

Mom & Baby Guide

Congratulations! Reference this guide for all you need to know, learn and do in the first hours and weeks of life with your new baby.

Welcome to Catholic Health.

We know you have a choice, and we truly appreciate you choosing to have your baby with us here at a Catholic Health hospital. We hope you enjoy your stay!

At Sisters, Mercy, and Mount St. Mary's, we believe strongly in the principles of Family Centered Maternity Care:

- Childbirth is a wellness, not an illness. Labor, delivery, and postpartum care are normal life events.
- Our goal is for you and your family to learn everything possible before discharge. We want you leaving the hospital confident and fully educated regarding your needs and your baby's care.
- Family and friends are encouraged to be present whenever the new mother wishes.
- We encourage you to keep your baby in the room with you for your entire stay.
- We welcome questions and suggestions from any family member.

You are also encouraged to take advantage of our wonderful Spiritual Care Department here in the hospital. If you ever want a visit from a chaplain, someone to meditate or pray with you, or if you would like to receive communion, please let your nurse know.

Housekeeping is available on the floor during the day and evening hours. Rooms are cleaned each day, but if you need something to be cleaned sooner, your nurse can call Housekeeping for you at any time.

In addition to this guide, you will receive a paperwork packet that includes important forms to be filled out and signed before you leave:

- BIRTH CERTIFICATE & PATERNITY FORMS — Hand the New Birth Registration form to your nurse as soon as it is completed. We can help you if needed.
- SHAKEN BABY EDUCATION — Please watch the video "A Life in Your Hands" on the Newborn Channel or on your smart phone at thenewbornchannelnow.com (use password 05476). This video can also be found on YouTube. Once you watch this, fill out the form and return it to your baby's nurse.
- IMMUNIZATION EDUCATION — Acknowledgement form about protecting children from disease.
- DISCHARGE NOTICE — Read this document carefully. We want you to feel ready to leave the hospital and begin life at home with your new baby.

If you have any questions or suggestions, please feel free to speak with your nurses. You can also speak with our Managers or Directors at any time.

Thank you for choosing us.

Warmly,


Maryann Cogdill
Director, Maternity and Nursing
Mount St. Mary's Hospital
(716) 298-2932

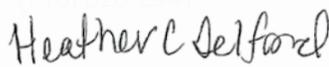

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GETTING STARTED

Welcome Baby

The “Golden Hour”	
Skin to Skin	3
Get to Know Your Newborn, Room In	3

Breastfeeding

Latching On.....	4
Sucking	5
Burping	5
Bottles / Pacifiers?	5
Breastmilk 101	6
Pumping & Bottle Feeding	7
Breastfeeding Hints	8
Feeding Log	9-12
Bill of Rights.....	13-14

The First Week

Diapering your Baby

Bowel Habits	16
Diaper Rash	16
Cord Care	17
Circumcision.....	17

Newborn Screening

Pulse Oximetry (CCHD)	18
Hearing	19
Blood Tests	19
NYS Screening Program.....	19-21
Hepatitis B Vaccine	21

GOOD WORK, MOM

During your stay...

Recover. Rest. Remember.	22
-------------------------------	----

Common Medications

Pain Relief, Anti-Constipation, Anti-Nausea	24
--	----

Tdap Vaccine

Birth Record

Insurance

CARING FOR BABY

Welcome Home

Handle with Care	30
------------------------	----

Sleep

Sleep Patterns, Safe Sleep	32
----------------------------------	----

Bonding & Soothing

Soothing Sounds, Swaddling	34
Infant Massage	36
Thumb Sucking & Pacifiers	37

Bath Time

Bathing, Clothing	38-39
-------------------------	-------

Feeding

Something More than Milk	40-41
-------------------------------	-------

NEWBORN HEALTH

Primary Care

First Check-Ups.....	42
Signs of Illness	44

Vaccinations

Crying Period / Prevent	
Shaken Baby Syndrome	48

CARE FOR NEW MOMS

Postpartum Period

Mom’s Body After Pregnancy	50
Managing Discomfort, Activity	52
Personal Care	54
Muscle Recovery	56

Breast Health

Milk Supply, Discomfort	58
Breast Examinations.....	60
Mammograms	61

Exercise.....

Nutrition

Support

“Baby Blues”, Anxiety, Postpartum Depression	66
---	----

YOUR NEW FAMILY

Safe & Sound

Lead, Radon, Car Safety, Smoking, Water Safety,	68-71
--	-------

Home Together

Siblings, TV/Reading, Childcare...	72
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Dear Family

Mom & Baby Guide

Talk to your healthcare provider!

This handbook is not a substitute for the advice of a qualified expert.

While you are in the hospital –

Questions

Write down any questions you have for your nurses or doctors about you or the baby for the next time they come into your room.

If your question is urgent, please use your call light.

_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Before you leave –

Mom's Checklist

- Baby's completed Birth Certificate form returned to your nurse
- Video viewed, and Shaken Baby Syndrome sheet signed and returned
- Paperwork Packet completed
- Your OB has written your discharge
- You have your discharge notice
- You have any prescriptions needed
- Mom is dressed
- You have a ride home
- Car is packed, car seat base secured
- Get any breast milk from fridge
- Have a breast pump if needed
- _____

Baby's Checklist

- Circumcision done (if elected)
- Hearing screen done
- CCHD Pulse Oximetry done
- State Newborn Screening blood test done
- Pediatrician has approved and written baby's discharge
- You have baby's discharge papers
- Baby is dressed
- Car seat is in room (leave base in car)
- _____
- _____
- Security sensor removed*

When your ride has walked down to pull the car around to the front of the hospital, you can call your nurses and tell them you are ready to go down.

*Once in the wheelchair, call the nursery and they will come and take the security sensor off the baby.

Welcome **BABY!**

THE “GOLDEN HOUR”

What you do in the very first hour of your baby’s life can have a significant – even lifelong – impact on the bond you have with your baby.

We know this is an exciting time for your family. We suggest that visitors be patient and wait to be introduced to baby until he or she starts to adjust to the shock of a brand new world. Baby will recognize you by your voice, heartbeat and scent, which will reduce the stress of being thrust into a new environment.

START SKIN-TO-SKIN

Immediately after delivery, your baby may be placed with you, skin-to-skin. This intimate bonding time eases baby’s transition from the womb into the world. It helps stabilize baby’s heart rhythm, body temperature and breathing naturally. Skin-to-skin contact with baby and suckling at the breast release mothering hormones that cause the uterus to contract, shrink and stop bleeding. It also makes it easy to begin breastfeeding.

Research has shown breastfeeding within the first hour of life improves infant survival and prolongs the duration of exclusive breastfeeding.

Share the Love

Dad should also get involved in early bonding – by placing his hands on baby, talking quietly, letting baby gaze at his face and spending time holding baby after the first feeding is done. Dad can do skin-to-skin too!

GET TO KNOW YOUR NEWBORN

Spending as much time as possible with your newborn baby will help you learn his or her unique personality, moods and feeding cues.

When they are hungry, babies may put their hands near their mouth, make smacking motions with their lips, or simply look awake and alert. Many babies may need to eat every 2 to 3 hours – around the clock.

Look for **EARLY** hunger cues.

- hands to mouth, trying to suck
- licking lips, sticking tongue out
- turning head to side, opening mouth (rooting reflex)

Crying is a **LATE** hunger cue.



ROOM IN

After you deliver your baby, Catholic Health recommends rooming-in with your newborn.

Limiting nursery time and having your newborn close to you while at the hospital can enhance bonding.

It will help your child adjust to life on the outside both physically and emotionally, while it helps you learn how to best care for him or her.



A good start

Breastfeeding is the most natural, convenient way to feed your newborn and it may be the best thing that you can do for you and your baby.

Not only does it create a lifelong bond between mother and child, but it keeps you and your baby healthy.

The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.

Good for you, good for baby

Breastfeeding your baby exclusively has many benefits:

- It's the only food your baby needs.
- Your early breast milk (called colostrum) contains antibodies that help your baby fight infections and disease.
- It's easy for baby to digest.
- Breastfeeding burns calories and helps you lose weight gained during pregnancy.
- It creates a strong bond between you and your baby.
- It's always available and at the right temperature.
- Not buying formula saves money.

Breastfeeding

Infants should be breastfed on demand.



A learned skill

As mentioned previously, breastfeeding IS the most natural, convenient way to feed your baby and it is recommended by the American Academy of Pediatrics.

But breastfeeding is also a learned skill and doesn't always come naturally to new mothers.

It may take a little practice, for both you and your baby, to be successful at breastfeeding.

LATCHING ON

Helping your baby achieve a good "Deep Latch" can be key to successful breastfeeding.



Ready, Hold

- Mom places fingers flat under breast, away from areola.
- Thumb on top of breast, pointing nipple up.



Nipple-to-Nose

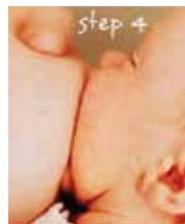
- Lay bottom of areola on baby's upper lip. This lines up baby's nose with mom's nipple.
- Tickle baby's upper lip with bottom areola until baby opens mouth wide.

Be patient... wait for a wide open target!



Flared "fish lips"

- Let the bottom of areola go into baby's mouth first, not nipple. Bottom lip should be flared out.
- Mouth comes up and over onto the areola. Top lip should flare out.



