

10TH EDITION

# Care of You and Your Baby

ChristianaCare Parent Education



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## Introduction

Babies don't come with instructions, but we've got the next best thing.

### **You and your family are part of the team.**

We encourage the partnership between you, your family, and your health care team to make sure you and your baby get the best possible care. We serve our neighbors as respectful, expert, caring partners in their health.

While you are in the hospital, please tell us who you want included in the care of you and your baby.

Your care team will talk with you clearly and help you every step of the way. We will help you understand how your baby connects, and all of the little things that make the first days and weeks of being a parent so challenging

and rewarding. If you have questions, please ask. If you would like parents, grandparents or other family members or friends present to learn how to care for your baby, tell your nurse and they will work with you to make it happen.

Our program combines medical quality and exceptional support before and after you leave our hospital. An experienced nurse will care for you and your baby and review one-on-one education with you and your family. Your care team works together to care for you and your family while you are in the hospital. Our goal is to provide the best possible care and to make your experience happy, relaxed and memorable.

# Introduction

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## Welcome

### We are here for you

Congratulations on the birth of your baby. The Newborn Experience Support Team is here to help you get off to a good start.

By rooming-in, you will be able to keep your baby with you during your hospital stay. This can help you bond with your baby and will help you feel more comfortable. It also supports successful breastfeeding. Your baby will be comforted by your touch, your voice and the voices of your family members.

Our goal is to make sure you feel comfortable caring for your baby when you leave the hospital. We are here to help you if you have any questions or problems.

Your nurse will come to your bedside to assist with feeding your baby, diaper changing and bathing. We also will help you learn about umbilical cord care and circumcision care. Our nurses have special lactation training and can help with breastfeeding. We also have certified lactation consultants that can offer extra support for breastfeeding.

ChristianaCare partners with a professional photography service to provide photographs of newborns. A photographer will visit your room and ask if you would like photos taken of your baby.

We will do our best to make the first days with your baby happy and comfortable. Thank you for allowing us to be part of this exciting time for you and your family!

**If you need help in any way, please contact our nurse manager of the post partum unit at 302-301-7520**

### Recommended Hours to Visit

---

9 a.m. – 9 p.m.

One support person over the age of 16 can spend the night. Children are not allowed to spend the night.

If you have questions about the visiting policy, please ask a staff member.

### Au Bon Pain Café Bakeries (Lobby Level)

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Mon. – Fri. 6 a.m. – 9 p.m.

Sat. – Sun. 6 a.m. – 8 p.m.

### West End Café Hours (Lobby Level)

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6:30 a.m. – 10 a.m.

10:30 a.m. – 1:30 p.m.

4 p.m. – 7 p.m.

11 p.m. – 3 a.m.

Complimentary coffee, tea, ice & vending machines are available in our Day Rooms located at 6M30/7M30

### Brew Ha Ha! (Main Lobby)

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Mon. – Fri. 6 a.m. – 9 p.m.

Sat. – Sun. 6:30 a.m. – 6 p.m.

### Glass Box Gift Shop (Main Lobby)

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Mon. – Fri. 9 a.m. – 7 p.m.

Sat. – Sun. 11 a.m. – 4 p.m.



# Caring For Yourself

Cuidando de usted misma



## Caring for Yourself

It typically takes four to six weeks after delivery for your body to return to normal, but for some women it may take longer. The first six weeks after giving birth is called the postpartum period.

### After Delivery

#### Bleeding

You will bleed after giving birth, similar to having your period. Vaginal bleeding after you have a baby is called lochia. You may notice more bleeding when you stand up after you have been lying down or when you are nursing your baby. After delivery, patients can have a hemorrhage. Hemorrhage is severe bleeding following delivery. Some warning signs of hemorrhage: are dizziness when you go from a sitting to standing position, feeling like your heart is racing, feeling short of breath, feeling weak, thirsty, cool or clammy. Although uncommon, if you have any of these warning signs, please notify your healthcare provider right away. Sometime after the first week, the bleeding will become thinner and turn light red to dark pink. By the second week, it will turn thicker and look yellow in color.

About four weeks after birth, the lochia will almost disappear. Lochia has a slight smell but should never

smell foul or go back to a bright red color once it has turned lighter. If this happens or if you bleed and fill more than one pad an hour, **call your health care provider**. If you do too much activity, you may see more bleeding.

#### Afterbirth pains

Afterbirth pains happen when your uterus (womb) begins to go back to its normal size after your baby is born. It contracts (squeezes down) because it is a muscle. This squeezing is sometimes called an afterbirth pain. Some women say this pain feels like the cramping you feel when you have your period. These pains typically last no longer than two to three days. If this is not your first baby, these pains may be stronger than they were with your first baby. These cramps are a sign that your uterus is doing its job to keep the amount of bleeding normal and return to its normal size.

## Perineal Care

The perineum is the area between your vagina and rectum. You may have stitches and/or hemorrhoids in this area after you give birth. Hemorrhoids are swollen blood vessels near the anus that are common in pregnancy that can become irritated or swollen when the baby's head comes through the birth canal. Keep your perineum clean. This will help the stitches heal and can improve pain from your stitches or hemorrhoids.

Wash the area with soap and water:

- Wash your hands.
- Fill the plastic bottle we have given you with warm water.
- While sitting on the toilet, squeeze the warm water over your perineum.
- Pat yourself dry starting in the front to your back with clean toilet paper.
- Put on a clean pad.
- Wash your hands.

Sometimes we recommend using a sitz bath, which is a basin filled with warm water. This can be used 24 hours after you give birth. Fill the basin 2/3 full with warm water and sit on it, making sure that your perineum is in the water for 15 to 20 minutes at a time. Do this at least three times each day until the area feels healed. Make sure you take your sitz bath home with you.

Use witch hazel pads to help soothe and clean the area. Place a witch hazel pad on your perineum and rectum after you clean your bottom and change your pad or you may place the witch hazel pads on your sanitary pad if this is easier for you.

A medicated spray to numb your perineum can be used for the first few days. Follow the directions on the can. If there is an increase in swelling, pain and redness around your stitches, call your health care provider.

## Kegel Exercises

Kegel exercises are important to tighten the muscles in your perineum after you give birth. These muscles stretch with pregnancy and birth. Keeping these muscles strong helps stop or lessen accidental loss of urine throughout your lifetime.

To do the exercise, tighten the same muscles that you would use to stop the flow of urine midstream. Hold these muscles tight for five to 10 seconds. Do this exercise 10 times in a row, three different times each day. This will give you benefits over your lifetime. (You could try once to stop the flow of urine while you are on the toilet but should not do this again and again as you do not want to keep concentrated urine in your bladder.)

## Bladder

You may see that you are emptying your bladder a lot after delivery. This is how your body gets rid of extra fluid. Refer to your discharge instructions for signs/symptoms of a bladder infection.

## Bowels

It typically takes two to three days for your bowel movements to return to normal. Some mothers have short-term constipation and a full feeling or "gas." You can help yourself by:

- Drinking plenty of fluids—especially water. You need to drink at least eight to 10 glasses of water or fluid a day.
- Eating fruits, vegetables and high-fiber cereals.
- Emptying your bowels when you have the urge.

Do not take a stool softener or laxative without asking your health care provider first. Call your health care provider if you are unable to have a bowel movement.

## Swelling

It is normal for your body to hold some extra fluid after you give birth. Your body carried extra fluid during your pregnancy. You may see some swelling in your legs. It is important to move around after birth and you should put your feet up whenever you are sitting. Drinking enough water will help your body get rid of the extra fluid.

## After Cesarean Birth

After your Cesarean birth or surgery (birth of the baby through an incision in your belly and uterus), you will have an incision (a cut) in the lower part of your belly. Some health care providers use staples to close the incision, others use stitches. If you have staples, make sure to call your health care provider for an





appointment to have the staples taken out soon after you go home. If your health care provider used stitches, they will go away on their own. Sometimes small narrow strips of tape, steri-strips may be put on the incision. If you have steri-strips, they may be removed if they are falling off. You should remove them after one week if they have not come off on their own when you shower. As your skin around the incision heals, your incision may feel numb and itch. This is normal.

### **Incision Care:**

- Wash gently with warm, soapy water. Rinse and pat dry every day.
- Let your incision get air at least three to four times a day.
- Look at your incision with a hand mirror. It should look dry and closed.

**Call your health care provider if you notice any of the following:**

- Redness, swelling and/or notice the skin is warmer around the incision than other parts of your belly.

- You have a fever.
- More pain or tenderness around the area.
- Severe pain in your belly.
- Any drainage from the incision.
- Opening of the incision.

### **Feelings About Cesarean Birth**

Some women feel let down because they did not have a vaginal birth. What is important is that you have done a remarkable task; you have given birth to a wonderful baby. If you do feel let down or are feeling sad, talk to your nurse or health care provider.

**Please refer to your postpartum discharge instructions. Call your health care provider if you have any concerns.**

## Caring for Yourself



It is important to get rest so that your body can heal. If possible, have someone to help you when you return home. Your health care provider will tell you if you have limits to your activity at home.

### Going Home

#### Bathing

You should use showers during your recovery period. You may soak in a clean tub of warm, clear water. Do **not** take bubble baths. Do **not** douche. Do **not** use tampons.

#### Diet

After you go home you should stay on your usual healthy diet. Breastfeeding mothers should drink plenty of fluids. Do not diet or eat less than 1800 calories each day. A breastfeeding mother should have 500 more calories a day in her diet while breastfeeding.

#### Sex

Having sex while you are bleeding raises your chances of getting an infection. Remember, you will need to use some type of birth control if you do not want to become pregnant again. Breastfeeding is not effective for birth control **even if you have not gotten a period**. Changes in your hormones after birth may cause you to have vaginal dryness. A water-based lubricant can be used for comfort.

Please review the birth control methods on pages 10 -11 before resuming sexual activity.

#### High Blood Pressure

Sometimes women experience high blood pressure related to pregnancy. Symptoms can appear during pregnancy and following delivery.

Call your doctor if you have any of the following symptoms: persistent headache (that doesn't go away with Tylenol® or Ibuprofen, such as Advil® or Motrin®), blurred vision and/or spots before your eyes, shortness of breath, or pain in the upper right quadrant of your abdomen.

If you have been prescribed blood pressure medicine, take your medicine as prescribed. This will prevent very serious problems and rehospitalization.

#### Be Aware of Signs of Infection After Delivery

If you are experiencing fever, chills, feeling like your heart is racing, feeling short of breath, not eating as much, or notice that your skin is paler than normal, call your OBGYN provider, as these may be signs you have an infection.

# Preeclampsia

## What Is It?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of her pregnancy, or up to six weeks after delivery.

## Risks to You

- Seizures
- Stroke
- Organ damage
- Death

## Risks to Your Baby

- Premature birth
- Death

## Signs of Preeclampsia



Stomach pain



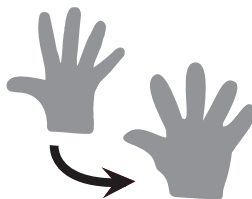
Feeling nauseous; throwing up



Headaches



Seeing spots



Swelling in your hands and face



Gaining more than five pounds (2,3 kg) in a week

## What Should You Do?

Call your doctor or midwife right away. Finding preeclampsia early is important for you and your baby.

