时间、“集中”执行护理任务、以便您有更多不受干扰的睡眠时间。
- 大多数新生儿在需要吃奶时会表现出喂养提示（口和手的动作）。但是、有些新生儿在生命的第一天会很困倦。如他们不经常显示喂养提示。请每 3 小时给您宝宝哺乳一次。至少每 3 小时喂养一次有助于保持宝宝的血糖和体温处于健康水平。这也有助于建立您乳液的供应。



利用哺乳的时间，跟您的宝宝说话、唱歌给宝宝听。



这个宝宝是在给您“提示”。它的意思就是宝宝正需要喂奶了。

- 我们将根据需要、协助您学习给宝宝哺乳及换尿布。我们也会显示如何在宝宝出生后的头几天、在医院及家里记录哺乳及换尿布的情况。
- 有些婴儿有血糖低的风险很高。如母亲患有糖尿病、就可能会发生这种情况。如婴儿比胎龄小或很大、或早产也会发生这种情况。如您的宝宝属其中之一状况、我们会在哺乳前检测他们的血糖。我们会在宝宝的脚后跟快速地针刺一下来抽血。我们会在每次哺乳前检测您宝宝的血糖、直到血糖处于健康水平。
- 我们会在出生后立即给宝宝称体重、然后每 **24** 小时称一次。所有新生儿出生后体重都会下降。我们会密切地注意体重、以确保体重下降在健康范围内。我们的目标是每天新生儿在午夜后第一次喂奶前称体重。
- 我们会教您安全的哺乳及睡眠姿势。
- 在宝宝体温稳定后、我们会给宝宝洗澡。
- 我们会教您如何护理脐带。

我应该多久哺乳一次？

当宝宝表现出饥饿感时、就要给他们哺乳。通常是每 **1½** 到 **3** 个小时。护士可能会要求您在哺乳开始时给他们打电话、以便观察宝宝含乳头的情况。

有些婴儿第一天会很困倦。护士会给您一些有助于宝宝开始哺乳的建议。请参阅“哺乳”一章以获取更多的信息。

从最初的几天里、直到您的乳液充足、我们要求您至少每 **3** 小时给宝宝喂一次奶。是从开始哺乳到下一次哺乳的间隔计算 **3** 小时。

请参阅“宝宝的一天”一章。记录下宝宝每次喂奶、湿尿布、及排便的时间。护士会检查此表格、以记录更换尿布的情况。

宝宝吐奶是很常见的。当他们打嗝时就可能会发生这种情况、可能是因为他们出生时就吞下了一些粘液、或者因为他们吃的奶超出了他们的胃所能容纳的范围。即使吐奶是很麻烦清理、但一般来说并不表示宝宝有了什么问题。

为了避免打搅您和宝宝休息的时间。我们会尽可能地将对您的护理集中在哺乳的时间。

我需要多久换一次尿布？

出生后、第一块湿的和脏的尿布被认为是一个重要的里程碑。在大多数情况下、我们会在每过一天就多 1 块湿的尿布和 1 块脏的尿布直到母乳喂养顺利。也就是在第 2 天；宝宝就有 2 块湿的及 2 块脏尿布。

尿布的前面有一条条、当尿布湿了就会变成蓝色。如尿液呈橙色、则表示您的宝宝需要多些的液体。

第一次排便是黑色、粘稠的称为胎便。请勿将第一块湿的或脏的尿布丢掉。护士要检查尿量和粪便的浓稠度。

如何清洁宝宝尿布的部位？

女孩们

总是从前往后擦拭到宝宝的臀部。这样可以预防膀胱感染。在她的皮肤皱褶之间轻轻地清洁。

宝贝女儿的阴道可能有白色或粉红色粘液。**这是正常的**。这是由母亲的荷尔蒙引起的。

男孩们

小心地将宝宝阴囊和双腿之间清洁、冲洗并拍干。不要拉回包皮。这可能会造成伤害。

包皮会在 4 至 8 岁之间自行退缩。在此之前、无需特别护理。

我如何护理脐带？

每天检查宝宝的脐带残端。将尿布包在脐带残端下方、以便空气流通、有助于脐带残端保持干燥。

脐带残端会在 1-2 周内脱落。当它脱落时、可能会分泌一些淡黄色的液体、暗红色的血斑或少量的鲜红色的血斑。这是正常的。但是、如脐带周围的部位呈红色、有恶味、流脓或流的血超过两毛五硬币的大小、就请致电您宝宝的医疗保健提供者。