Deep Latch

When correctly latched, baby's chin should be tucked into the breast, nose barely touching.

Ask your lactation consultant for a copy of “What Every Mother Should Know About Breastfeeding”.

SUCKING

You should feel tugging and pressure, but no pinching or pain.

- Deep sucks transfer milk, versus short, fluttery sucks.

SWALLOWING

Listen for the “EH” sound.

- following 8 to 10 sucks with colostrum
- after every 1 to 2 sucks when mom’s milk comes in

You can encourage deep sucks and swallows by massaging breasts and squeezing near areola to push milk into baby’s mouth.

RELEASING THE LATCH

Place finger in corner of baby’s mouth to break suction to take baby off.

Never pull your breast away.

BURPING

Whether breastfeeding or bottle feeding, burp your baby occasionally during feedings. Hold them gently.

Breast-fed babies tend to burp less than bottle-fed babies.

Keeping baby awake and interested:

- Hand express colostrum, put some on your finger, insert it into baby’s mouth, fat pad side up. Tickle the roof of the baby’s palate – stimulating the sucking reflex.
- Use expressed colostrum or sugar water via eye dropper in the corner of baby’s mouth while baby is at the breast – keeps baby sucking and swallowing.
- Ensure a “deep latch.” Baby needs most of the areola, not just the nipple. Baby will get more colostrum / breast milk – keeping baby awake, interested and swallowing; plus no pain for mom!

You may need to use these tactics several times during a feeding.

BOTTLES / PACIFIERS?

To avoid “nipple confusion” it is best to limit the use of bottles or pacifiers early on, unless medically necessary.

These can be introduced at bedtime after 2 to 3 weeks, once breastfeeding is well established.

Breastfeeding takes practice

Talk to your nurse or lactation consultant if you are having trouble.

Additional breastfeeding resources are available:

- Mercy Hospital Lactation Office (716) 828-2616
- Mount St. Mary’s Lactation Office (716) 298-2478
- Sisters Hospital Lactation Office and Baby Café (716) 862-1939
- La Leche League International 1-800-LA-LECHE (1-800-525-3243) l.li.org
- NYSBreastfeeding.org
- Catholic Charities / WIC Breastfeedingpartners.org
- American Academy of Pediatrics – aap.org
- WomensHealth.gov
- NYS Department of Health health.ny.gov

An electric breast pump is available during your stay if baby is not nursing well.

BREAST MILK 101

Colostrum

Colostrum is the first stage of breast milk. It is a yellowish fluid, rich in protein and antibodies.

Gradually, colostrum changes and mature breast milk increases 2 to 5 days after delivery. It is bluish-white in color, resembling skim milk.

Fore-milk

Fore-milk, stored between feedings, is 80% water and quenches thirst.

Hind-milk

Hind-milk, with higher fat content to put on weight, follows as your baby nurses longer.

More frequent nursing helps milk come in faster.

Once your mature milk supply increases, nurse longer on the first side to ensure baby gets the hind-milk to put on weight.

Don't worry...

about how much milk you are producing. The more you breastfeed, the more milk you will produce.



Pumping and bottle feeding can work!

PUMPING / BOTTLE FEEDING

All mothers are encouraged to breastfeed, even those with babies in the NICU, if the baby is stable enough. Pumping and bottle feeding, however, can give your baby all the natural advantages of your breast milk if you need to be separated for a time. It can also give another caregiver the opportunity to help out and to bond during feedings.

- Start pumping within the first 6 hours of birth.
- You may only get drops at first, but this is colostrum and is beneficial.

Your lactation specialist will give you all the information you need for breastfeeding and pumping.



- To warm chilled breast milk, place bottle in a bowl of hot water or hold it under hot running water 2 to 3 minutes.
- Always test the bottle temperature with a few drops on your wrist before feeding your baby.

Formula feeding

If breast milk isn't an option, talk with your healthcare team about proper formula feeding and nutritional needs.

- It is safest to prepare a fresh bottle each time one is needed and to consume immediately.
- Read and follow all the instructions on the formula's packaging. Measure carefully. Adding more or less formula or water than instructed could make your infant ill.
- Formula should be fed at room temperature or slightly warmed.

WARNING

- Discard any "leftovers."
Do not feed baby what is left in bottles from earlier feedings.
- Bottles should NEVER be heated in a microwave.
Uneven heating and 'hot spots' could scald the infants mouth.
- Bottle fed babies should not be propped with a bottle or have a bottle in bed.
Both situations can cause choking or bottle mouth syndrome (decaying baby teeth).
- Call your doctor if feeding problems occur such as vomiting, diarrhea, constipation, or excessive irritability.

Did you know?

Catholic Health's maternity hospitals serve as depots where you can donate your breast milk to newborns in need.

To become a pre-approved donor, contact the New York Milk Bank at (212) 956-6455.



Did you know?

The first few days babies breastfeed on average 10 to 20 minutes per breast.

Baby's Stomach is TINY

Day 1



5-15 cc

Day 3



15-30 cc

Day 7



30-60 cc

How much does baby need to eat?

At one week of age, baby eats about 1 to 2 ounces of breast milk.

Milk volume increases about one ounce per week until baby is taking about 4 to 6 ounces at 6 to 8 weeks old.

Newborns LOSE weight

Your baby may feed up to twelve times a day, but still lose 7% to 10% of birth weight in the first 3 to 4 days.

Don't worry.

Once mom's milk comes in or feeding patterns emerge, babies gain about one ounce per day.

Babies should regain their birth weight by 2 weeks.

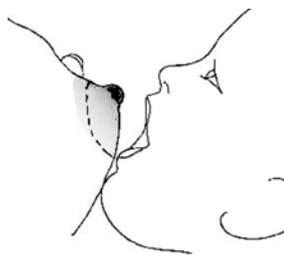
Growth Spurts are REAL

You may notice baby nurses more frequently, increasing your milk volume periodically:

2 6 3
weeks weeks months

This may last about 24 hours.

BREASTFEEDING HINTS



PAINFUL LATCH?

Moms may feel tugging, but pain is a sign of improper latch.

- Pull down on baby's chin to flare bottom lip out
- Pull top lip out for flared "fish lips"

GASSY BABY?

Fussy with gas and green stools is a sign of too much fore-milk.

- Nurse longer on the first side for the hind-milk

SLEEPY BABY?

Babies may need to be woken up for feedings every 2 to 3 hours.

- Use skin-to-skin contact to wake baby – especially for the first 24 hours – it also promotes bonding
- Undress baby, change baby's diaper
- Burp baby, rub your hand up baby's spine

What if baby nurses for 10 minutes then falls asleep?

- Burp the baby then continue nursing on the same side.

ACTOR BABY?

Watch your baby's "characters" develop while nursing.

- Boxer at the beginning
- then Drunken Sailor
- finally a satisfied Milk Coma

CHECKLIST:

- Chin in to Breast
- Nipple to Nose
- Flared "Fish Lips"
- Breast Massage / Compressions
- Listen for Swallowing

FREQUENCY:

- Babies should eat at least 8 to 12 times in 24 hours.
- The more babies eat during the day / evening, the better they do at night.
- Some babies eat every 2 to 3 hours around the clock. Others will feed at irregular intervals.
- Babies should wet 6 to 8 and/or soil 2 to 5 diapers a day.

BY LAW:

- You are allowed to breastfeed your baby anywhere in public.
- You have the right to express or pump breast milk when you return to work.

(See pages 13-14.)



Sisters Lactation: 862-1939
 Mercy Lactation: 828-2616
 Mount St. Mary's Lactation: 298-2478
 Baby Café: 862-1939
 McCauley Seton Home Care: 685-4870

Breastfeed on demand—8 to 12 times in 24 hours! As milk your increases so will your baby's diapers; by day 4 or 5 you should see a minimum of 6-8 wet diapers and 3-4 yellow seedy bowel movements.

Date: _____

Baby's weight: _____

24- HOUR BREASTFEEDING LOG

Time	Approx Minutes Nursing		Diapers		Remarks/Questions	Time	Approx Minutes Nursing		Diapers		Remarks/Questions
	Left	Right	Wet	Dirty			Left	Right	Wet	Dirty	
12 midnight						12 noon					
1 am						1 pm					
2 am						2 pm					
3 am						3 pm					
4 am						4 pm					
5 am						5 pm					
6 am						6 pm					
7 am						7 pm					
8 am						8 pm					
9 am						9 pm					
10 am						10 pm					
11 am						11 pm					

Not a part of the permanent medical record. Make copies as needed and save to show your pediatrician.



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Breastfeeding Mothers' Bill of Rights

Choosing how to feed her new baby is one of the important decisions a mother can make in preparing for her infant's arrival. Doctors agree that for most women, breastfeeding is the safest and healthiest choice. It is your right to be informed about the benefits of breastfeeding, and to have your health care provider, maternal health care facility, and child day care facility encourage and support breastfeeding. You have the right to make your own choice about breastfeeding. Whether you choose to breastfeed or not, you have the rights listed below, regardless of your race, creed, national origin, sexual orientation, gender identity or expression, or source of payment for your health care. Maternal health care facilities have a responsibility to ensure that you understand these rights. They must provide this information clearly for you, and must provide an interpreter, if necessary. These rights may be limited only in cases where your health or the health of your baby requires it. If any of the following things are not medically right for you or your baby, you should be fully informed of the facts and be consulted.