For more information go to [www.preeclampsia.org](http://www.preeclampsia.org)

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# Stop the Clot, Spread the Word™

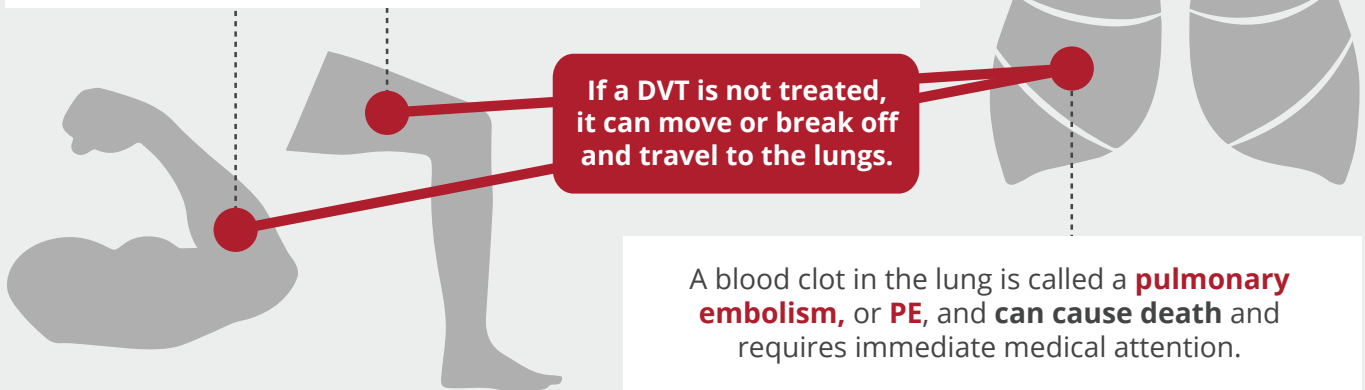


Blood clots can affect anyone, and blood clots can be prevented.

ON AVERAGE, ONE AMERICAN DIES OF A BLOOD CLOT **EVERY 6 MINUTES**<sup>1</sup>.

## UNDERSTANDING BLOOD CLOTS

A blood clot in one of the large veins, usually in a person's leg or arm, is called a **deep vein thrombosis** or **DVT**. When a blood clot like this forms, it can partly or completely block the flow of blood through the vein.



## KNOW THE RISKS

Blood clots do not discriminate by age, gender, ethnicity or race. Blood clots can affect anyone. Three major risk factors are:



**Cancer**



**Hospitalization & Surgery**



**Pregnancy**

### Other Risk Factors Include:

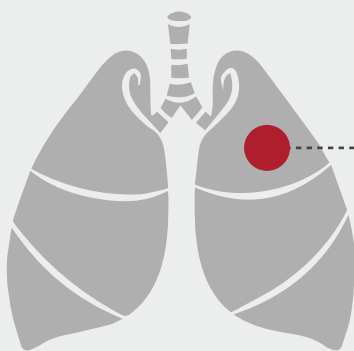
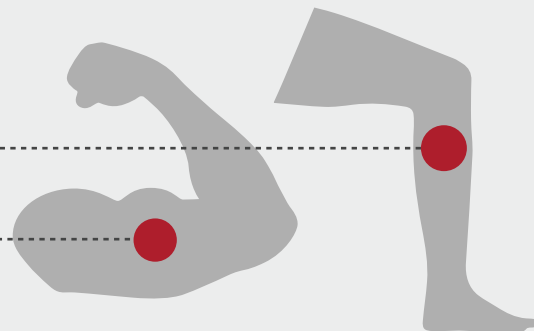
- Birth control that contains estrogen
- Hormone replacement therapy that contains estrogen
- Trauma, particularly when the vein is injured
- Immobility or sitting for long periods
- Being overweight
- Family history of blood clots
- Smoking

# RECOGNIZE THE SIGNS AND SYMPTOMS

Blood clots can be safely treated.

**DVT (Arm or Leg)**—if you experience any of these, call your doctor as soon as possible.

- Swelling of your leg or arm
- Pain or tenderness not caused by an injury
- Skin that is warm to the touch, with swelling or pain
- Redness of the skin, with swelling or pain



**PE (Lung)** – if you experience any of these, seek medical attention immediately.

- Difficulty breathing
- Chest pain that worsens with a deep breath
- Coughing up blood
- Faster than normal or irregular heartbeat

## BLOOD CLOTS CAN BE PREVENTED



Know your risks and recognize signs and symptoms.



Tell your doctor if you have risk factors for blood clots.



Before any surgery, talk with your doctor about blood clots.



See your doctor as soon as you can if you do have any symptoms.

To learn more about blood clots and to spread the word visit:  
**[stoptheclot.org/spreadtheword](http://stoptheclot.org/spreadtheword)**

#### SOURCES

1. Calculation based on 100,000 deaths per year, *The Surgeon General's Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism*, 2008



National Blood Clot Alliance













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Stop the Clot, Spread the Word™ is a public education campaign made possible by funding provided to the National Blood Clot Alliance by the Centers for Disease Control and Prevention under Cooperative Agreement number 1U27DD001153-01.

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# Caring for Yourself

Birth Control Methods	When can you start it?	What is it? How is it used?
Sterilization 	<b>Now</b>	Permanent procedure to prevent any more pregnancies: 1. Tubal ligation in operating room 2. Essure procedure 3. Vasectomy
Intrauterine device (IUD) 	Within 10 minutes after delivery or 6 weeks postpartum	Plastic device placed in the uterus: 1. Paragard (Copper IUD) – no hormones 2. Mirena
Nexplanon 	<b>Now</b>	Plastic rod placed under the skin in your upper arm
Depo Provera (Depo shot) 	<b>Now</b>	A shot in your arm
Progestin-only pill (“the minipill”) 	<b>Now</b>	A pill taken by mouth
Combined oral contraception (“the pill”) 	6 weeks postpartum	A pill taken by mouth
Ortho Evra (“the patch”) 	6 weeks postpartum	A small patch placed on your skin
Nuva Ring 	6 weeks postpartum	A flexible ring you place in your vagina
Condom 	<b>Now</b>	<i>Male condom</i> physical barrier you place over the penis before sex  <i>Female condom</i> physical barrier you place in your vagina before sex
Diaphragm 	6 weeks postpartum	Rubber cup (with spermicide) you place in your vagina (it covers your cervix) before sex

How often do you need to take it?	How well does it work?	Side effects	Ok with breastfeeding?
Only once, it is permanent	Greater than 99%	<ul style="list-style-type: none"> <li>- Very difficult to reverse</li> <li>- Possible regret</li> <li>- Higher risk of pregnancy outside the uterus (ectopic) IF you get pregnant</li> </ul>	Yes
<i>Paragard</i> Can be used for up to 10 years <i>Mirena</i> Can be used for up to 5 years	Greater than 99%	<ul style="list-style-type: none"> <li>- May change periods Paragard – may lead to heavier periods Mirena – may lead to little/no periods</li> <li>- Small risk of coming out</li> </ul>	1. Yes <b>2. Discuss with doctor or lactation consultant</b>
Can be used for up to 3 years	Greater than 99%	<ul style="list-style-type: none"> <li>- May change periods – may increase spotting between periods</li> </ul>	<b>Discuss with doctor or lactation consultant</b>
Every 3 months	94%	<ul style="list-style-type: none"> <li>- May change periods</li> <li>- Possible weight gain</li> <li>- May decrease bone density with long term use</li> </ul>	<b>Discuss with doctor or lactation consultant</b>
Every day, same time!	91%	<ul style="list-style-type: none"> <li>- Less bleeding, cramping, PMS with periods</li> <li>- Possible headaches, acne, breast tenderness, mood swings (less than with “the pill”)</li> </ul>	<b>Discuss with doctor or lactation consultant</b>
Every day	91%	<ul style="list-style-type: none"> <li>- Less bleeding, cramping, PMS with periods</li> <li>- Possible headaches, acne, breast tenderness, mood swings</li> </ul>	<b>Discuss with doctor or lactation consultant</b>
Every week	91%	<ul style="list-style-type: none"> <li>- Less bleeding, cramping, PMS with periods</li> <li>- Possible headaches, acne, breast tenderness, mood swings</li> <li>- May be less effective if you weigh more than 198 pounds</li> <li>- May cause skin irritation</li> </ul>	<b>Discuss with doctor or lactation consultant</b>
Every month	91%	<ul style="list-style-type: none"> <li>- Less bleeding, cramping, PMS with periods</li> <li>- Possible headaches, acne, breast tenderness, mood swings, change in vaginal discharge</li> </ul>	<b>Discuss with doctor or lactation consultant</b>
With every act of sexual intercourse.	80%	<ul style="list-style-type: none"> <li>- Protects against sexually transmitted diseases</li> <li>- May have vaginal irritation to latex (non-latex condom does not protect against STD)</li> <li>- May be uncomfortable</li> </ul>	Yes
With every act of sexual intercourse; can be placed up to 6 hours before, must leave in vagina for 6 hours after sex	88%	<ul style="list-style-type: none"> <li>- May have vaginal irritation to latex or spermicide</li> <li>- Not recommended for use during your period</li> <li>- May get more urinary tract infections</li> </ul>	Yes

\*Shaded area above identifies birth control methods which contain hormones.

## Baby Blues, Depression and Anxiety

### You Are Not Alone

Some women have feelings of sadness during and after pregnancy.

### While You Are Pregnant or After Your Baby is Born

Feel weepy, sad or angry? Can't eat or sleep? Do you feel lonely and overwhelmed? More than half of new moms get "Baby Blues," a time when they feel tearful and easily upset because of all the changes in their bodies after giving birth. Most of the time these feelings will only last for a short time. If you feel this way longer than two weeks, call your doctor.

### When it is More Than Baby Blues

One of every eight new moms will have Postpartum Depression or PPD. This can start days after giving birth or any time within that first year. PPD can start even before your baby is born.

PPD impacts women's bodies, feelings and actions. Signs can include:

- Feeling down almost every day.
- Losing interest in things you enjoy.
- Sleeping too much or too little.
- Not keeping up your appearance.
- Feeling restless or angry.

Some women have other feelings that look more like other mood and behavior problems:

- Feeling very overtaken by anxiety or panic.
- Worrying a lot.
- Having thoughts that are scary.
- Reliving over and over the stress and pain of your birth.

**Postpartum mood problems are not your fault. With help, you will get better.**

### Do You Suffer from Postpartum Psychosis?

This serious problem most often happens two to four weeks after giving birth, but can happen earlier or later. Women who have bipolar disorder are more likely than other mothers to get postpartum psychosis.

Signs can include:

- Extreme confusion and anger.
- Racing thoughts, excitability and talking fast.
- Not able to sleep at all.
- Not trusting other people.
- Thoughts of harming your baby, yourself or other people.

**Postpartum psychosis is a medical emergency. Call your doctor right away or go to the nearest Emergency Department.**



### The Facts

- Having a postpartum mood problem does not mean you are a weak person or a bad mother.
- Women who have PPD or psychosis did not do anything to cause it.
- Do not ignore it, thinking that it will go away on its own.
- Medications and talk therapy can help you to get better faster.
- There are medications that are safe for you and your baby.