新生儿的皮肤是很敏感的。当您给宝宝洗澡时、可用少许的中性肥皂亦可不用肥皂。请勿给宝宝擦皮肤的乳液或爽身粉。

如宝宝的脐带残端周围变脏了、请这样来清洁它：

- 首先、请洗净双手。
- 然后、把干净棉球用温水浸湿、清洗脐带和宝宝腹部之间的部位。这不会把宝宝弄痛的。

某些婴儿的脐带会向外推并感到有点糊软、尤其是在他们哭的时候。这是腹部肌肉的一小分离、称为脐疝。这情况并不严重。它通常在 12 到 18 个月就会消失。

宝宝哭了该怎么办？

新生儿会因为各种原因而哭闹。可以把这当作是他们的语言。当他们活动太多了、需要换尿布了、或者饿了、累了或不开心了、他们就会哭。所有婴儿都会在我们弄不清是为什么的时候哭。

要安抚哭闹的婴儿可以尝试一下：

- 将宝宝裹紧、抱着、或轻轻摇摆。
- 一边轻轻摇抖着一边走路。

宝宝喜欢反复的动作。

- 请参看此手册“紫色哭闹期”一章。

我怎么给宝宝穿衣服？

- 在医院期间、最好穿我们的婴儿衣服。如您想给宝宝穿自己的衣服、请索取绿色的衣物袋来放脏衣服。如您的个人物品被送到医院洗衣房、它们很可能会找不回来了。
- 在医院期间、请勿给宝宝穿袜子和睡衣。我们希望能够很方便地检查您宝宝的安全带、而不打扰到宝宝。
- 准备好宝宝的衣服、要回家时就可以很快地穿上。
- 请勿给宝宝穿太多衣服或盖太多毯子、尤其是宝宝睡觉的时候。您可能回家时在汽车里、给宝宝穿长裤和长袖的睡衣或可穿戴的毯子。



2 周至 2 个月大的婴儿哭闹是很正常的。

疫苗和筛查

- **接种疫苗**通常是在出生后不久在医院时就开始。请参看此手册的“乙型肝炎疫苗”一章中提供了较多的信息。
- **新生儿筛查**是所有的婴儿大约在 24 小时需要做的。检验师会用脚跟针从宝宝脚跟上抽血。可以在哺乳或抱着宝宝时来做、因为这时宝宝较放松些。
- 要了解宝宝在医院要做的其他检查、请参阅手册中的“新生儿检查”一章。

住院期间的安全

为了您的安全、我们的单位设有警卫系统。因此访客们必需每次在前台签到。宝宝的一只腿上戴了一个警卫带。如有人试图带您的宝宝离开我们的单位、它就会发出警报声。

新父母通常会担心婴儿的安全。请遵循以下的提示、以确保您宝宝的安全：

- 即使去洗手间、也一直要保持宝宝在您的视线里。**切勿**让宝宝独自留在房间里。
- 如您的个人生活中有任何事情可能会使您或您的婴儿处于危险之中、就请告诉护士。
- 认识您的护士和其他照顾您和宝宝的人。核对他们名牌上的姓名和照片。
- 如您不认识的人想把宝宝带离您的房间、请与您的常规护士联系、以确认是否可以。
- 仅把宝宝的个人信息给您认识和信任的人。**如有顾虑、请立即致电护士办公台**。您可以按床边的“呼叫护士”的按钮、或者将宝宝带到护士的办公室。
- 如您的宝宝需要测试或做程序、请先问清楚宝宝会在那里以及宝宝会在那里待多久。您可以与宝宝去做检查或程序。