1) Before You Deliver:

If you attend prenatal childbirth education classes (those provided by the maternal health care facility and by all hospital clinics and diagnostic and treatment centers providing prenatal services in accordance with Article 28 of the Public Health Law), then you must receive the Breastfeeding Mothers' Bill of Rights. Each maternal health care facility shall provide the maternity information leaflet, including the Breastfeeding Mothers' Bill of Rights, to each patient or to the appointed personal representative at the time of prebooking or time of admission to a maternal health care facility.

You have the right to receive complete information about the benefits of breastfeeding for yourself and your baby. This will help you make an informed choice on how to feed your baby.

You have the right to receive information that is free of commercial interests and includes:

- How breastfeeding benefits you and your baby nutritionally, medically and emotionally;
- How to prepare yourself for breastfeeding;
- How to understand some of the problems you may face and how to solve them.

2) In The Maternal Health Care Facility:

- You have the right to have your baby stay with you right after birth, whether you deliver vaginally or by cesarean section.
- You have the right to begin breastfeeding within one hour after birth.
- You have the right to get help from someone who is trained in breastfeeding.
- You have the right to have your baby not receive any bottle feeding or pacifiers.
- You have the right to know about and refuse any drugs that may dry up your milk.
- You have the right to have your baby in your room with you 24 hours a day.
- You have the right to breastfeed your baby at any time day or night.
- You have the right to know if your doctor or your baby's pediatrician is advising against breastfeeding before any feeding decisions are made.
- You have the right to have a sign on your baby's crib clearly stating that your baby is breastfeeding and that no bottle feeding of any type is to be offered.

- You have the right to receive full information about how you are doing with breastfeeding, and to get help on how to improve.
- You have the right to breastfeed your baby in the neonatal intensive care unit. If nursing is not possible, every attempt will be made to have your baby receive your pumped or expressed milk.
- If you – or your baby – are re-hospitalized in a maternal health care facility after the initial delivery stay, the hospital will make every effort to continue to support breastfeeding, and to provide hospital-grade electric pumps and rooming-in facilities.
- You have the right to get help from someone specially trained in breastfeeding support, if your baby has special needs.
- You have the right to have a family member or friend receive breastfeeding information from a staff member, if you request it.

3) When You Leave The Maternal Health Care Facility:

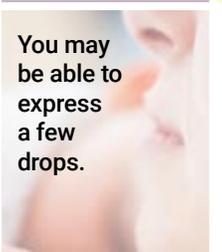
- You have the right to printed breastfeeding information free of commercial material.
- You have the right, unless specifically requested by you, and available at the facility, to be discharged from the facility without discharge packs containing infant formula, or formula coupons unless ordered by your baby's health care provider.
- You have the right to get information about breastfeeding resources in your community, including information on availability of breastfeeding consultants, support groups, and breast pumps.
- You have the right to have the facility give you information to help you choose a medical provider for your baby, and to help you understand the importance of a follow-up appointment.
- You have the right to receive information about safely collecting and storing your breast milk.
- You have the right to breastfeed your baby in any location, public or private, where you are otherwise authorized to be. Complaints can be directed to the New York State Division of Human Rights.
- You have a right to breastfeed your baby at your place of employment or child day care center in an environment that does not discourage breastfeeding or the provision of breast milk.
- Under section 206-c of the Labor Law, for up to three years following childbirth, you have the right to take reasonable unpaid break time or to use paid break time or meal time each day, so that you can express breast milk at work. Your employer must make reasonable efforts to provide a room or another location, in close proximity to your work area, where you can express breast milk in private. Your employer may not discriminate against you based on your decision to express breast milk at work. Complaints can be directed to the New York State Department of Labor.

These are your rights.

If the maternal health care facility does not honor these rights, you can seek help by contacting the New York State Department of Health, or by contacting the hospital complaint hotline at **1-800-804-5447** or via email at **hospinfo@health.ny.gov**.

The First Week

Getting Started

	Baby's Activity	Feeding Routine	Breast-feeding	Milk Supply	Baby's Urine Output	Baby's Stools
<p>First 8 hours</p> 	<p>Baby is usually wide awake in first hour of life. Try to hold baby skin-to-skin within 1/2 hour of birth.</p>	<p>Baby may deep sleep 2-4 hours after birth.</p> 	<p>Baby will wake and be alert for several hours after the initial deep sleep. Put to breast to bond and nurse.</p>	<p>You may be able to express a few drops.</p> 	<p>Baby must have at least 1 wet diaper in 24 hours.</p> 	<p>Baby should have a black-green stool. (<i>meconium stool</i>)</p> 
<p>DAY 1</p>	<p>Babies may not awaken on their own to feed. <i>Wake your baby gently for feeding.</i></p> 	<p>Feed your baby every 1-1/2 to 3 hours – as often as wanted.</p>	<p>Nurse at both breasts as long as baby is actively sucking and mother is comfortable.</p>			
<p>DAY 2</p>	<p>Baby should be more cooperative/less sleepy.</p>	<p>There should be at least 8-10 feedings per day.</p>	<p>Try to nurse on both sides at each feeding. <i>Expect some nipple tenderness.</i></p>	<p>Mother's milk should come in between the 2nd and the 4th day.</p>	<p>Baby should have at least 2 wet diapers every 24 hours.</p>	<p>Baby may have a second very dark stool. (<i>meconium stool</i>)</p>
<p>DAY 3</p>	<p>Look for early feeding cues:</p> <ul style="list-style-type: none"> • rooting • lip smacking • hands to face 		<p>Try to nurse on both sides at each feeding. <i>Some nipple tenderness is to be expected.</i></p>		<p>Wet diapers should increase to 4-6 every 24 hours.</p>	<p>Baby's stools should be changing from black-green to yellow.</p> 
<p>DAY 4</p>			<p>Nurse each side, finishing first side first, every 2-3 hours for the first few months.</p> 		<p>Baby's urine should be light yellow, with 6-8 wet diapers in 24 hours.</p>	
<p>DAY 5</p>	<p>Note that baby swallows regularly while nursing.</p>	<p>Baby may go longer intervals between feedings.</p>	<p>Remember which side you ended on and start on the opposite side for the next feeding.</p>	<p>Milk should be in. Breasts may be firm or leak.</p>	<p>Baby should have 6-8 wet diapers per day of colorless or light yellow urine.</p>	<p>Baby should have 3-4 yellow, seedy stools per day.</p>
<p>DAY 6 +beyond</p>	<p>Baby should appear satisfied after feedings.</p> 	<p>(up to a 5-hour interval in a 24-hour period)</p>	<p>Mother's nipple tenderness is improved.</p> 			<p>The number of stools may slowly decrease after 4-6 weeks.</p>

Diapering Your Baby

Whether you decide to use cloth diapers or disposable diapers — you will probably need about 10 diapers a day or about 70 a week.



Before diapering a baby, make sure you have all supplies within reach. You need:

- A clean diaper (and fastener if cloth diapers are used)
- Diaper ointment if the baby has a rash
- A container of warm water with a clean wash cloth / cotton balls or baby wipes

Never leave your baby unattended on the changing table.

After each bowel movement, or if your baby's diaper is wet, lay your baby on its back and remove the dirty diaper. Use the water, cotton balls and washcloth or the wipes to gently wipe your baby's genital area clean.

- When wiping a **GIRL**, wipe her from front to back to avoid a urinary tract infection.
- When removing a **BOY's** diaper, do so carefully. Exposure to the air may make him urinate.

BOWEL HABITS

Bowel habits change as baby matures.

- Dark green stools turn to yellow within a week.
- Breast-fed stools are yellow and watery and should occur 3 to 5 times a day in the first month. This is not diarrhea. There should be no foul odor.
- Bottle-fed stools are pasty, brown and yellow with a slight odor.

Frequency of stools may decrease when baby is 6 to 8 weeks old, is growing, and is using most of what is taken in.

Babies may groan, grunt and turn red as they try to pass gas or move their bowels. It does not mean they are constipated. Constipated stools are formed solid and appear dry. Tell your baby's doctor if your baby is passing constipated stools.

Remember to wash your hands thoroughly after each changing.

DIAPER RASH

Diaper rashes are a common ailment. In fact, more than half of babies between 4 and 15 months will get a diaper rash over every 2 month period. Fortunately, although they occur frequently, they are usually mild and easy to treat.

To prevent or heal diaper rash, try these tips:

- Change your baby's diaper frequently and soon after bowel movements.
- After cleaning the area with mild soap and water or a wipe, apply a diaper rash or barrier cream. Creams with zinc oxide are preferable because they form a barrier against moisture.
- If you use cloth diapers, you may need to be extra vigilant about changing them as they are less absorbent. Wash them in dye-free and fragrance-free detergent.
- Let the baby go without a diaper for part of the day.

DO NOT use talcum or baby powders. They can interfere with your baby's breathing.

If the diaper rash continues for more than 3 days, call your child's doctor — it may be caused by a fungal infection that requires a prescription.

CORD CARE

Cord care includes keeping the cord as dry as possible. Apply rubbing alcohol by cotton-tipped applicator or cotton ball 3 to 4 times per day.