# Supporting Moms During and After Pregnancy

## Center for Women's Emotional Wellness

At ChristianaCare, you can get help from licensed, highly skilled and caring specialists in behavioral health. Services include:

- Listening to you and reviewing what services may work best for you.
- Counseling for you and your family.
- Finding the right medicine for you.
- Working with your doctor to plan the best care for you and your family.
- Counseling for women who have psychiatric illnesses and are planning to become pregnant.

To learn more, call  
302-733-MOMA (6662)

## Where to Find Help

### ChristianaCare Center for Women's Emotional Wellness

302-733-6662

Email: [cwew@christianacare.org](mailto:cwew@christianacare.org)

### National Suicide Prevention Lifeline

800-273-TALK (English)

888-628-9454 (Español)

### Postpartum Support International 24-Hour Helpline

800-944-4PPD

302-294-2365

## Websites

[christianacare.org/momsemotionalwellness](http://christianacare.org/momsemotionalwellness)

[www.postpartum.net](http://www.postpartum.net)

[womensmentalhealth.org](http://womensmentalhealth.org)

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

## Domestic Violence

Are you in a relationship in which you have been hurt or threatened?

Is your partner jealous? Are you afraid of your partner?

Have you ever been hit, punched or kicked by someone you know?

Do you feel unsafe in your relationship?

***If your answer is yes to even one of these questions:*** If you are still in the hospital, talk to your nurse or health care provider. ***TALK TO SOMEONE.***

## CALL: Emergency Hotline - 24 hours a day

New Castle County 302-762-6110

Kent/Sussex County 302-422-8058

Delaware Coalition Against Domestic Violence 1-800-701-0456

## Smart Patients Postpartum Community

in partnership with ChristianaCare

Smart Patients, an online peer support resource for patients and family caregivers (18 years+), has created a Postpartum Community with help from Postpartum Support International.

Pregnant women and new mothers coping with mental issues, like depression or anxiety, can share, learn and connect with others who understand their experience within a safe, caring environment. It is free to join and easy to post questions.

### Why Smart Patients is different than other online communities:

- No advertisements are ever allowed.
- All conversations are strictly private and can only be read by members.
- Only patients and caregivers are allowed to join.
- Discussions are closely monitored for inappropriate content or users.
- Communities are nationwide.
- Member profile data is never required or shared.

Learn more: [www.christianacare.org/smartpatients-postpartum](http://www.christianacare.org/smartpatients-postpartum)

Are you feeling sad or depressed?

Do you feel anxious or panicky most of the time?

Are you having difficulty bonding with your baby?

Do you have upsetting thoughts that you can't get out of your mind?



# Health Ambassadors

ChristianaCare has developed a community-based program to promote health before, during and after pregnancy. Health Ambassadors give pregnant women and their families access to health education, health care and social services. The Health Ambassadors team consists of three community health workers who have established a strong presence in the community by building sustainable relationships within it. The Health Ambassadors have partnered with community centers, health care centers, faith-based organizations and other community health programs within ChristianaCare's Office of Health Equity to bridge the gap between the health care system and community resources.

## *Do you need ...*

- Prenatal care?
- Health care?
- Safe sleep information?
- Help with breastfeeding?
- Home visiting services?
- Information on your child's development?
- Events and programs to connect with other moms, dads and families?

**Contact Health Ambassadors at [healthambassadors@ChristianaCare.org](mailto:healthambassadors@ChristianaCare.org) or visit [ChristianaCare.org/HealthAmbassadors](https://www.ChristianaCare.org/HealthAmbassadors).**

*The Health Ambassador program was founded by ChristianaCare's Department of Family & Community Medicine, Center for Community Health and the Wilmington Consortium, with funding from the Delaware Division of Public Health.*

Please visit the following helpful website: [dethrives.com](https://dethrives.com)



**CARING FOR YOUR BABY**  
EL CUIDADO DE SU BEBÉ

# Caring For Your Baby

El cuidado de su bebé



Your baby may not look as you thought he or she would at birth. Your baby's head may be long and not shaped as expected. His or her eyes may look puffy. There may be some blotches on your baby's face. **All of this is normal.**

### Your Baby's Appearance After Delivery

Your baby's appearance will change every day during the early weeks of life. Here are some things that you may see in newborns:

**Milia:** Tiny white bumps on the nose, cheeks, and chin. They will go away in two to three weeks.

**Blue hands and feet:** The blood going to the hands and feet is slower at birth. This will go away in a few days.

**Eye color:** Some babies have bluish gray eyes at birth which may change up to one year after birth. Infants with brown eyes usually stay brown.

**Fontanels (soft spots):** Babies have two areas on their head called soft spots. These make it possible for a baby to fit through the birth canal. One is on the top near the front, and the other is on the lower back

of the head. These spots slowly close until they close completely by 18 months old. You may notice when your baby cries the spots move up and down. This is normal.

**Umbilical cord:** The umbilical cord stump should be dry and not have any smell. Usually, the umbilical cord stump falls off within two weeks.

**Stork bites/Angel kisses:** Patches of dark pink areas may be found on the bridge of the nose, forehead, upper eyelids, back of the head or the neck. These will go away in a few months.

**Mongolian spots:** Large flat areas with dark green or blue color may be found on the back or the buttocks. (They are common in dark skinned babies). They usually go away by six years old.

## Basic Infant Care

To a new parent, even routine tasks like changing a diaper and dressing your baby can be stressful. Be patient as you learn. While you are in the hospital, the nurses will teach you to care for your baby. When you go home, family and friends can help you as you care for your baby.

Remember, when holding your baby, you should support his or her head and neck.

**Remember to always keep one hand on your baby when you diaper or dress your baby on a changing table or high surface.**

### Bulb Aspirator

A bulb aspirator is used to take mucus, breast milk or formula out of your baby's mouth. Don't overuse the bulb aspirator in the baby's nose. To use it:

- Squeeze the bulb half way.
- Gently put the tip in the side of your baby's mouth and release. As you release the bulb, the mucus and/or milk will be sucked into the bulb.
- Squeeze the mucus out of the bulb into a tissue or trash can.
- Rinse the bulb aspirator out with hot water after each use. Squeeze the bulb to suck up the water. Remove from the water and shake it. Then, squeeze the bulb into the sink to get the water out. Repeat this until the bulb is clean. Be sure to get all the water out before you use it again.

### Delayed Pacifier Use

It's important to delay pacifier use until your baby is about three to four weeks old. Using pacifiers before then can make it difficult for you to learn your baby's feeding cues, make it harder for your baby to latch to your breast, and may decrease the amount of milk you make.

### Personality

Babies are born with their own likes and dislikes. How babies relate to their parents, family members and the world around them comes from their unique personalities. One of the challenges in the first few days of life is to learn what works best for your baby.

## Crying

Crying is the only way your baby has to talk to you. Some crying is normal. **Babies cry to tell you when they are hungry, tired or just need to be held. You cannot spoil a newborn with attention.** Try to meet basic needs first. Is your baby hungry, wet or dirty, or too warm/too cold?

There are many ways to soothe a crying baby. Dr. Harvey Karp who wrote "Happiest Baby on the Block" lists five simple steps that you can take to help comfort your baby. These steps are also known as the 5 S's:

1. Swaddling.
2. Side/Stomach.
3. Shhhhhing.
4. Swinging.
5. Sucking.

For more information about these five steps you can talk to your nurse, call ChristianaCare Parent Education and Lactation Services at 302-733-3360.

If your baby is still crying, try some of these tips:

- Rock your baby in a rocking chair.
- Gently stroke the back of your baby's head.
- Talk or sing to your baby.
- Play soft music.
- Walk your baby in your arms or in a stroller.
- Go for a ride in the car.
- Play rhythmic noise.
- Burp your baby.

Sometimes too much activity can make it hard to calm your baby. **Never bring your baby into bed with you to calm him or her.**

## Remember to never shake your baby.

**If you feel overwhelmed because your baby is crying, place your baby in a safe place and call for help.**





# Magical Minutes

## A safe Bond For a Lifetime

Newborn babies who are placed on their mom's chest (skin-to-skin) shortly after birth form a life-long bond.

**Skin-to-skin benefits include:**

- Cries less.
- Has less stress.
- Stays warmer.

**Proper positioning is important. Proper positioning means:**

- Baby's head is turned to one side and face can be seen.
- Baby's mouth and nose are not covered.
- Baby's neck is straight.
- Baby is chest-to-chest with shoulders flat against mom.
- Mom and baby are a little upright, not flat in a bed or chair.
- Mom and baby are covered with blankets.
- If you start feeling drowsy stop skin-to-skin. It is not safe for you to sleep with your baby on your chest or in your bed.

**Practice skin-to-skin bonding as often as possible through the first few weeks of your baby's life.**

# Caring for Your Baby

## Bathing

A sponge bath is all your baby needs until the cord comes off. If your baby is circumcised, you will need to continue a sponge bath until the penis has healed.

### Basic Things Needed for Bathing

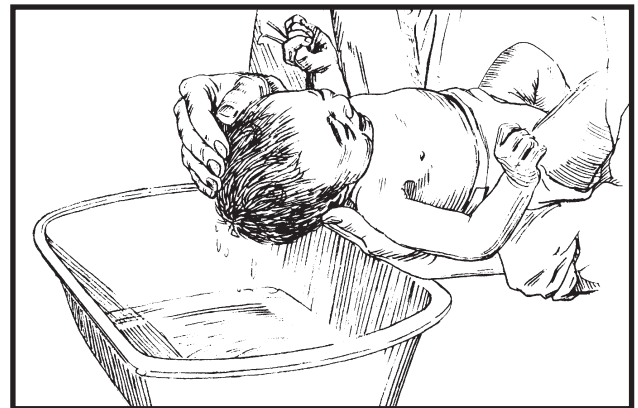
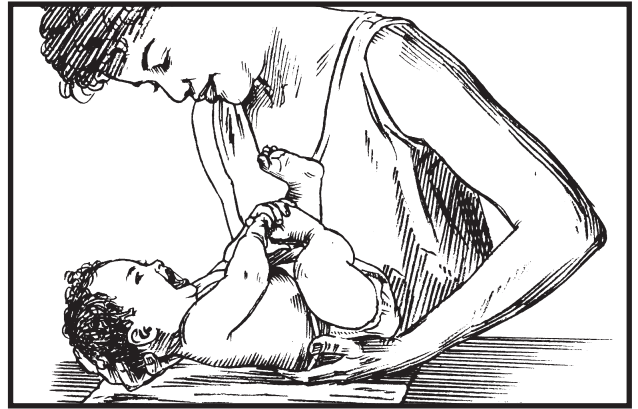
- Baby tub or dish tub and warm water (90 to 100 degrees).
- Soft wash cloth (two to three).
- Plastic cup for rinsing.
- Gentle non-tearing baby soap, unscented.
- Two soft baby towels or two large towels.
- Diaper.
- Clothing.

