

## 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.**