Keeping the diaper folded below the cord and sponge bathing will help keep the cord dry.



Expect the cord to fall off in about 10 to 14 days.

Notify your baby's doctor if:

- redness spreads around the belly button
- there is a bad odor
- there is pus-like drainage

CIRCUMCISION...

is a surgical procedure involving removal of the skin covering the end of the penis (the foreskin). This tissue is normal and not necessarily unhealthy.

Some experts have felt in the past that boys with intact foreskins are at a higher risk of urinary tract infections, penile skin cancer, skin infections, and sexually transmitted infections.

Current thought, however, is that there are no risks substantial enough to recommend routine circumcision of boys.

In general, the decision to circumcise is essentially a personal one based on social, cultural and in some cases, religious beliefs.

Although circumcision is a relatively simple procedure with very little risk, it should be pointed out that without pain medicine, circumcision is painful. There are forms of analgesia (pain control) available and these can be discussed with your healthcare provider.

Uncircumcised care

At every diaper change, clean penis gently with mild baby soap and water.

DO NOT push foreskin back in a newborn.

Circumcised care

Vaseline is applied to the area every diaper change for at least 1 to 2 days.

The penis can be cleaned with simply water alone.

It is normal for the freshly exposed skin to appear reddish in color for a few days, and you may even notice a temporary yellowish discharge.

It usually takes the penis approximately 7 to 10 days to heal.

Notify your baby's doctor if:

- baby does not urinate normally within 6 to 8 hours after procedure
- there is persistent bleeding
- redness around tip of penis gets worse after 3 to 5 days

Did you know?

Some medical disorders can affect a child very early in life – even within the first few days.



Babies with a heart defect or another disorder may appear healthy at first.

If these babies are sent home before their problem is found, they are at risk for serious illness or death.

Prompt testing and diagnosis are important.

Newborn screening can help find critical heart conditions in newborns, identify those few infants who may have one of several rare disorders, and infants who have been exposed to HIV, the virus that causes AIDS.

With early diagnosis and medical treatment, serious illness can often be prevented.

Newborn Screening

Valuable information about baby's health.

PULSE OXIMETRY

Pulse Oximetry Screening for Critical Congenital Heart Disease (CCHD).

What is Critical Congenital Heart Disease?

Critical Congenital Heart Disease (CCHD) is a medical problem that occurs when a baby's heart or major blood vessels near the heart are not formed properly. The heart may not work well and there may not be enough oxygen in the blood.

How is pulse oximetry screening done?

Pulse oximetry, sometimes called pulse ox, is a test to determine the amount of oxygen in the baby's blood and pulse rate. Pulse oximetry is fast, easy, and does not hurt. A small soft sensor is wrapped around the baby's hand and foot to measure the heart rate and oxygen level in the blood. As part of universal newborn screening, every baby born in New York State will have a pulse oximetry screening after 24 hours of life to see if there are signs of CCHD. Waiting for 24 hours allows the baby's heart and lungs to fully adjust to life outside his or her mother.

What if the pulse oximetry reading is low?

Some babies will have a low oxygen level reading. Your doctor will determine if further testing is needed to look for CCHD, such as an ultrasound of the heart (also called echo cardiogram or heart echo). A low oxygen reading does not always mean that the baby has CCHD. Some healthy babies can have a low pulse oximetry reading while their heart and lungs are adjusting after birth. There could be other conditions that can cause your baby to have a low oximetry test result.

What you should know –

Most babies who pass the pulse oximetry screening will not have CCHD. Warning signs that all parents should watch for are: bluish color to the lips or skin, grunting sounds with breathing, fast breathing, poor feeding, extreme sleepiness, and poor weight gain. If you notice any of these signs in your baby, please contact your baby's healthcare provider right away.

HEARING

Newborn Hearing Screening Program

Why test an infant's hearing?

Hearing loss is one of the most frequently occurring birth defects. Consequences of late identification of hearing loss include delayed speech and language development, and associated effects on social and emotional growth and academic achievement.

New York State requires hearing screening prior to discharge to identify newborns with significant hearing loss, and offer early intervention support.

Follow up will be arranged prior to discharge for abnormal results.

Ask your baby's doctor about newborn screening or visit the CDC's website at: cdc.gov/newbornscreening

BLOOD TESTS

In-Hospital Medical Testing

Complete Blood Count (CBC)

A CBC blood test is a screening tool drawn on every newborn to determine the baby's blood count (concentration of various cell types in the blood) and to check for infection or anemia.

By warming the baby's heel and using a small prick, a tiny sample of blood is obtained.

The heels may be bruised but this bruising will go away.

Hypoglycemia (low sugar) Protocol

Some babies that are large, had meconium at birth, a stressful birth or are born to moms with gestational diabetes will need to be tested to be sure sugar levels are high enough to support proper development. This involves 4 hourly blood tests followed by 3 tests prior to a feeding (every 3 hours). A reading must indicate a sugar concentration of 50 mg/dL or above to discontinue protocol monitoring.

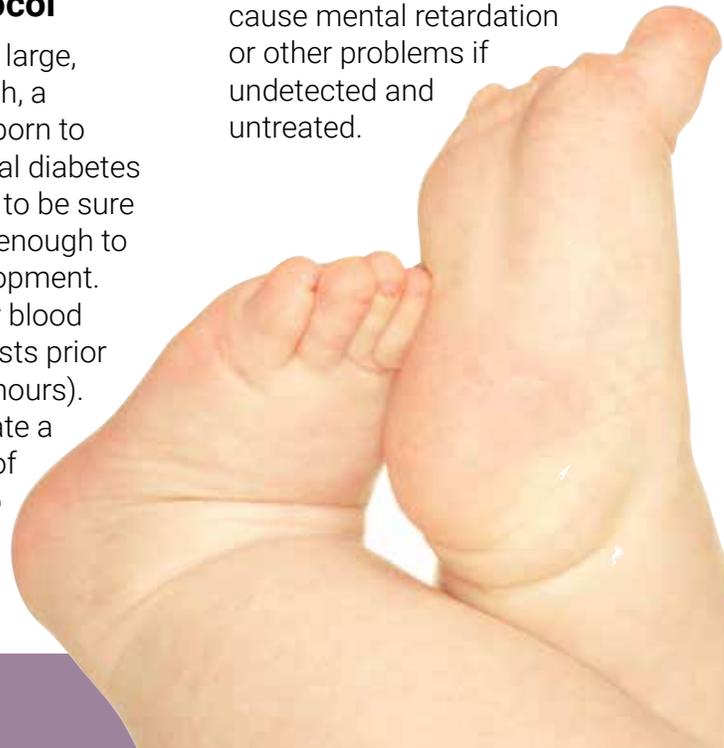
NYS Newborn Screening Program

This service to families with newborn babies was started in 1965 by the State Department of Health and can now identify more than 40 medical disorders, including:

- Cystic Fibrosis
- Krabbe Disease
- Mitochondrial Disease
- Sickle Cell Anemia
- Hypothyroidism

(See chart, next page.)

Although these disorders are rare, they are usually serious. Some may be life-threatening. Others may slow down the baby's physical development or cause mental retardation or other problems if undetected and untreated.



Newborn Screening Disorders Identified by the New York State Newborn Screening Program

GROUP	CONDITION	
Endocrinology	Congenital Adrenal Hyperplasia (CAH)	
	Congenital hypothyroidism (CH)	
Hematology, Hemoglobinopathies	Hb SS disease (Sickle cell anemia)	
	Hb SC disease	
	Hb CC disease	
	Other Hemoglobinopathies	
Infectious Diseases	HIV-1 infection (HIV-1)	
Inborn Errors of Metabolism	Amino Acid Disorders	Homocystinuria (HCY)
		Hypermethioninemia (HMET)
		Maple syrup urine disease (MSUD)
		Phenylketonuria (PKU) and Hyperphenylalaninemia (HyperPhe)
		Tyrosinemia (TYR-I, TYR-II, TYR-III)
	Fatty Acid Oxidation Disorders	Carnitine-acylcarnitine translocase deficiency (CAT)
		Carnitine palmitoyltransferase I (CPT-I) and II (CPT-II) deficiencies
		Carnitine uptake defect (CUD)
		2,4-Dienoyl-CoA reductase deficiency (2,4Di)
		Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)
		Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)
		Medium-chain ketoacyl-CoA thiolase deficiency (MCKAT)
		Medium/short-chain hydroxyacyl-CoA dehydrogenase deficiency (M/SCHAD)
		Mitochondrial trifunctional protein deficiency (TFP)
		Multiple acyl-CoA dehydrogenase deficiency (MADD) also known as Glutaric academia type II (GA-II)
		Short-chain acyl-CoA dehydrogenase deficiency (SCAD)
	Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)	
	Organic Acid Disorders	Glutaric academia type I (GA-I)
		3-Hydroxy-3-methylglutaryl-CoA lyase deficiency (HMG)
		Isobutyryl-CoA dehydrogenase deficiency (IBCD)
		Isovaleric academia (IVA)
		Malonic academia (MA)
		2-Methylbutyryl-CoA dehydrogenase deficiency (2-MCBD)
		3-Methylcrotonyl-CoA carboxylase deficiency (3-MCC)
		3-Methylglutaconic academia (3-MGA)
		2-Methyl-e-hydroxybutyryl-CoA dehydrogenase deficiency (MHBD)
		Methylmalonyl-CoA mutase deficiency (MUT), Cobalamin A,B (Cbl A,B) and Cobalamin C,D (Cbl C,D) cofactor deficiencies and other Methylmalonic acidemias (MMA)
		Mitochondrial acetoacetyl-CoA thiolase deficiency (beta-ketothiolase deficiency (BKT)
		Multiple carboxylase deficiency (MCD)
		Propionic academia (PA)
	Urea Cycle Disorders	Argininemia (ARG)
		Argininosuccinic academia (ASA)
		Citrullinemia (CIT)
		Hyperammonemia/hyperorinithinemia/homocitrullinemia (HHH)
Other Genetic Conditions	Biotinidase deficiency (BIOT)	
	Cystic Fibrosis (CF)	
	Galactosemia (GALT)	
	Krabbe Disease	
	Severe Combined Immunodeficiency Disease (SCID)	

For more information on the NYS Newborn Screening Program visit wadsworth.org/programs/newborn/screening.