### Steps for the Bath

1. Lay your baby down on a soft towel.
2. Remove your baby's clothing.
3. Wipe your baby's eyes with a wash cloth and plain warm water. Wipe from the inner corner of the eye to the outer corner. Use a clean part of the wash cloth when you wash the other eye the same way.
4. Wash your baby's face, the outer part of the nose and the ears with the tip of the wash cloth. Never stick a cotton swab in the nose or the ear as this can hurt your baby.
5. Pick up your baby supporting the head and neck. Be careful if your baby is wet. He or she will be slippery. Wash your baby's head using a soft brush or wash cloth. Rinse the head well with warm water.
6. Clean around the umbilical cord with soap and water.
7. While supporting your baby's head and neck, wash the arms, the legs and then the belly. Be sure to wash the creases well around your baby's neck, belly and between the fingers and toes. Wash your baby's back. Take off the diaper and wash from front to back. Pat dry well and diaper your baby. Be careful; at times a baby will urinate on you during a bath or diaper change.

### Umbilical Cord Care

Clean the cord at least once a day and after diaper changes if cord is soiled. Air dry. Do not use alcohol. Fold diaper away from the cord to assist with drying. The cord should fall off within 14 days. Call your doctor if you notice signs of infection. This includes foul smelling, yellowish discharge from the cord or red skin around the base of the cord.



## Diapering

Before you start, make sure that everything you need is within your reach. **Never leave your baby alone, even for a second, on any high surface.** It is important to change the diaper after each bowel movement and whenever it is wet. Wet and dirty diapers will irritate your baby's skin and may cause a diaper rash.

Lay your baby down on his back and unfasten the dirty diaper. Roll it toward your baby and take it off. Ask your health care provider about suggestions on whether to use commercial wipes. You can also use a soft paper towel or cloth. Do not use powder because the particles get blown into the air, and the baby can breathe in the powder particles, which can damage the baby's lungs.

### Diapering Baby Girls

- Separate the labia (inner vaginal lips).
- Wash with a mild soap and water, wiping from front to back. Use a clean cloth each time you wipe.
- Rinse with plain water and pat dry.
- Your baby girl may have clear mucus-like discharge and you may see a small amount of blood on a wet diaper. This is because of mother's hormones and is normal.

### Circumcision

Circumcision is the surgical removal of the foreskin. Circumcision has some health benefits, including lowering the chance of urinary tract infections and penile cancer and less transmission of some sexually transmitted infections, including HIV. The American Academy of Pediatrics feels that these health benefits outweigh the risk to circumcision, since complications are infrequent. However, the health benefits are not great enough to recommend routine circumcision for all male newborns. The decision about whether your son should be circumcised is an important decision that only you can make. It is important to weigh the medical information in light of your personal feelings, such as religious, ethical and cultural beliefs. If you have questions, talk to your pediatrician or obstetrician.

If your son was circumcised, the tip of his penis will look very red for a few days. If there is no plastic ring on the tip of his penis, place a small amount of Vaseline on the head of the penis. This will prevent the sore area from rubbing against the diaper. You may notice a yellow coating on the head of the penis. This is normal and means the area is healing. Within a week, the redness and coating should slowly disappear. If the



redness continues, or if there is swelling or crusted yellow sores with cloudy fluid, call your health care provider.

If he has a plastic ring on his penis, **do not remove the ring. Do not use Vaseline.** The ring will typically fall off in five to 10 days. A dark brown ring around the plastic ring is normal and will go away once the ring drops off. Make sure to wash the penis with soap and water and rinse well after a bowel movement. Give him a sponge bath until it heals.

### Call your health care provider if any of the following occurs:

- Bleeding at the circumcision site.
- Swelling of the circumcision site.
- The baby does not have a wet diaper within eight hours after the circumcision was completed.
- Signs of infection (yellow drainage, a lot of redness, foul odor, fever).
- The ring has not fallen off within 10 days.
- The ring slips onto the shaft of the penis.

### Caring for Your Uncircumcised Baby

Wash your baby's penis with soap and water and rinse well with each diaper change and bath. In a newborn, the foreskin is connected by tissue to the head of the penis. You should NOT try to pull it back unless directed by your health care provider.

### Dressing Your Baby

- Dress your baby in loose, comfortable clothing. Your baby should be comfortable wearing the same number of layers that you are wearing.
- Avoid overheating. Do not put too many clothes on the baby. The baby should not feel hot to the touch. Overheating increases risks for Sudden Infant Death Syndrome (SIDS).



## Taking Your Baby's Temperature

If your baby's head or body feels warm to the touch, it's a good idea to take his or her temperature with a thermometer. It is also a good idea to take the baby's temperature if the baby seems to be acting ill, or is not acting like himself or herself.

If you think your newborn baby has a fever, it is recommended to take a rectal temperature for newborns and young infants. A rectal temperature means the thermometer is in the baby's bottom to get the true internal body temperature. This is the most exact way to take a temperature in young babies. Taking a rectal temperature is very safe if you follow the directions below. Talk to your baby's provider about how you should take your baby's temperature. Some providers may suggest using the under the arm temperature (also called the axillary temperature). Do not use ear thermometers, pacifier thermometers, mercury thermometers, temporal artery thermometers or thermometer strips that go on the baby's forehead for your newborn. These are not safe and accurate for young infants.

### How to Take a Rectal Temperature

- Turn on the digital thermometer and place a small amount of petroleum jelly on the end of the thermometer. (If your thermometer came with plastic throwaway covers, place the cover on before applying petroleum jelly).
- Place your child on their back and bend their legs up as if you were wiping their bottom. You can also

place your baby on their belly with their legs tucked under their body.

- Gently insert the small end of the thermometer in your child's bottom (or rectum), putting it in about  $\frac{1}{2}$  inch to 1 inch. Hold the thermometer in place until the device signals that's it's done by beeping or lighting up.
- Remove the thermometer, read the number and write it down.
- Your baby may have a bowel movement while taking their temperature.
- Label the thermometer, so you remember to only use the thermometer for rectal use. Clean the thermometer when you are done using it.

### How to Take a Axillary (underarm) Temperature

- Turn the thermometer on and wait until it reads zero.
- Put the small end under your baby's armpit and hold the thermometer flat against your baby's body.
- Hold your baby's arm against the side of their body, making sure the thermometer doesn't slip out of the armpit.
- When the thermometer beeps, remove the thermometer, read the number and write it down.

**Call your baby's health care provider for any oral, axillary, or rectal temperature greater than 100 °F or less than 97 °F. These temperatures are considered abnormal.**

# Jaundice

Jaundice is a yellowish coloring of your baby's skin caused by an extra amount of bilirubin in the blood stream. Bilirubin is a substance formed as your baby's body gets rid of extra, unneeded red blood cells after birth. This happens in most babies and is only harmful when too much bilirubin is in the baby's body.

## Call your health care provider if your baby gets any of these signs of jaundice:

- Skin color seems to be quickly becoming more yellow. Often yellow is seen first in the face and white part of the eyes, then spreads to chest, tummy and legs.
- Once you go home, it is important to continue watching for jaundice. Pay attention to skin color, overly sleepy baby, missing feedings and few or no bowel movements.

## Bilirubin Lab Draw Locations

For a follow up bilirubin level, you may take your baby to any of the following lab locations. Before visiting our lab locations, please call the lab for a list of current hours and days of operation.

### Christiana Hospital Campus Medical Arts Pavilion MAP 1 – Suite 100

4745 Ogletown-Stanton Road  
Newark, DE 19718  
302-733-6244  
Monday – Friday: 6 a.m. – 5 p.m.

### The Center for Heart & Vascular Health at Christiana Hospital - Room 1E92D E Tower

Entrance at Center for Heart & Vascular Health  
Newark, DE 19718  
302-733-1558  
Monday – Friday: 7:30 a.m. – 4 p.m.

### The Health Care Center at Christiana

200 Hygeia Drive  
Newark, DE 19718  
302-326-0151  
Monday – Thursday: 7 a.m. – 8 p.m.  
Friday: 7 a.m. – 6 p.m.  
Saturday: 7 a.m. – Noon

## Avoid the wait during your next visit! You can use Express Check-In at some of the ChristianaCare lab locations.

To check in online, visit [ChristianaCare.org/ExpressLab](https://www.ChristianaCare.org/ExpressLab) and search for the nearest lab location for your baby's bilirubin level. Then click on "save my spot in line" and fill out the brief online form to make check-in quick and easy!

## When to Call Your Health Care Provider

It is hard, as a new parent, to know your baby's habits, needs and personality right away. Most often, you will sense that your baby is sick when they are ill. Look at your hospital discharge papers for specific signs and symptoms to look for. If you have any concerns about your baby, call your health care provider as soon as possible. **Trust your instincts.**

## Call your baby's health care provider if:

- You have any questions about how to care for your baby.
- Your baby is having less than three to four wet diapers per day **OR** fewer diapers than listed on your feeding log.
- Your baby has not had a bowel movement in 24 hours.
- Your baby has a temperature higher than 100 °F or lower than 97 °F.
- Your son had a circumcision and there is bleeding that will not stop after you use a cool cloth or gently press on the bleeding area.
- Your baby is too sleepy to stay awake to feed eight or more times in 24 hours.
- Your baby has trouble feeding.
- You see redness, drainage, swelling or a bad smell from eyes, circumcision or cord area.

## Call 911

For any emergency such as:

- Blue color to your baby's skin.
- Trouble breathing.
- Not breathing.
- Not moving and not waking up.

## Car Seat Safety

We highly recommend that you bring your car and car seat to have someone check the installation at a fitting station. See the inside back page for the telephone number. Certified technicians at these locations can teach you how to put your car seat in correctly. The car seat must be installed correctly to protect your baby in the event of a crash.

### Helpful tips:

- The American Academy of Pediatrics currently recommends keeping children rear facing until they reach the upper weight and length limits of a rear facing seat.
- The safest spot for your car seat is the rear center seat.
- Infants should be at a 30- to 45-degree angle.
- Do not add anything to your car seat unless it came with it.



- Be careful when using a used car seat. Make certain that it has not been in a crash and has not

expired. Ask the previous owner for the owner's manual and be sure that all the pieces are there.

- All car seats have an expiration date.
- You will be responsible for placing your baby in your car seat and fitting your car seat in the car when you leave the hospital.
- Do you have questions about how to place your baby properly in the car seat? Scan the QR code below to watch a video that will help you learn how to secure your baby safely in the car seat.



## Car Seat Safety Inspections

We want to help you keep your baby safe. Before bringing your baby home, we can teach you how to install your child safety seat here or at any of the inspection station locations listed below.

### New Castle County:

Alfred I. duPont Hospital for Children  
1600 Rockland Road  
Wilmington, DE 19803  
Call 302-651-5437 for an appointment

Wilmington Division of Motor Vehicles  
2230 Hessler Boulevard  
New Castle, DE 19720  
Call 302-434-3234 for an appointment

### Kent County:

Division of Motor Vehicles  
415B Transportation Circle  
Dover, DE 19903  
Hours: Tuesday and Wednesday  
Call 302-744-2749 for an appointment

### Sussex County:

Delaware State Police – Troop 7  
18006 Coastal Highway  
Lewes, DE 19958  
Thursday only  
Call 302-387-2324 for an appointment

## Heatstroke Safety Tips

**Everything you need to know to keep your kids safe from heatstroke.** Babies and young kids can sometimes sleep so peacefully that we forget they are even there. It can also be tempting to leave a baby alone in a car while we quickly run into the store. The problem is that leaving a child alone in a car can lead to serious injury or death from heatstroke. Young children are particularly at risk, as their bodies heat up three to five times faster than an adult's. These tragedies are completely preventable. Here's how we can all work together to keep kids safe from heatstroke.