安全



我其他还需采取什么措施来保护宝宝的安全？

为了防止跌倒和危险的呼吸情况、请在宝宝出生后的第一天遵循以下 **8** 条准则：

- 1. 移动婴儿：** 在医院里请勿将婴儿抱在怀中、或让其他任何人以这种方式抱婴儿。
 - 当我们需要移动婴儿时、医院工作人员一定会用婴儿床。以这种方式移动宝宝可以确保宝宝不会从某人的怀抱中掉出来。
 - 请勿带宝宝离开这单位。甚至与宝宝在出口附近行走也可能会触发警铃。
 - 如您需要离开病房、您的护士可以帮助您确定单位里谁最适合陪伴您的宝宝、直到您回来。
- 2. 注意护士有照片的名牌上的色带：** 色带确认您的护士是在医院的产科（OB）工作人员：
 - 产科（OB）护士是**粉红色带**。
 - 产科（OB）的资源团队是**深蓝色带**。
- 3. 睡眠的姿势：** 务必让宝宝仰卧、睡在婴儿床里。（请参看“如何在家中保护宝宝的安全”一章）
- 4. 不可共寝：** 我们鼓励您和您的伴侣在清醒时抱宝宝。为了睡眠安全、请将宝宝放在婴儿床中。这是因为您和宝宝在出生后会跌倒的风险很高。将宝宝仰卧在有轮子的婴儿床上、也是保证睡眠时安全呼吸的最佳方法。
- 5. 睡在婴儿床：** 请勿在婴儿床上放任何毛毯、枕头或玩具。美国儿科学会（AAP）和婴儿猝死基金会明确指出；婴儿应在没有额外垫子的硬床垫上睡觉。
- 6. 房间里的安全：** 将婴儿床放在您的床边最近门的地方、靠近我们存放安全设备的柜子那边。请不要在地面堆放任何物品、以便在紧急情况下、工作人员可以很快地到达您和宝宝的身边。

7. 婴儿的安全：我们使用 **3** 个环带来识别婴儿。在每个班次的工作人员检查会核对环带。如我们可以在环带的边缘下放一个指尖、则表示环带戴得正确了。请勿切割或打开安全环带。如有人试图打开安全带或将婴儿带出单位、婴儿的安全环带就会发出警报。如您发现宝宝把其中一个环带踢落了、请立即告诉您的护士或患者护理技术人员。

8. 安全地裹紧宝宝：美国儿科学会 **AAP** 表示避免给新生儿盖毛毯。因该穿睡衣、例如可穿的毯子。这样可以使宝宝保持温暖，而不会遮住头部和面部、也不会使腿纠结。（请参阅本手册中的“如何在家中保护宝宝的安全”一章。）

在医院、我们在生命的最初几个小时里用薄毯子包裹宝宝。如您在医院时用薄毯包裹宝宝、我们可以示范给您看您展如何安全地用薄毯包裹宝宝、而且我们仍然可以轻松检查婴儿的安全环带（请参阅本手册中的“名牌及长方形的脚环”一章。）我们还使用可穿戴的毯子确保睡眠安全。

新生儿的安全

请阅读本手册中的“新生儿安全 **8** 步骤”一章、并在该章第 **2** 页上签名。您的签名告诉我们、您在医院时已阅读、理解并同意遵循“新生儿安全 **8** 步骤”、以确保婴儿安全。

您签署此表格后，我们会将其放置在您宝宝的图表中。它有助于确保我们 **100%**地向您提供安婴儿全信息。

现在、请回到本手册的目录并勾选此题材的框框、以便让护士知道您已经阅读了本章。

您有疑问吗？

我们很重视您的提问。如
对您的宝宝有疑问、请致
电您的儿科医生。

紧急事故、请打911。

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



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.