Who gets the screening results?

The blood sample, usually taken on the day your baby is discharged from the hospital, is sent for analysis to the laboratories of the State Department of Health in Albany. Your baby's doctor or clinic will be informed of the results and will contact you immediately if anything is wrong. As a responsible parent, you should also ask about the results when you bring your baby to the doctor or clinic for the baby's first check-up. The pink form given to you by the nurse will tell you how to get the test results from your doctor.

What if my baby has one of these disorders? Can it be cured?

None of these disorders can be cured. However, the serious effects can be lessened – and often be prevented completely – if a special diet or other medical treatment is started early. Most of these disorders are very complicated to treat and medical care should be coordinated by a specialist in the specific disorder.

In the case of HIV, less than ten percent of babies who test positive are actually infected and will need treatment.



Dear Parents,

Your child's specimen(s) will be stored by the Newborn Screening Program for up to 27 years under secure conditions where access is strictly controlled.

Should the need arise, the specimen(s) may be used for diagnostic purposes for your child with appropriate consent.

A portion of the specimen will also be stripped of all information that might identify your child and may be used in public health research that has been reviewed and approved by a Board charged with overseeing compliance with all applicable laws and ethical guidelines.

You may arrange to have your child's specimen(s) destroyed or prevented from being used in public health research by calling (518) 473-7552.

Hepatitis B Vaccine

Hepatitis B is a contagious liver disease that damages the liver over time and has no cure. People with chronic hepatitis B usually do not experience any outward symptoms and may not know that they have the disease.

The American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention (CDC) all recommend that every baby born in the United States be vaccinated against hepatitis B.

Hospital dose

All newborns should receive the first shot of the hepatitis B vaccine before leaving the hospital. This reduces the risk of getting the disease from mom or family members who do not know that they are affected.

This hospital dose is recommended within the first 12 hours of life, but provides best coverage if administered within the first 6 hours of life.

If you question whether your private pediatrician recommends a hospital dose, ask your nurse.

Three to four doses of the vaccine are required:

- The first dose at birth (within 12 hours)
- A second dose at 1 through 3 months
- A third dose at 6 through 18 months of age
- A fourth dose may be administered if your pediatrician used combination vaccines.

Is this vaccine safe?

Hepatitis B vaccine has been shown to be very safe when given to infants, children, and adults. The most common side effects from the vaccine are soreness at the injection site and mild to moderate fever. Serious side effects are rare.

Protect your child's future

These same medical groups recommend your baby get vaccinated against measles, tetanus, polio and other serious diseases. Start your child on a vaccination schedule to protect his or her future. (See page 47.)

We're taking care of you, Mom.

Comfort

Your nurse will be checking your temperature and asking about your comfort and recovery. Please advise staff if you experience painful urination, dizziness, headaches or blurred vision.

Bleeding

Vaginal bleeding after delivery is to be expected and will be monitored by your nurses while at the hospital. It will decrease daily, but may continue for up to 2 to 4 weeks after you return home.

Swelling

Nurses will be checking for any swelling in your legs or feet that may indicate thrombophlebitis – a blood clot.

Postpartum women are at slightly increased risk. To reduce this risk, increase circulation in your legs by doing foot rotations and getting up and walking soon after birth.

Breast Care

Your hospital lactation consultant can help with proper techniques and hints to make breastfeeding comfortable and rewarding.

Moods

Talk to your doctor, nurse or minister about any fears or concerns you may have.



During your stay...

RECOVER.

If it wasn't work, they wouldn't call it "labor."

The day after birth you may ache all over from the work you did in labor. Your arms and legs may be sore from pulling back on your legs while pushing out the baby.

Take this time to recover.

Did you know?

It takes at least 6 weeks for your body to return to its non-pregnant state.

This is called the *postpartum period*.

**Good Work,
Mom**



REST.

Perhaps the most common feeling of new mothers after childbirth is that of being bone tired.

Often fatigue is combined with such excitement in the first days that sleep is difficult. The usual aches and pains of the early postpartum period can make it even harder to sleep.

You don't need to worry about everyday cooking or cleaning, so rest as much as you can while in the hospital.

REMEMBER.

Use the expertise around you during your stay.

We have feeding specialists or lactation consultants who can help you get started nursing or bottle feeding.

In addition, nurses are a great resource to show you how to hold, burp, change, and care for your baby.

Nurses and staff are always available – providing special care for new moms.



Common Medications

There are variety of medications that may be administered during your OB/GYN stay to make you more comfortable.

ANALGESICS – PAIN RELIEF

Motrin / Ibuprofen

For relief of: **Mild pain / Fever**
Administered: By mouth / rectal
Side effects: Upset stomach, nausea.
Continuous use may cause ulcers, bleeding, or holes in the stomach or intestine
Not used if: Bleeding / clotting disorders, G6PD deficiencies, pregnancies, known ulcers

Tylenol / Acetaminophen

For relief of: **Mild pain / Fever**
Administered: By mouth / rectal / IV
Side Effects: Upset stomach, nausea.
Overuse of more than 4 grams / day can cause liver damage!
Not used if: Liver failure / Hepatitis, Heavy alcohol use

Roxicet / Oxycodone

For relief of: **Moderate to Severe pain**
Administered: By mouth
Side Effects: Dizziness, nausea, vomiting, fatigue, constipation, itching, dry throat, mental confusion, sweating
Dependence possible with long term use.
Not used if: Suboxone / Subutex / Methadone use

Percocet / Oxycodone & Acetaminophen

For relief of: **Moderate to Severe pain**
Administered: By mouth
Side effects: Dizziness, nausea, vomiting, fatigue, constipation, itching, dry throat, mental confusion, sweating
Dependence possible with long term use.
Not used if: Suboxone / Subutex / Methadone use

Lortab / Norco / Hydrocodone & Acetaminophen

For relief of: **Moderate to Severe pain**
Administered: By mouth
Side effects: Dizziness, nausea, vomiting, fatigue, constipation, itching, dry throat, mental confusion, sweating
Dependence possible with long term use.
Not used if: Suboxone / Subutex / Methadone use

Dilaudid / Hydromorphone

For relief of: **Severe pain**
Administered: By mouth / injection / IV
Side effects: Dizziness, nausea, vomiting, fatigue, constipation, itching, sweating
Dependence possible with long term use.
Not used if: Suboxone / Subutex / Methadone use

Morphine / Morphine Sulfate

For relief of: **Severe pain**
Administered: By mouth / injection / IV
Side effects: Dizziness, nausea, vomiting, fatigue, constipation, itching, dry throat, mental confusion, sweating
Dependence possible with long term use.
Not used if: Suboxone / Subutex / Methadone use

Most common medications are known by brand name(s) and their generic equivalent.

Tylenol / Acetaminophen
(brand name / generic name)

ANTI-CONSTIPATION

Dulcolax / Bisacodyl

For relief of: **Constipation**
Administered: By mouth / rectal
Side Effects: Abdominal cramps, dizziness, diarrhea,
burning / stinging at rectum
Not used if: Rectal bleeding / GI bleeding /
Impaction

Senekot / Senna

For relief of: **Constipation**
Administered: By mouth
Side effects: Stomach cramping, dizziness, diarrhea
Not used if: Rectal bleeding / GI bleeding /
on certain medicines

Colace / Docusate Sodium

For relief of: **Constipation**
Administered: By mouth
Side effects: Stomach cramping, dizziness, diarrhea
Not used if: Do not take with mineral oil

Miralax / Polyethylene Glycol

For relief of: **Constipation**
Administered: By mouth
Side effects: Nausea, bloating, cramping,
gas, diarrhea
Not used if: History of Intestinal Blockage,
GI bleeds / Certain Medicines

Mylicon / Simethicone

For relief of: **Gas / Bloating**
Administered: By mouth (chewable)
Side effects: Passing gas, upset stomach
Not used if: No known contra-indicators

ANTI-NAUSEA – ANTI-VOMITING

Reglan / Metoclopramide

For relief of: **Nausea / Vomiting / GERD**
Administered: By mouth / IV
Side effects: Warm flushed feeling,
tiredness, sweating, dizziness,
excessive urination, headache,
breast enlargement
(excessive milk production),
irregular menstrual cycles
Not used if: If any uncontrolled facial
movements / ticks / Parkinson's /
Pregnancy / GI bleeds,
or are on certain medicines

Zofran / Ondansetron

For relief of: **Nausea / Vomiting**
Administered: By mouth / IV
Side Effects: Dizziness, headache,
diarrhea, tiredness
Not used if: On certain medicines /
certain heart conditions / PKU



Did you know?