### Lower the number of deaths from heatstroke by remembering to ACT

- A:** Avoid heatstroke-related injury and death by never leaving your child alone in a car, not even for a minute. Make sure to keep your car locked when you're not in it so kids don't get in on their own.
- C:** Create reminders by putting something in the back of your car next to your child such as a briefcase, a purse or a cell phone that is needed at your final stop. This is especially important if you're not following your normal routine.
- T:** Take action. If you see a child alone in a car, call 911. Emergency personnel want you to call. They are trained to respond to these situations. One call could save a life.

### Create extra reminders and communicate with daycare

- Create a calendar reminder for your electronic devices to make sure you dropped your child off at daycare.
- Develop a plan with your daycare so that if your child is late, you'll be called within a few minutes. Be especially careful if you change your routine for dropping off children at daycare.

### Teach Kids Not to Play in Cars

- Make sure to lock your vehicle, including doors and trunk, when you're not using it. Keep keys and remote entry devices away from children.
- Teach kids that trunks are not safe places to play.
- If your child is missing, get help and check swimming pools, vehicles and trunks. If your children are locked in a car, get them out as quickly as possible and dial 911 immediately. Emergency personnel are trained to evaluate and check for signs of heatstroke.



**Heatstroke is the leading cause of non-crash, vehicle-related deaths for children. On average, every 10 days a child dies from heatstroke in a vehicle.**

*For more information visit [www.safekids.org](http://www.safekids.org). © 2016 Safe Kids Worldwide®*

# Caring for Your Baby

## Infant Safe Sleep Routine

Babies should never sleep in bed with anyone or anything, not even for naps.

### Sleep Alone

Babies should NEVER sleep in a bed with anyone.

### On Back

Babies should ALWAYS sleep on their backs.

### Empty Crib

There should be NOTHING in the crib with your baby.

### Smoke Free

Keep baby's environment SMOKE-FREE.





## Sleeping Recommendations

### DO NOT EVER SLEEP WITH YOUR BABY

The risks of having your baby sleep in your bed with you are suffocation, strangulation, and entrapment, possibly causing death. Newborns can become stuck in the headboard and suffocate in comforters and blankets. Newborns should have a firm surface, with a tightly fitted sheet, with no gaps, pillows, or loose bedding. Sleep clothing may be used. A baby up to two years old should not have a pillow and should sleep on a firm surface. Avoid placing baby in a co-sleeper, or on sofas, chairs or waterbeds.

It is recommended that your baby's crib or bassinet be placed in your room with you for the first six – twelve months. A separate but close sleep setting is best. Use a crib, bassinet or portable crib (pack and play) that is specifically designed for infants.

For more information about safe sleep, scan the QR code below to watch a short video.



## Falls

Falls are the leading cause of injury in a baby's first year of life. Falls can happen in the hospital or once you are home. As you recover from giving birth, your body is going through many changes. It is hard to sleep well when you are trying to meet the needs of a newborn. Your medications may also make you sleepy. It is important to be aware of these things in order to prevent your baby from getting hurt due to a fall.

### A few safety tips:

- Make sure you place your baby safely in the bassinet if you begin to feel sleepy at any time while caring for your baby. Do not allow your baby to fall asleep in your bed, as this can result in the baby slipping out of the bed or suffocating under your bedding.
- Never leave your baby unattended on a surface such as a changing table or bed — **you should always keep a hand on the baby at all times.**
- Be careful when climbing stairs with your baby in your arms — make sure to always hold the hand rail.

## Sudden Infant Death (SIDS) Prevention

The sudden unexplained death of an infant less than one year of age is known as Sudden Infant Death Syndrome (SIDS). Families can lower the risks of SIDS by taking the following steps recommended by the American Academy of Pediatrics (AAP):

- **The back is the safest position for sleeping infants.** Put your baby on his or her back to sleep every time, unless given other instructions by your health care provider.
- Use a firm sleep surface.
- Keep soft objects and loose bedding such as bumpers, comforters, quilts, sheepskins, pillows and stuffed toys, out of your baby's bed.
- A separate but close sleeping setting is best. Use a crib or bassinet that follows safety standards of the Consumer Product Safety Commission in the mother's room. A portable crib can also be used.
- Consider offering a pacifier at nap time and bedtime. For breastfeeding infants, delay pacifier introduction until one month of age so that breastfeeding is established. Talk to your health care provider about how long to continue pacifier use.
- Avoid overheating.
- Avoid commercial devices marketed to reduce the risk of SIDS including "sleep positioners."
- Do not allow smoking near your baby.
- Make sure your baby's head and face stay uncovered during sleep.
- Talk to anyone taking care of your baby about SIDS prevention.
- Encourage tummy time only when the infant is awake and being watched by an adult.



All babies born in Delaware are screened for more than 40 disorders including: cystic fibrosis, galactosemia, sickle cell anemia, hypothyroidism, and many others. This testing is known as newborn metabolic screening.

### Newborn Metabolic Screening

Finding a possible disorder early on can mean a better chance of treating it. The newborn metabolic screening is a test done while you are in the hospital. A small amount of blood is taken from your baby's heel and put on a special test paper. The hospital sends this test paper to the Perkin Elmer Genetic Laboratory for testing. The test paper is kept in the laboratory for up to three years and is then destroyed.

The lab sends the results of the test to your health care provider and the Delaware Newborn Screening Program. If the baby has any results that need follow-up, the health care provider will be notified right away and will contact you to make necessary arrangements. **It is important that the hospital and your health care provider have the right address and phone number for you so they can reach you.** Check with your health care provider if you have any questions. You may also call the Delaware Newborn Screening Program at 302-651-5079.

## Hearing Test

It is recommended that all babies have their hearing tested after birth. ChristianaCare uses a special type of screening to test hearing, where three small stickers (electrodes) are placed on the baby's head and neck. Small earphones send soft clicking sounds to their ears and a computer records the response. The computer determines if the baby has passed the assessment. Since no response is necessary, the baby can be restful or sleeping while it is performed.

Most babies pass their screening test before discharge from the hospital. If your baby fails their hearing test, there is a possibility of hearing loss. Your health care provider will help you arrange a repeat test two to three weeks after going home. If you have any questions please call the Delaware Division of Public Health at 302-744-4544/1-800-262-3030 or ChristianaCare Rehabilitation Services at 302-623-4050.



## Congenital Heart Disease Screening Program – Frequently Asked Questions

### **What is congenital heart disease? (CHD)**

CHD is a problem with the structure of the heart or the way blood flows through the heart. CHD is one of the most common birth defects. The cause is unknown and it cannot be prevented.

### **Why is it important to screen for CHD?**

Screening for CHD can identify serious heart defects before a baby leaves the hospital. Early identification of CHD allows a baby to get treatment sooner and stay healthier.

### **How is the screening performed?**

The CHD screening test uses pulse oximetry (ox-eh-ma-tree), also called a “pulse ox” device. A pulse ox is a simple and painless way to measure the amount of oxygen in the blood. This helps to determine if a baby’s heart and lungs are healthy. The pulse ox device is placed on your baby’s hand and foot using a sticky strip to keep it in place. The device then connects to a monitor that shows the pulse ox reading. The test takes only a few minutes when your baby is still, quiet, and warm. If your baby is fussy, squirming, or cold, it may take a little longer. The test is noninvasive and painless. It should not hurt your baby.

### **When will the CHD screen performed?**

The test is most helpful in identifying problems when done after 24 hours of life.

### **What is a normal reading?**

Normal pulse ox readings are from 95 to 100%. There should not be a difference of more than 3% between the reading from the hand and the foot.

### **What if my baby has an abnormal CHD test?**

There are some special circumstances where lower pulse ox readings may be expected based on the baby’s age and other health conditions. If a CHD test shows abnormal results, a doctor will examine your baby to look for heart or lung problems. The doctor may order additional tests to make sure the heart has developed normally. Usually, this is an ultrasound to look at the heart, called an echocardiogram or “echo” test.

### **Can a baby with serious CHD have a normal pulse ox reading?**

The CHD screening test cannot detect all forms of heart problems. It is important for your baby to have regular visits with the doctor.

### **What if I have other questions or do not want my baby to be screened for serious heart problems?**

If you have questions about the CHD screening, talk to your baby’s doctor.



## After Delivery of Your Baby

There are three medicines recommended for all newborns. They include:

- **One injection of vitamin K given shortly after delivery.** This helps the blood to be able to clot normally and protects the baby against serious and potentially life-threatening bleeding (e.g., bruising, bleeding from the circumcision site, and more serious hemorrhage in the gastrointestinal tract or brain).
- **Erythromycin ointment applied to the eyes shortly after delivery.** This protects the baby against certain eye infections which can occur in the newborn period. It is also required by Delaware law.
- **The initial dose of hepatitis B vaccine.** Newborns are at risk of contracting Hepatitis B during childbirth. Children can also become infected through contact with microscopic amounts of infected blood later in life. For these reasons, all newborns should be vaccinated against Hepatitis B in the first 24 hours of life. Early vaccination can prevent chronic Hepatitis B infection, which can lead to liver damage and other serious health problems in infants and children.

## Immunizations

The Centers for Disease Control and Prevention, American Academy of Pediatrics, American Academy of Family Physicians and ChristianaCare strongly recommend that all infants and children be immunized to protect them from life-threatening diseases. Immunizations save lives. By completing the form below, starting with your stay here in the hospital, you can make sure that your baby receives all the recommended vaccines.

## A Few More Tips:

- Vaccine schedules especially for RV (rotavirus) and Hib (haemophilus influenzae type b) may vary depending on the brand your pediatrician uses in their office.
- Also, some vaccinations can be combined and given in one dose. Ask your pediatrician if they use combination vaccines.
- The influenza vaccine is given once a year annually just before or during flu season to all children aged six months to five years.
- For more information, visit [cdc.gov/vaccines](http://cdc.gov/vaccines).

## Caring for Your Baby

Age	Immunizations*	Age Range	Date Given	Adverse Reactions
Birth	HepB #1	Birth		
2 months	HepB#2	1-2 months		
	RV #1			
	DTaP #1			
	Hib #1			
	PCV #1			
	IPV #1			
4 months	RV #2			
	DTaP #2			
	Hib #2			
	PCV #2			
	IPV #2			
6 months	HepB #3	6-18 months		
	RV #3			
	DTaP #3			
	Hib #3			
	PCV #3			
	IPV #3	6-18 months		
	Influenza	6-59 months, Recommended yearly		
12 months	Hib #4	12-15 months		
	PCV #4	12-15 months		
	MMR #1	12-15 months		
	Varicella #1	12-15 months		
	HepA**	12-23 months; sec- ond dose at least 6 months		
15 months	DTaP #4	15-18 months		

\* Immunizations listed above: Hepatitis B (HepB), Rotavirus (RV), Diphtheria/Tetanus/Pertussis Combination Vaccine (DTaP), Haemophilus influenzae Type b (Hib), Pneumococcal Vaccine (PCV), Inactivated Polio Vaccine (IPV), Measles/Mumps/Rubella Combination Vaccine (MMR), Hepatitis A (HepA). \*\* Two doses of HepA vaccine are needed for lasting protection. The first dose should be given between 12 and 23 months of age. The second dose should be given six to 18 months later. HepA vaccination may be given to any child 12 months and older. Children and adolescents who did not receive the HepA vaccine and are at a high risk should be vaccinated against HepA.