Newborns are at risk for injury accidents!

- Suffocation
- Falls
- Strangulation

Be aware — in the hospital and at home!

After feeding and cuddling it's easy to fall asleep with your baby in your arms.

Pain medication often makes you tired.

Parents of newborns are often exhausted.

Follow the ABC's of Safe Sleep for your baby.

Alone:

Do not sleep with your baby. Your baby should sleep alone in a crib. Also, avoid overheating the baby with clothes or too warm of an environment.

Back:

Babies should be positioned sleeping on their backs. When babies are placed on their sides or stomachs, they are at an increased risk for Sudden Infant Death Syndrome (SIDS).

Crib:

Cribs should be cleared of all objects that could harm or suffocate the infant. Keep bumper pads, stuffed animals, blankets and loose items out of the crib.



Tdap vaccine is especially important for anyone having close contact with a baby younger than 12 months.

Infants are most at risk for severe, life-threatening complications from pertussis.

- Your nurse will ask you if you received this vaccine during your pregnancy. If not, we will be offering it to you. *There is no charge for this vaccine.*
- We also offer it to the father of the baby or whoever will be a primary caregiver to the baby.
- The vaccine is given to you by your postpartum nurse, in your room.

If Dad or other primary caregivers want the vaccine, your nurse will give them a consent sheet to sign and will administer it right in your room.

Before vaccines...

as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year.

Tdap Vaccine for Parents & Caregivers

Protect your new family from Tetanus, Diphtheria & Pertussis.

TETANUS (Lockjaw)

causes painful muscle spasms and stiffness, usually all over the body.

It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected.

DIPHTHERIA

can cause a thick coating to form in the back of the throat. It can lead to breathing problems, heart failure, paralysis, and even death.

PERTUSSIS (Whooping Cough)

causes severe coughing spells, which can cause difficulty breathing, disturbed sleep, and vomiting. It can also lead to weight loss, incontinence, rib fracture and passing out from violent coughing.

Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized due to complications, which could include pneumonia or death.

Causes:

These 3 diseases are all caused by bacteria. Diphtheria and pertussis is spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Cocooning protects!

Unvaccinated adults and family members are often the ones who unknowingly spread dangerous diseases to babies. Babies less than 6 months old are too young to have received all the doses of vaccine that will protect them from pertussis, flu, and other dangerous diseases.

Cocooning is a way to protect babies from catching diseases from the people around them — parents, siblings, baby sitters, friends. Everyone has the opportunity to protect babies by getting vaccinated themselves.

Adults 19 and over should be vaccinated and should get a booster dose every 10 years.

How can I learn more?

- Ask your doctor
- Contact the Center for Disease Control and Prevention (CDC) 1-800-232-4636
- If you are uninsured or under-insured and need vaccinations, call your county Department of Health:
Erie Co. (716) 858-2373
Niagara Co. (716) 278-1900

Risks:

As with any vaccine, there is always a chance of side effects. These are usually mild and go away on their own. One common side effect is fainting after an injection. Sitting for 15 minutes after the injection will help avoid this.

Serious or life threatening allergic reactions are also possible but are rare. Contact your doctor if you have any signs of allergic reaction such as: very high fever, behavior changes, hives, swelling of the face or throat. Call 911 or take the person to the ER if he or she experiences difficulty breathing, dizziness and weakness.

*Even newborns come
with paperwork.*



Completing Your Newborn's Birth Record

In addition to this Mom & Baby Guide, new mothers at Catholic Health hospitals receive a separate New Baby Paperwork Packet. It contains important information and forms to be signed before leaving the hospital. When complete, the paperwork should be submitted to your nursing team. Hospital staff can also help you with any questions you may have.

Birth Certificate

It's time to name your baby!

While in the hospital, moms complete portions of the New Birth Registration form.

In addition to spelling out your new baby's name, information collected on this form includes the Mother's name, address, demographics, employment and Social Security number. There is also a form for the Father's or Second Parent's information.

Once completed and signed, the hospital will submit the form to the New York State Department of Health and it will be entered into the Statewide Perinatal Data System (SPDS).

Once your child's official Birth Certificate is issued, it will be mailed to you. Be sure to keep this important document in a safe place.

Social Security

Take a number

Through the Birth Certificate registration process, parents of newborns have the opportunity to apply automatically for a Social Security number for their child.

If you elect to participate in the Social Security Administration's Enumeration at Birth (EAB) program, simply complete the Social Security Release portion on the New Birth Registration form. No third party, fee or additional paperwork is required.

Paternity Form

If the new mom isn't married

An Acknowledgement of Paternity is a document that is signed by unmarried parents to establish the child's legal father. Both parents must voluntarily sign.

The Birth Record Packet has important information to help you decide whether to sign and submit this form.

Your child may have the name of either parent. The child's name will not affect the child's legal status.

Additional resources are available on the New York State Division of Child Support Enforcement website: childsupport.ny.gov

Health & Safety Education Forms

New parents are educated at the hospital about child safety issues such as preventing shaken baby syndrome and protecting children from serious disease with vaccinations.

After acknowledgement forms are signed and submitted, the New Baby Paperwork Packet can be used to keep patient copies of forms as well as any other papers related to your hospital stay with your newborn.

Adding your **Newborn to your Insurance or Medicaid Policy**

Insurance companies typically require a newborn be added to an insurance plan within 30 days from their date of birth. Failure to add your newborn within this time frame may result in you being responsible for payment of their bill.

Blue Cross, Community Blue, Univera, Independent Health, Commercial Insurance and Children's Health Insurance Plan also known as Child Health Plus:

- Call your employer as soon as possible to have your newborn added to your policy. They will send you all the appropriate paperwork to complete and return to them for processing.
- If your newborn is not covered under the mother's insurance plan, contact us with new insurance information.
- Your newborn may be eligible for Children's Health Insurance Plan (also known as CHIP or Child Health Plus), if mother has applied for this coverage prior to newborn's birth.

Affordable Care Act – NYS Health Exchange:

- If you applied for insurance through the NYS Health Exchange, you must contact them at (855) 355-5777 to add your newborn to your insurance plan. As a reminder, newborn dependents do NOT automatically go on their mother's insurance and must be added within the first 30 days of birth.



Medisource, Fidelis, Amerigroup, Yourcare, Wellcare and Medicaid:

- If Medicaid was obtained through NYS of Health, you must contact them at (855) 355-5777 or via their website at nystateofhealth.ny.gov to report your newborn's birth.
- If Medicaid was obtained through Erie County, you must contact them at (716) 858-6244 to report your newborn's birth.
- If you have an "unborn card" for your baby, please contact our Financial Clearance department via Catholic Health Customer Service at (716) 601-3600, and provide that ID number to our team. Please note: it is still required that you contact Medicaid to report your newborn's birth.

If you have any questions about your newborn's insurance coverage, or need assistance in applying for health insurance for you or your newborn, please call (716) 601-3600.

Additional Resources are available online at: chsbuffalo.org/billing

Welcome Home! Now What?

Handle with care.

If you haven't spent a lot of time around newborns, their fragility may be intimidating.

Here are a few basics to remember:

- **Be careful to support your baby's head and neck.**

Cradle the head when carrying your baby and support the head when carrying upright or when you lay the baby down.

- **NEVER shake your newborn or any child.**

Shaking can cause brain damage, bleeding in the brain and even death.

If you need to wake your infant don't shake the baby, instead, tickle their feet or blow gently on their cheek.

- **Make sure your baby is securely fastened into the carrier, stroller or car seat.** (See page 66.)

Limit car rides and any other activity that would be too rough or bouncy.

A newborn is not ready for rough play, such as being bounced on the knee or thrown in the air.



Get as much rest as possible.

As a general rule – only take care of yourself and your baby for the first 2 weeks.

Don't push yourself beyond discomfort or tiredness.

- Nap when your baby naps – REALLY!
- Let others help with the household tasks.
Do not refuse offers of help.
- Take it easy. Limit unnecessary activities.
- Lift and hold your new baby – *not anything heavier.*

Get to know each other.

Whether this is your first baby or there are older brothers and sisters, you'll soon find out that this newborn is a very special, and unique individual.

With time, you will learn to understand your new baby's own unique personality and moods.

Consider the first weeks at home with your baby a "getting to know each other" period. Try to figure out and meet your baby's needs.

Remember, since each newborn is special and unique, there may be some flexibility in making decisions about how to care for your baby.

Enjoy your new role as... a parent!

Even though you may feel insecure about caring for an infant now, in a few short weeks you'll develop a routine and will be parenting your newborn like a pro!

Do not worry about spoiling your baby for the first 6 months of life; some babies are more demanding than others.

As your baby grows and matures, he or she will be more content, less demanding, and will give you more time to rest.

Trust yourself and you will gain confidence in making decisions.

You know your baby best.

The most important advice your baby

would give you is –

"LOVE ME!"

"HOLD ME!"

"TALK TO ME!"

CRIB SAFETY TIPS

- If your crib is new, remove and discard all packaging materials, including the thin plastic mattress cover.
- Place the crib out of reach of electrical cords/sockets or other hazards like cords from window coverings.
- If your crib has them, check guide rods, locks and latches. Keep crib rails up at all times when the baby is unattended.
- As soon as your baby can pull herself up, move the mattress to the lowest position. Allow at least 22 inches between the mattress and the top of the rail.

A safe crib should have:

- A firm mattress (with a fitted sheet) that fits snugly within the crib sides, so your baby can't be trapped. No bumpers.
- No lead paint. Some babies do chew on their cribs, and ingesting lead can cause brain damage.
- No corner posts. These can catch a child's clothing.
- Sides that don't drop down.
- Slats that are no more than 2 3/8 inches apart.

Sleep

As a new parent you may be surprised to learn that your newborn – who seems to need you every minute of the day – actually sleeps about 16 hours or more!

SLEEP PATTERNS

Usually a newborn will sleep for periods of 3 to 4 hours at a time. Don't expect your newborn to sleep through the night – because your baby's digestive system is so small, the baby needs nourishment every few hours and should be awakened if he or she hasn't been fed for 5 hours.

When will my baby sleep through the nights?

About 90% of babies sleep through the night (between 6 and 8 hours) at 3 months of age but if your infant doesn't, it's not a cause for worry. Like adults, babies must develop their own sleep patterns and cycles. So if your newborn is gaining weight as your baby's doctor recommends and appears healthy, don't despair if your baby hasn't sleep through the night at 3 months.

SAFE SLEEP

• **Keep your baby's sleep space free.**

Pillows, bumper pads, stuffed toys and blankets can contribute to SIDS.

Use sleep clothing, such as a one-piece sleeper, instead of a blanket. Nothing should be placed near your baby's head.

• **Don't let your baby get too warm.**

Avoid having your baby overheat wearing too many clothes or covers. Keep the room temperature between 65 and 70 degrees.

• **Try using a pacifier.**

A pacifier can be soothing when placing your infant to sleep but don't force your baby to take it.

When breastfeeding, wait one month or until your baby has learned to breastfeed before trying a pacifier.

When your infant wakes up crying, walk around holding him or her close to you. Check to see if your baby is hungry or needs a diaper change. Try a pacifier. Then put baby "back to sleep" – Alone, on baby's Back, in a Crib.

Each year in New York State, babies die from Sudden Infant Death Syndrome (SIDS) and injuries in their sleep area.

New York State Center for Sudden Infant Death
1-800-336-7437

New York State Office of Children & Family Services
1-800-345-KIDS
ocfs.state.ny.us.

Babies sleep safest...

A ...ALONE

You don't have to sleep in the same bed to keep your baby close at night. Your baby is safest sleeping in a crib or bassinet near your bed. Sleeping with your baby ("co-sleeping") can be dangerous. If an adult or child rolls over on a baby, the baby can be hurt or even suffocated. Sleeping with your baby is especially unsafe if other children also share the same bed. It's particularly dangerous to sleep with a baby on a couch or armchair.

Babies should never be allowed to sleep with anyone who:

- is overweight
- has been drinking alcohol
- has used marijuana or other drugs
- has taken medication that causes drowsiness
- is ill or extremely tired.

B ...on their BACK

Practice "Tummy Time" when your baby is awake and is being watched. However, put your baby "Back to Sleep" on his or her back for naps and at night.

The American Academy of Pediatrics (AAP) recommends that an infant should be placed on their "back to sleep" to reduce the risk of sudden infant death syndrome (SIDS).

Alternate the position of the head of the baby from night to night (first right, then left, and so on) so that a flat spot doesn't develop on one side of the head.

C ...in a CRIB

Never put your baby to sleep on an adult bed, sofa, water bed, sheepskin, or other soft mattress – even for a nap.

If you don't have a crib, put baby to sleep in a firm, enclosed space such as a playpen or stroller, with no loose bedding, pillows or toys.



Bonding & Soothing

You bond with your baby when you soothe him or her. This builds trust and comfort.

Bonding with your baby is probably one of the most pleasurable aspects of infant care.

Begin to bond by cradling your baby in your lap and gently stroking the baby in different patterns.

If you and your partner both hold and touch your infant frequently, baby will soon come to know the difference between your touches.

Each of you should also take the opportunity to be "skin-to-skin" with your newborn, holding the baby against your own skin when feeding or cradling.

SOOTHING SOUNDS

Babies usually love vocal sounds, such as talking, babbling, singing and cooing. Your baby probably will also love listening to music. Try a variety of types to find your baby's preference. Baby rattles and musical mobiles are good ways to stimulate your infant's hearing.

If your baby is being fussy, try singing or reading as you sway or rock gently in a chair.

SWADDLING

For some babies, swaddling is soothing, and may help them sleep better and cry less.

Swaddling seems to give most newborns a sense of security and comfort.

A special sleeping bag makes swaddling easy, but a blanket may also be used.

Choose a lightweight cotton blanket and wrap baby only from the shoulders down to minimize risk of suffocation.

- *Take care not to over-bundle.*



NOTE: Some babies may be unusually sensitive to touch, light, or sound. Such babies may startle and cry easily, sleep less than you might expect, or turn their faces away when you speak or sing to them.

Keep noise and light levels low to moderate depending upon your baby.

CRYING

Crying is how babies make their needs known.

Most parents quickly learn to identify whether their baby is crying from:

- hunger
- restlessness
- pain/discomfort
- anger
- some other reason

Many babies have unexplainable fussy periods each day as they adjust to living in the world.

There are a number of things you can do to help comfort your baby.

- Check for a wet diaper or other discomfort
- Try to feed the baby or give a pacifier
- Give the baby more physical contact / movement (walk, gently rock or pat the baby)
- Take the baby for a stroller or car ride
- Check the temperature in the room – it should be between 65-70° F
- Gently place the baby “back” to sleep

If all else fails – just let the baby cry.

Your baby may need to let off steam. Often babies fall asleep after a good cry, so allow up to 20 minutes crying on their own.

As long as you can hear the baby crying, the baby is OK.

It is NEVER OK to shake a baby!

Serious injuries can occur when an infant or toddler is severely or violently shaken.

How to safely swaddle

1. Spread the blanket on a bed or changing table. Fold down the top corner about six inches. Place baby on the blanket with head above the fold.
2. Take the corner near baby’s left arm and pull it across the body. Lift the right arm. Tuck the corner under baby’s back on the right side.
3. Lift the bottom corner and bring it up over baby’s body. Tuck it into the first swathe.
4. Lift the last corner and bring it over baby’s right arm. Tuck it in under the back of the left side.

Wrap the blanket firmly around the arms. Wrap loosely around the legs so they can move freely. Do not stretch baby’s legs straight or push them together. The legs should be able to bend easily.



INFANT MASSAGE

One of the most rewarding ways to bond with your baby is through massage.

Babies, especially premature babies and those with medical problems may respond to infant massage.

Like adults, babies collect tension in their bodies which they often release by crying. Massage can release tension and help babies fall asleep.

- Rub some baby oil on your hands and slowly and very gently massage your baby's chest and shoulders, arms, hands, hips, legs and feet.
- Continue massaging the baby's back, face and head.
- As you massage your baby, sing a lullaby or say loving words.

Be careful – babies are not as strong as adults, so massage your baby very gently.

Information regarding Infant Massage was collected from infantmassage.com.

Benefits for Baby:

- Relaxes infant – a loving touch can lessen tension, fussiness and irritability
- Provides a special time of communication that fosters love, compassion, respect and security
- Aids growth and development: Studies have shown increased weight gain and immune function
- Improves baby's sleep – your infant will learn how to relax and release stress, helping to improve sleep
- Improves digestion
- Helps to normalize muscle tone
- Improves circulation
- Helps to improve sensory awareness
- Helps to increase oxygen and nutrient flow to cells, improves respiration
- Helps to relieve discomfort from teething, pain management, congestion, gas and colic

Benefits for Parents:

- Helps parents to feel more confident and competent in caring for their children
- A special time for parent and child to spend together
- Helps parents to unwind and relax
- Promotes bonding and attachment, reinforces good eye contact
- Helps parents to understand their child's unique rhythm

Please consult your healthcare provider or a licensed Infant Massage Therapist for more information.



THUMB SUCKING & PACIFIERS

The need to suck is present in all babies and is very healthy.

Some babies prefer to suck their fingers or thumb, while others rely on a pacifier. Some babies will get along with neither.

Thumb sucking starts in some infants even before birth. It tends to be a harmless behavior with no cause for alarm.

Many infants will gradually stop thumb-sucking at about 6 to 12 months of age, while others will continue to do it from time to time until a later age, often at times of insecurity or boredom.

If thumb-sucking is affecting your child's teeth, palate or if it does not end by 1st or 2nd grade, you should discuss it with your pediatrician.

Pacifiers also tend to be harmless, however, if you are breastfeeding it is not recommended to use a pacifier until breastfeeding is well established – usually at 2 to 3 weeks. They can also be problematic in that they often fall out when the child sleeps, prompting the child to awaken. (Advantage thumb suckers.)

DO NOT attempt to tie a pacifier to the crib or to your child's body or clothes as this may result in strangulation.

Most pediatricians recommend weaning off of the pacifier between 12 and 15 months of age, as children can bite harder and cause the nipple to break off, becoming a choking hazard.