# Feeding Your Baby

Alimentando a su bebé





## Breastfeeding

Breastfeeding is important for moms, babies and the community. ChristianaCare is proud to provide lactation support before the baby arrives, while mom is in the hospital, and long after going home. We want to provide information so you can make the best decision for you and your baby.

Early breastfeeding is a time for learning. All of our nurses are trained to help you start your breastfeeding journey. If you need additional support, our certified lactation consultants and specially trained staff are available for assistance. No matter your feeding choice, we will fully support you.

Some substances can pass from you to your baby through breast milk. Please check with your provider/lactation supporter if you are taking medication while breast feeding. **Using alcohol, tobacco or other drugs including marijuana is discouraged.**

### Breast Milk

- Is the perfect food for your baby.
- Changes as your baby grows.
- Has antibodies to protect your baby from certain illnesses.
- Is easily digested.
- Has many health benefits for you and your baby.
- In any amount, is a gift for your baby.

### Getting Started

- Your baby may be sleepy in the first 24 hours.
- Skin-to-skin or putting the baby to mother's bare chest, wearing only a diaper, helps the baby to smell the breast milk and find your breast.
- Put your baby to your breast when you see feeding cues.
- Hand express drops of colostrum for your baby.

**The American Academy of Pediatrics states that breast milk is “uniquely superior” and recommends exclusive breastfeeding for the first six months and in combination with other foods until at least 12 months of age.**

Exclusive breastfeeding means to feed your baby only breast milk and no other food or drinks. Always follow your health care provider's instructions for the care and feeding of your baby.

### Feeding Cues

- Waking up.
- Licking lips, sticking tongue out.
- Turning their head when the cheek is touched (rooting).
- Hand-to-mouth activity, such as sucking fingers or hand.
- Crying is a late feeding cue. Feed your baby when they first show feeding cues.

### Potential Impact of Formula

There may be risks to giving your baby formula:

- Formula takes longer to digest and stays in the belly longer than breastmilk. This discourages baby from feeding at the breast often and can decrease your milk supply.
- Formula can lower the good bacteria in your baby's gut that helps them fight illness and infections.

# Feeding Your Baby

## Your Baby's Belly

Newborn babies have very small bellies and need only a small amount of breast milk during their first several days of life. Offer your breast when your baby is showing feeding cues. **This should be at least eight times in 24 hours.**

Below are life-size examples of how small your baby's belly is and how it grows over the first 10 days following birth.

**Day 1 of Life:** The approximate size of your baby's belly:

**2-10 mL**  
about 1 tsp.

**Day 3 of Life:** The approximate size of your baby's belly:

**15-30 mL**  
about ½ – 1 oz.

**Day 10 of Life:** The approximate size of your baby's belly:

**30-60 mL**  
about 1 – 2 oz.



## Helpful Hints

- Place your baby skin-to-skin often.
- In the first 48 hours your baby may not feed as well as when your baby is older.
- You may need to wake your baby to make sure your baby is fed at least eight times in 24 hours.
- It is normal for a baby to want to nurse frequently, often referred to as “cluster feeding.”
- Let your baby nurse as long as they want to on the first breast and then offer the other side.
- Try to burp your baby after feeding. Breastfed babies do not always burp.
- A newborn baby's stomach is the size of a marble at birth.
- Colostrum is the first breast milk. It is the perfect small amount for your baby's stomach, and is full of nutrients.
- It is important to feel strong sucks and to hear your baby swallow. This is a sign your baby is getting milk.
- Frequent nursing or pumping helps to build up your milk supply in the first few weeks.
- Remember to tell both your doctor and your baby's doctor that you are breastfeeding before taking any medication.

## Positioning and Latch

### How Do I Get My Baby to Latch?

- Hold the breast so that your baby has enough room to latch.
- Hold your baby belly to breast (football hold) or belly to belly (cross cradle hold).
- Stroke your nipple across your baby's upper lip.
- Wait for your baby's mouth to open.
- Bring your baby to your breast, not your breast to your baby.
- Any discomfort should go away after the first few sucks.

### Signs of a Good Latch

- Wide lips.
- Lips are curled outward (lips tucked inward are frequently the cause of nipple pain).
- Strong tugging without pain.
- Tongue down.

If discomfort continues your baby may not be latched correctly. Detach your baby by putting your finger between your baby's gums. Please ask your nurse for help. Our nurses are specially trained to help families with breastfeeding.



### Football Hold

Support your baby at your side, facing you. Your baby should be at breast height. The arm closest to your baby should support your baby with your hand holding the baby's head, neck and shoulders. Place a pillow under your arm for support. Sandwich your breast with your hand so that your thumb is across from your baby's nose.



### Cross Cradle

Place your baby at breast level with your baby's chest and belly against your body. With the same hand as the side you are nursing on, sandwich your breast so that your thumb is across from your baby's nose. Your other hand will support your baby's head, neck and shoulders.

# Feeding Your Baby



## Burping

Burping helps to get rid of air your baby may have swallowed during a feeding or when crying. Some babies need to burp more than others do. To burp your baby, put a receiving blanket or cloth on your shoulder. Gently pick up your baby and put his or her head over your shoulder. Gently rub or pat the baby's back. It may take a few minutes for you to burp your baby. Some babies spit up when they burp. This is normal. You can also lay your baby across your lap on the belly and gently rub the back.

## Hiccups

Most babies hiccup from time to time. If your baby gets hiccups during a feeding, try changing positions and burping your baby. Wait to see if the hiccups go away. Restart feeding. If your baby gets hiccups often, try feeding before the baby is very hungry and when the baby is calm. This should help decrease the hiccups.

## Engorgement of Breasts (Swelling)

Many moms find their breasts are firm and painful when their milk "comes in." Here are some tips on how to make you more comfortable over the next 24 to 36 hours.

If you are breastfeeding:

- Try to feed your baby at least eight times in 24 hours.
- Pump or hand-express your milk only enough to soften your breast so your baby can latch on to feed.

- Wear a good supportive bra.
- Put ice packs wrapped in a towel over your breasts. You may do this for 20 minutes after you feed your baby or pump.
- If ice packs do not help stop the pain, talk with your health care provider about taking pain medicine. Call your health care provider if you have or feel:
  - A fever higher than 100.2 degrees by mouth.
  - Chills.
  - Flu type feelings.
  - Red painful lump(s) in your breast that do not go away in 1-2 days.

## Sore Nipples

- Be sure that the baby is latched onto the breast correctly.
- Use only a mild soap and water to wash your nipples.
- Apply breast milk to your nipples after each feeding and allow them to dry.
- Avoid nursing pads with plastic liners.
- Massage a small amount of purified lanolin to the nipple.
- The most frequent cause of sore nipples is improper latch. For help, you may want to contact the Breastfeeding Resource Center at 302-301-3360, 8:30 a.m. to 4 p.m., Monday through Friday.

## Call Your Doctor or Health Care Provider If:

- Your baby is not breastfeeding at least eight times in 24 hours.
- You think your baby is not having enough wet or dirty diapers.
- You do not hear swallows and do not feel strong tugging when your baby feeds.
- You have concerns about your baby's feedings.

## Hand Expression

Hand expression offers mothers the ability to express milk for their babies and can help your milk “come in.”

- Stimulate the breast with massage and nipple rolling.
- Gently grasp the breast with thumb and forefinger at the approximate location of where the baby’s lips would be during a correct latch.
- Pull the breast back toward the chest wall.
- Using the forefinger and thumb gently compress and roll towards the nipple in a steady rhythm without sliding fingers along skin – Important note: milk may take a few minutes to flow.
- Rotate fingers around the breast to express all areas of the breast.

## Pumping

- If breastfeeding is going well, you may want to wait about 3-4 weeks before pumping.
- Ask your nurse for assistance with pumping the first time.
- If you are separated from your baby after delivery, begin pumping as soon as you can, at least within the first six hours after birth.
- If your baby is not breastfeeding well after 24 hours, begin pumping as soon as you can.
- Suction should be strong but not painful.
- If pumping is uncomfortable, have your nurse check that the flange (funnel) size is correct.

## Breast Milk Storage Information

Use this chart as a basic guide for storing your milk. **Milk for all newborns should be refrigerated as soon as possible.**

STORAGE TIME FOR HUMAN MILK	ROOM TEMPERATURE 77°F / 25°F OR COLDER	REFRIGERATOR 40°F / 4°C	FREEZER 0°F / -18°C
<b>Freshly expressed or pumped milk</b>	Up to 4 hours	Up to 4 days	Within 6 months is best. Up to 12 months is acceptable.
<b>Thawed, previously frozen</b>	1-2 hours	24 hours	Do not refreeze. (never refreeze human milk after it has been thawed)
<b>Warmed, Fed from bottle</b>	Use within 2 hours after feeding. Discard leftover milk after 2 hours.	Do not refrigerate.	Do not refreeze.
<b>Warmed, Not fed from bottle</b>	Use within 4 hours. Discard leftover milk after 4 hours.	Do not refrigerate.	Do not refreeze.

**\*Storage times may vary for premature or sick babies. Refrigerate fresh milk within one hour of pumping milk for newborns staying in the Neonatal Intensive Care Unit. Milk for all newborns should be refrigerated as soon as possible within four hours.**

Sources: Jones, F. and M.R. Tully, Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Child Care Settings. Raleigh, NC: Human Milk Banking Association of North America, 2006; Mohrbacher, N. and J. Stock, The Breastfeeding Answer Book. Schaumburg, IL: La Leche League International, 2003.

# Feeding Your Baby

## ChristianaCare Breastfeeding Support Resources

For breastfeeding support, questions or to schedule a consult please call the Breastfeeding Warm Line at 302-301-3360. *Messages will be returned within 24 hours between 8 a.m. - 8 p.m., Monday - Friday and 8 a.m.-4 p.m. on weekends and holidays. For questions outside of these hours, please call your infant's pediatrician.*

### Free Breastfeeding Support Groups

Moms help other moms with the guidance of a lactation consultant. Held every week (except holidays) in the Center for Women's & Children's Health at ChristianaCare, Newark.

**Monday afternoon**, room 1932, 2-3 p.m.

**Wednesday evening**, room 1927, 6 -7 p.m.

**Pumping support group** – last Monday of every month, room 1932, 3:15 – 4 p.m.

### Mother Baby Support Group

Meet other mothers and share the joys and challenges of this exciting time in your life. Someone from the ChristianaCare Parent Education or lactation consultant team will be there to answer any questions.

**Every Monday** (Except Holidays) 10-11:30 a.m.  
ChristianaCare, Newark Campus Maternity building, Room 1932

## Additional Breastfeeding Support Resources

Breastfeeding Coalition of Delaware  
[www.delawarebreastfeeding.org](http://www.delawarebreastfeeding.org)

La Leche League International  
**800-525-3243**

Latin American Community Center  
**302-655-7338 ext. 7723**

Westside Breastfeeding Counselor  
**302-655-5822**

WIC Breastfeeding Peer Counselor  
**302-733-4151**

*Breastfeeding Peer Counselors are available 24 hours a day 7 days a week for WIC.*



## Wondering if baby is getting enough? Follow this simple log below!

Baby should eat at least 8 times a day.

Baby should have at least the minimum number of diapers for their age. Be sure their age and color of stool match up.

Age in days	Wet diapers	Dirty diapers (poop)	Dirty diapers color
1	1	1	Dark green, black
2	2	2	Dark green, brown
3	3	2	Dark green, brown
4	4	3	Yellow, yellow green
5	5	4	Yellow, seedy
6+	6	4	Yellow, seedy

## Exclusively Pumping?

Pump both breasts a minimum of 8 times per day.

Don't wait longer than 5 hours between pumping sessions.

Follow the chart below to see if you are on track for pumping amounts.

Day	Target Amounts per Day
1 & 2	drops
3	25-75 mls (1-2.5 oz)
4	75-150 mls (2.5-5oz)
5	150-225 mls (5-7.5 oz)
6	225-300 mls (7.5-10 oz)
7	300-375 mls (10-12.5 oz)
8	375-400 mls (12.5-15 oz)
9	450-525 mls (15-17.5 oz)
10	525-600 mls (17.5-20 oz)
11	600-650 mls (20-22 oz)
12	650-700 mls (22-23.5 oz)
13	700-750 mls (23.5-25oz)
14 (2 weeks)	750 mls (25 or more oz)

# Feed & Pump Log

Baby's Birth Date:

Baby's Birth Time:

		Minutes Fed or Amount Pumped		Notes	
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Minutes Fed or Amount Pumped

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Minutes Fed or Amount Pumped

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Minutes Fed or Amount Pumped

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Minutes Fed or Amount Pumped

Notes

Day#/Time of feed	<input type="checkbox"/> Feeding <input type="checkbox"/> Pumping	Left Breast	Right Breast	Wet Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirty Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Minutes Fed or Amount Pumped

Notes

Day#/Time of feed	<input type="checkbox"/> Feeding <input type="checkbox"/> Pumping	Left Breast	Right Breast	Wet Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirty Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Day#/Time of feed	<input type="checkbox"/> Feeding <input type="checkbox"/> Pumping	Left Breast	Right Breast	Wet Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirty Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Minutes Fed or Amount Pumped

Notes

Day#/Time of feed	<input type="checkbox"/> Feeding <input type="checkbox"/> Pumping	Left Breast	Right Breast	Wet Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirty Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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		Minutes Fed or Amount Pumped		Notes	
Day#/Time of feed	<input type="checkbox"/> Feeding <input type="checkbox"/> Pumping	Left Breast	Right Breast	Wet Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirty Diapers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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**Congratulations on making it through the first two weeks of your feeding journey!**

We're here for you. If you have any questions, call the **Breastfeeding Resource Center at 302-301-3360.**





**WATCH YOUR BABY GROW**  
OBSERVANDO EL CRECIMIENTO DE SU BEBÉ

# Watching Your Baby Grow

Observando el crecimiento de su bebé

# Watching Your Baby Grow



## Newborn

Check the things that I am doing. Show this list to the doctor or nurse when we go for my check-up.

### Watch for me to:

- Look to see who is talking.
- Move my eyes to follow something that moves in front of my face.
- Look at you, look away, and then look at you again when we are playing. I can see best when an object is about 8 inches from my face.
- Sleep a lot, waking up frequently to eat.
- Let you know when I am hungry (see page 40 for these feeding cues). I should eat at least 8 times every 24 hours.
- Be fussy and cry more than you would like me to cry. Don't be afraid to hold me.
- Want to suck often. I'm not using you as a pacifier in these early weeks. The more often I breastfeed, the more milk you will make for me.
- Be startled by loud noises.

To learn more about how I grow, ask for the Just in Time Parenting newsletter. Each month it explains how I grow, games we can play, and ideas for dealing with trouble I get into. To subscribe, call:

New Castle County: 302-831-8867

Kent County: 302-730-4000

Sussex County: 302-856-2585

### Play with me. It helps me learn.

- Hold me, cuddle me, rock me, hug me, and let me look at your face.
- Change my position every once in a while.
- Talk to me, sing to me, and read to me.
- Put a picture on the side of my bed. Hang a mobile over my crib. Hang them securely so I can't pull them down.
- Listen to gentle music with me.

# Watching Your Baby Grow

## Help me be safe.

- Whenever we ride in the car, put me in a car seat and put the straps on right. Delaware law requires that I be in a car seat when I am in a car. Take me to a car seat center to make sure the seat is placed correctly in our vehicle. The car seat is the only safe place for me to be. Use the car seat even if I fuss. Fussing is my way of telling you that I know I am in a different place. I should look out the back window.
- Place me in a crib on my back to sleep. Be sure the mattress is firm with a tight-fitting sheet. Babies should sleep alone in a safe crib.
- Check the batteries in our smoke detector. Have you thought of how you would help me get out if there was a fire? Practice a fire escape.

## Help me be healthy.

Before I go home from the hospital, I may have a hepatitis shot and I will have several tests done. One test will be a hearing test. Another will be a blood test to screen for several genetic disorders. The doctor or nurse will take a small amount of blood by pricking my heel before I leave the hospital. I will need to have another test done before I am two weeks old. The hospital will give you information saying where I need to go to have the second blood test done. If the tests show a possible problem, you and my doctor will be notified and appropriate follow-up will be set up for me.

When I go for my first check-up, I will be:

- Weighed and measured.
- Looked at everywhere. The doctor will look in my eyes, ears, and nose; listen to my heart and lungs; and examine my hips, abdomen, and umbilical cord stump.

The doctor will want to know how we are all doing as a family and will answer any questions that you have. Don't be afraid to ask questions. My health is very important. That is why we go to a doctor or clinic for the Well-Child check-ups.

## Feed Me When I Am Hungry

I will let you know I am hungry by showing you feeding cues. I will eat 8 or more times in 24 hours.

### Feeding Cues:

- Rooting: baby turns head and opens mouth.
- Sucking on fingers or a fist.
- Moving, licking or smacking of lips.
- Excited arm and leg movements.
- Fussing or crying may be a later feeding cue.



## I Talk by Crying

If I am crying, it could mean that I:

- Am wet.
- Am too hot or too cold.
- Am sleepy.
- Am hungry.
- Want to change position.
- Want to be held.
- Need to be burped.
- Have colic.
  - If nothing seems to help me calm down, check with my doctor to see if something is wrong.
  - Soon you will be able to tell the difference between my cry that says, “feed me”, and the one that says, “pick me up and hold me”.
  - Remember, it is common for babies to have a fussy time each day.



## 1-2 Months

For each of these items that I do, put a check in the box. Look back at the first list. Am I doing anything now I wasn't doing then? If I am, put a check in the box. Show this list to the doctor and nurse when we go for my check-up.

Watch for me to:

- Wave, kick, and squirm when lying on my back.
- Make sounds like uh, eh, and oh.
- Look and stare at things. I look at you a lot.
- Lift my head up and turn it sideways when I am on my stomach.
- Turn to you and smile at you when I see or hear you.
- Quiet down, move my eyes, or change my expression when I hear your voice or I hear some other noise.

### **You may notice that I also:**

- Sometimes cross my eyes or have only one eye open at a time. This is normal. I will do this until my eye muscles get stronger.
- Gurgle, smile, and laugh when I am happy.
- Have tears when I cry. My tear ducts are starting to work now.
- Like to suck my thumb or pacifier. Sucking is a way that I learn about my world. It is also one way that I calm myself down.

Children are very different from one another. Some children move and make sounds before others, some take a little longer. If I was born early or have some special needs, then it may take me a little longer to do some of the things listed. Help me to learn new things. If you are concerned, talk to my doctor or nurse.

# Watching Your Baby Grow

## Play with me. It helps me learn.

- Let me feel different objects by rubbing them against my hands. Let me feel some soft materials and some that are bumpy. I like to feel the different clothes you wear.
- Tell me how special I am. Smile and talk to me a lot.
- Show me bright colors. I can easily see the difference between black and white and red and yellow.
- Put me in a baby carrier and carry me while you move around the house. Carry me in front of you. Talk to me about what you are doing. I like to see what is happening.
- Look at me when you talk to me. I want to copy your mouth. Repeat the sounds that I make. I like the game of making sounds.
- Show me pictures in a book. Tell me about the pictures.
- Place me on my tummy for a few minutes when we play. Hold a toy in front of me. Move the toy so I can turn my head from side to side.

## Help me be safe.

- Handle me gently. Do not pick me up by my arms or swing me by my arms or legs. Do not shake me or throw me in the air.
- Protect me from falls. Be careful not to fall with me in your arms.
- Do not leave me alone on a changing table, bed, or other high place. I could fall.
- If you give me medicine at night, turn on the light and read the label every time to make sure you are giving me the right medicine and the right amount of medicine.
- Place me in a crib to sleep. Beds for adults are not safe places for me. It is too easy for me to fall off or to suffocate in a bed designed for adults.

## Help me be healthy.

At this check-up, I will:

- Be weighed and measured.
- Have several immunizations. These immunizations help my body to build defenses against disease. I will need to have these immunizations if I am going to be in child care or preschool and before I go to school. Take my Immunization Record with me so we can write down the date that I had these immunizations.



## I May Still be Eating 8 or More Times Every 24 Hours

Some babies, particularly breastfed babies, may eat more often on some days. I do not need any cereal with my feedings. My body is not ready for solid foods until I am 6 months old. Feeding solids too early may cause me to have allergies or to eat too much. My doctor might suggest that I have vitamin drops if I am being fed breast milk or was born prematurely. Talk to the doctor about this.

## Being a Parent Is Hard Work

- When you feel stress building, talk to your partner, a family member, or a good friend about your feelings. It helps to talk with someone who is close to you.
- Ask someone to come watch me so you can have a break.
- Join a group of parents where they talk about ways to help children grow. To find out about parenting groups, **call Helpline at 211.**
- Read about being a parent. There are books, magazines, newsletters, and leaflets for parents.
- There should be times when it is fun to be a parent. If you are having trouble finding fun times, get help. Call the phone number below. Describe what is happening and ask for some suggestions to help us.



If you need ideas of how to help me, call 211 to help us with our questions and concerns. You can speak confidentially to a Referral Specialist who can help connect us with a human service agency or program where we can get the help we need.

Also check their website at **[delaware211.org](https://delaware211.org)**

# Watching Your Baby Grow



## 3-4 Months

Put a check in the box beside the things I can do. Look back at other lists. Can I do the things now that I couldn't do then? If I can, put a check in those boxes. Show this list to the doctor and nurse when we go for my check-up.

Watch for me to:

- Smile at you to get you to pay attention to me.
- Hold up my head without bobbing it around when I sit in your lap.
- Hold a small toy, like a rattle, for a few seconds in my hand if you place it in my hand.
- Laugh out loud.
- Say oo, aah, and other vowel sounds. Sometimes when I say these sounds, I will say them quickly. Other times, I will say them slowly and kind of sing the sound.
- Hold my head all the way up and rest on my arms when I am on my stomach.
- Recognize sounds that I hear often—like your voice, the sound of a favorite toy, or running water.
- Let you know I recognize you as a special person. I get excited when I see people I know.

*Each child grows and changes at a different rate.*

Use this list to see what I can do next. If you are concerned that I am not doing most of these things, talk to my doctor, nurse, or the people at Child Development Watch.

New Castle County: 800-671-0050 or 302-283-7240

Kent & Sussex County: 800-752-9393 or 302-424-7300

### **Play with me. It helps me learn.**

- Play Talking Back and Forth. First, I make a noise and you listen. Then you make the same noise and I listen. We can do this many times.
- Put me on my back and let me reach for toys hanging from the sides of my crib or playpen. Make sure these are tied safely and securely so they won't hurt me.
- Put me on my tummy. Put two toys in front of me. Let me reach for them.
- Hold a rattle or toy in front of me. Move it to get my attention. Then let me try to keep my eyes on it while you move it from one side to the other, up and down, and in circles. This helps me use both eyes.
- Read to me. I like poems and stories that are short.
- Play Peek-a-boo with your hands or a blanket.
- Let me babble to you.



## Help me be safe.

- Make sure that the toys, pacifiers, and other things you give me are safe for me to have. I like to feel them with my mouth. They should not have any sharp edges or loose pieces. Toys should be big enough that I cannot fit them into my mouth.
- I am now strong enough to wiggle out of the infant seat or tip it over. Use the safety strap and keep the infant seat on the floor, and away from steps or other dangers.
- Never leave me alone on a bed, on a sofa, on the changing table, in a walker, or in the tub.
- Many babies who use walkers are involved in accidents. Baby walkers have many safety hazards for me. If I use one keep me on a flat surface, away from carpets, stairs, and ledges. Always watch me while I am in a walker.
- Keep me away from hot liquids such as coffee, tea, and soup. When you are holding me, don't try to drink anything hot. I could be badly burned by a hot liquid spilling on me.
- It's time to start making our house safe for children. One way to do this is to get on your hands and knees and crawl around. Take away or move anything that I can reach or that could hurt me as I begin to crawl around. Keep me away from cords of all kinds—telephone cords, drapery cords, and electrical cords. Cover the electrical outlets.
- I like to look at balloons, but keep them away from my face. If a balloon covers my mouth, I will not be able to breathe.

## Help me be healthy.

At this check-up, I will:

- Be weighed and measured.
- Be looked at everywhere. The doctor will check my hearing, and look to see how I move and how well I see.
- Have several immunizations. Remember to record them in my Immunization Record.
- Be asked about my eating habits. I should still only be fed breastmilk. Tell the doctor how much I eat.

**Keep me away from cigarette and cigar smoke. It makes it harder for me to breathe.**

## New Things are Happening To Me.

When something new happens to me, I may be angry or afraid. I am slow to change. As a parent, you could get angry and confused with me.

What I really need is for you:

- To be patient.
- To show me new things, new people, and new situations very slowly.
- To let me try three to four times to get used to something new. I might like it better the second and third time I try it than the first time.



# Watching Your Baby Grow



## 5-6 Months

Put a check in the box beside the things I can do. Look back at the lists for the other months. Can I do the things now that I couldn't do then? If I can, put a check in those boxes. Show this list to the doctor and nurse when we go for my check-up.

Watch for me to:

- Pick up my head and chest when I am on my stomach. I can hold myself up with my arms.
- Stand up if you hold me under my arms.
- Roll from my stomach to my back or from my back to my stomach.
- Lie on my back and look at my hands. I can bring my hands together over my chest or at my mouth.
- Reach for toys or other interesting things that are near me.
- Squeal and make high pitched sounds when I am happy.
- Start to have my teeth come in.

*This list describes what most children can do by 6 months.*

I am my own person. I might do some activities earlier than others. Play with me to help me learn new things. If you are concerned, talk to my doctor, nurse, or the people at Child Development Watch.

New Castle County: 800-671-0050 or 302-283-7240

Kent & Sussex County: 800-752-9393 or 302-424-7300.

## Help me be safe.

Teach me to use the high chair safely.

- Put the safety belt on when I am in the chair.
- Be sure the tray is securely locked in place. Make sure my hands are out of the way when you lock the tray in place.
- Be sure there are no sharp edges to cut me or you.
- Don't let me stand in the chair.
- Don't leave me alone in the chair.
- Don't leave the chair too close to a table or counter. I can push on the table and tip my chair over.

While you can make my house safer for me, I will need help to learn how to be safe. Put gates at the stairs so I don't go up or down the stairs.

- Tell me what you want me to do, over and over. Don't get tired of telling me. I am too young to understand or remember.
- Until I learn what to do, take me away from the place I shouldn't be or take away the thing I shouldn't be playing with. Get me interested in something else. Don't tap my fingers or hit me. Try not to yell at me, either.
- Tell me, hug me, and praise me when I do what you want.

## Help me be healthy.

At this check-up, I will:

- Be weighed and checked over.
- Have the next set of immunizations. Write the date I have these immunizations in my Immunization Record. If I had a reaction to the immunizations when I had them before, tell the doctor what happened to me.

I may:

- Have my eyes checked to see if I have crossed eyes or a lazy eye.
- Have a blood test to see if I have enough iron in my blood.

Ask:

- If I need fluoride supplements to help my teeth.
- About my eating habits. Describe when and how much I eat.

## Starting Me on Solid Foods

- Ask my doctor about starting solid foods once I am 6 months old. Start with cereal, like rice cereal. After several weeks, add a vegetable. An orange vegetable such as squash or sweet potatoes would be a good one to serve first.
- Only give me one new food each week. If I have an allergy, this way you will know what food caused the allergy.
- Take care of my teeth. As soon as my teeth come in, it is a good idea to gently brush my teeth with a little, soft bristled toothbrush and some water. I should not have toothpaste now.

To learn more about how I grow, look at the *Just In Time Parenting* newsletter. Each month it explains how I grow, games we can play, and ideas for dealing with trouble I get into. To subscribe, call:

New Castle County: 302-831-8867

Kent County: 302-730-4000

Sussex County: 302-856-2585



# Watching Your Baby Grow

## Helpful Telephone Numbers

### *For information and referrals to health and human services*

**Delaware 2-1-1** including information about services for children and families, such as subsidized childcare, Public Assistance and Medicaid; Help Me Grow is part of 2-1-1.

Monday-Friday 8 a.m. - 8 p.m. .... 2-1-1

### *For support and information about parenting challenges*

**Child, Inc.** provides direct services such as shelters, domestic violence treatment programs, and specialized foster care, prevention programs such as parenting classes and assistance, and community advocacy for children and their families. .... 800-874-2070

New Castle County ..... 302-762-8989

**Domestic Violence Hotline** ..... 302-762-6110

**National Child Abuse Hotline** ..... 800-4-A-CHILD

**Runaway Youth Hotline** ..... 302-762-6373

Contact - 24-hour helpline for anyone under stress. Trained listeners can offer support and make referrals to community agencies.

New Castle County ..... 302-761-9100

Kent and Sussex Counties ..... 800-262-9800

TDD ..... 302-761-9700

### *For information about the services available for children with developmental delays and disabilities*

**Parent Information Center of Delaware** identifies community services, helps families solve problems, and offers emotional support. PIC has a library of resources and offers informational workshops.

Toll Free ..... 888-547-4412

New Castle County ..... 302-999-7394

**Delaware Family Voices Family to Family Health Information Center** provides families with children with special health care needs tools to make informed decisions, advocate for improved policies, build partnerships, and serve as a resource on health care.

Toll Free ..... 877-235-3588

New Castle County ..... 302-669-3030

### *For information on children's evaluations or services related to a developmental delay or disability*

**Child Development Watch** evaluates and coordinates services to young children, birth to age 3.

Toll Free ..... 800-671-0050

New Castle County ..... 302-283-7240

Toll Free ..... 800-752-9393

Kent and Sussex Counties ..... 302-424-7300

**Child Find** is a program, available in all school districts which identifies children three and older who are in need of special services. Visit their web page for the phone number of the Child Find Coordinator or Special Education Supervisor in your District. ....www.dmpkids.com/delaware-child-find-services

**Delaware's Maternal and Child Resources** can be found by visiting .....www.dethrives.com

*For help in finding a doctor*

**Medical Society of Delaware**

For people with insurance.....302-366-1400

For people with NO insurance .....302-224-5190

*For information about immunizations* .....800-282-8672

*For legal assistance*

**Community Legal Aid Society, Inc.** provides free legal assistance to disabled, low-income, and elderly citizens in civil areas of law. Voice/TTY available in each office.

New Castle County.....302-575-0660

Kent County .....302-674-8500

Sussex County .....302-856-0038

*For help in finding and using child care*

**Children and Families First**

New Castle County.....302-658-5177

Kent and Sussex Counties (Toll Free).....800-220-3092

*For information about the Women, Infant and Children (WIC) Nutrition Program*

**WIC Nutrition Program** provides participants with nutritious foods and nutrition education. Pregnant, post-partum and breastfeeding women, infants and children up to their fifth birthday are eligible if they qualify.

Toll Free .....800-222-2189

**For information about obtaining a library card [delawarelibraries.org/librarycardcampaign](http://delawarelibraries.org/librarycardcampaign)**

*For more information about your child's health and development:*

Kidshealth.org

Healthychildren.org

Zerotothree.org

State of Delaware - Department of Services Children, Youth and their Families - Office of Childcare Licensing:

<https://kids.delaware.gov/occl/occl.shtml>

*Content in this section was provided by Delaware Health and Social Services Birth to Three Early Intervention System and University of Delaware Cooperative Extension.*

# Notes

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## Other Important Telephone Numbers

ChristianaCare Billing Dept. (Patient Financial Services)	302-623-7440
ChristianaCare Birth Records	302-301-1360
ChristianaCare Breastfeeding Support Center	302-301-3360
ChristianaCare Outpatient Lab (E tower)	302-733-1558
ChristianaCare Outpatient Lab (MAP 1, Suite 100)	302-733-6244
ChristianaCare Outpatient Pharmacy	302-733-2182
ChristianaCare Parent Education	302-301-3360
ChristianaCare Center for Women’s Emotional Wellness	302-733-6662
ChristianaCare Psychiatric Crisis Help Line	302-320-2118
Delaware Motor Vehicle (DMV) for Car Seat Fitting Stations	302-434-3234
Domestic Violence Hotline	302-762-6110
Hudson State Services Center	302-283-7500
Office of Child Advocate	302-255-1730
Paternity Testing – Kent Family Court	302-672-1000
Paternity Testing – New Castle Family Court	302-255-0300
Paternity Testing – Sussex Family Court	302-855-7400
Poison Control	800-222-1222
Smoking Cessation – Delaware Quit Line	866-409-1858
Social Security Administration	866-667-7221
Women Infants and Children (WIC)	302-283-7570

**For more information, visit [christianacare.org/baby](http://christianacare.org/baby).**

*Telephone numbers may change without notice.*

Scan this QR code to  
access an online version.



P.O. Box 1668  
Wilmington, DE 19899  
302-733-1000

[ChristianaCare.org/baby](https://christianacare.org/baby)

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