- *Be sure baby's pacifier is not worn or damaged in any way.*
- *Never use a bottle nipple as a pacifier as this practice is unsafe.*

A good pacifier should be a one-piece model with at least 1-1/2 inches across, with air holes.

It should be sized appropriate for your baby.

Sucking provides a natural calming effect and is important in the development of your child's temperament.

Bath Time

BATHING

Bathing is a fun way to play with your newborn as well as keep him or her clean.

Here are a few reminders for the baby bath:

- Water should be warm, not hot, to your wrist
- The room should be free of drafts
- Start at the head and work to the toes
- Soap should not be used on the face



Sponge Bath

A sponge bath is preferred until the cord has fallen off and, if circumcised, when the penis is healed.

Head

Wash baby's head with a wash cloth, and rinse thoroughly. Using a soft brush on hair can help prevent cradle cap.

Eyes

Clean eyes away from the tear ducts located near the nose. An infant may have some discharge from the eyes, "sleepies", but if the eyes are glued shut with yellow discharge or become reddened, call your baby's doctor.

Ears

Avoid getting water in your baby's ears. Use a wash cloth.

DO NOT use cotton swabs / Q-tips to clean the ears or nose.





Never leave your baby alone in the bath or on a changing table.



Mouth & Nose

Baby's teeth and gums need cleansing too – use a soft cloth wet with water to wipe them.

SUCTION – Bulb suctioning may be necessary to remove mucus, breast milk or formula from the baby's mouth or nose on occasion. Squeeze the bulb, then gently hold baby's face still as you gradually release the suction in the nose or side of the mouth.

Cradle Cap

Cradle cap is seen as yellow crusts commonly found on the scalp, eyebrows and behind the ears.

If difficult to wash off, try softening crusts with baby oil or lotion for 24 to 48 hours. Removal will then be easier.

Prevention includes keeping these areas clean, removing soap film completely, and stimulating the scalp by brushing the hair with a soft brush.

CLOTHING

Dress the baby as you would dress yourself.

A baby that is overdressed can be overheated. A baby that is under dressed can become cold quickly.

- Choose clothing that is appropriate for the weather.
- Avoid tight-fitting clothing.



Feeding

...something more than milk.

When to start

Most babies are ready to start solid food by the time they are 4 to 6 months old. Your pediatrician is the best resource to help you know when your child is ready to start solids.

The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months.

By this age they have typically gained enough control over their tongues and mouths to safely eat. Most babies will pursue food quite eagerly, but if not, don't force it.

If your baby turns its head to the side, simply resume the bottle or breast, and try again in a week.

The important thing is that the feedings are pleasurable for both parent and child.

How to start

When feeding your infant, it is often wise to start with a little formula or breast milk first. This takes the "edge" off the hunger and makes feeding time less frustrating. Feed your baby food, and then finish off with more breast milk or formula.

- Always feed your baby in an upright position.
- Food should always be given on a spoon and not mixed into the bottle (unless specifically directed by your doctor).

Baby cereal

It is best to start with several half-teaspoonfuls of rice cereal per feeding. The amount can be increased as your baby dictates. After rice cereal, try oatmeal cereal and barley. All cereals should be specially intended for babies.

***As your child gets older, diet will expand.
Try to keep it as balanced as possible.***

Trying new things

Later you can try veggies, then fruits, and then meats.

Fresh foods can be given by using a blender, however they should be well-cooked, soft and free of additives.

When introducing new foods, it is important to **space at least 3 days** between each new food you try.

If any foods cause reactions such as vomiting or a rash, you should discontinue and discuss with your pediatrician.

The American Academy of Pediatrics does not recommend home-prepared beets, turnips, carrots, spinach or collard greens because of high levels of nitrates which may be found in these vegetables.

NOTE:

- Give eggs as one of the last foods you try as they can often cause allergies.
- Honey should be avoided until your baby is one year old.

Finger foods

When your baby can sit by himself, you can offer finger foods. These should be soft, easy to swallow and cut into small pieces (ex. cooked peas, little pieces of crackers).

WARNING:

Be cautious of choking hazards, even in older kids, as children often swallow without chewing.

Children under 4 years of age should NOT eat:

- spoonfuls of peanut butter
- nuts
- popcorn
- celery
- grapes
- uncooked peas
- candies

Hot dogs should be cut into small pieces.



Primary Care

Get to know your baby and your pediatrician.

FIRST CHECK-UPS

Just as you had a healthcare specialist looking after you while you were pregnant and for the delivery of your baby, your child will need special attention as a newborn and as he or she grows up.

Upon delivery, your baby is given a health assessment and is visited in the nursery by a Pediatrician, someone who specializes in infant and child care.

The first few office visits to the pediatrician are to check your newborn's growth and weight gain.

The pediatrician will take an interest in your baby's eating and sleeping habits, behavior and developmental milestones.

Regular well-child appointments also provide excellent opportunities to ask any questions you may have now that you've brought your baby home from the hospital.

It is also important to work with the pediatrician to start on a vaccination schedule to protect your child and your family. (See page 45.)

You can choose to continue your relationship with that hospital affiliated provider, or you may choose your child's pediatrician from among other Catholic Health Pediatric Centers or other healthcare practices.

GERMS

Don't allow people who are sick or who obviously have a cold to be around your baby.

Infants have protection from some bacteria, but not viruses such as the common cold or flu.

Washing your hands frequently is the best way to keep germs from spreading.

If you don't have a healthcare provider for your new baby, or if you would like more information about pediatric care, contact:

- Catholic Health's HealthConnection (716) 447-6205
- your local health clinic or health department
- your health insurance plan
- your local Catholic Charities or WIC office. ccwny.org

(WIC is a program for women, infants and children.)

Doctor visits are important.

DATE

Baby's age _____ Weight _____ Height _____
Topics discussed _____
Treatments or vaccinations _____

Baby's age _____ Weight _____ Height _____
Topics discussed _____
Treatments or vaccinations _____

Baby's age _____ Weight _____ Height _____
Topics discussed _____
Treatments or vaccinations _____

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Topics discussed _____
Treatments or vaccinations _____

Baby's age _____ Weight _____
Topics discussed _____
Treatments or vaccinations _____



Many parents doubt whether they will recognize if their new baby is sick.



How will I know if my baby is sick?

When you have no experience with babies, being told that “a sick baby behaves differently than a well baby” is of little comfort.

CRYING?

Babies can cry for a couple of hours each day – whether they are healthy OR sick.

Crying does not tell you as much in the first weeks as it will when your baby is older.

COLOR CHANGES?

Color changes in your infant’s skin are common.

- Pink or red blotchy areas with white pimples can be found anywhere on your baby and are *normal*.
This is called “newborn rash.”
- White patches in the mouth or on the tongue could be thrush, a fungus.
This should be reported to your doctor.
- A redness in the diaper area should resolve with air drying and frequent diaper changes.
If it does not improve within 2 to 3 days call the doctor.
- Yellowing of the skin, or jaundice, can be normal or a sign of a more serious problem.
Call your baby’s doctor.



SIGNS OF ILLNESS IN A NEWBORN

Ask yourself these questions:



Is there a change in the baby's behavior?
 Is the baby crying more than usual?
 Has the tone of the cry changed?
 Is the baby crying at a different time of the day than usual? Is the baby sleeping more or less than usual?
 Does the baby seem listless?



Has the baby's appetite or digestion changed?
 Is the baby eating less than usual?
 Has the baby vomited more than once?
 If the baby is vomiting, is the vomit forceful?
 (This is called projectile vomiting.)



Are there signs of constipation?
 That is, are the stools hard and more solid than usual?
 Are there signs of diarrhea?
 Are they more frequent than usual?
 Is the baby urinating less frequently than usual or not at all? (Keep track of how many diapers you've changed.)
 Has the color of the urine changed?



Has there been a change in the baby's breathing?
 Does the baby sound congested?
 Does the baby have a runny or stuffy nose?
 Is the baby coughing?



How does the baby look?
 Is the baby's skin pale or flushed?
 Is there a rash anywhere on the baby's body?
 Do the baby's eyes look glassy or dull?
 Is there any discharge from the eyes?



Does the baby have a fever?

Any of these changes could indicate illness. If you notice any of them, or other worrisome changes in your baby, call your baby's doctor.

Call your pediatrician.

When you call the office, be prepared to describe:

- The signs of illness about which you are concerned.
- How long the signs have been present.

After hours, you will get an answering service and a doctor will call you back.

If you have any doubts, take the baby to the hospital.



Vaccinations

*Children are our future
– protect them.*

Vaccinations activate immunity

During the last three months of pregnancy, antibodies from the mother are passed to her unborn baby through the placenta – this is called passive immunity – but the amount and type of antibodies depends on the mother’s immunity.

Immunity in newborn babies is only temporary and starts to decrease after the first few weeks or months. Therefore, it is important to begin child immunizations when your baby is two months old.

Breast milk alone offers some protection against some diseases, but not for all of childhood, much less a lifetime. Vaccination ensures far better protection – for much longer.

Vaccination protects your child against serious diseases by stimulating the immune system to create antibodies against certain dangerous bacteria or viruses.

Vaccinate your baby!

While vaccines won’t prevent minor illnesses like colds, they keep your child safe from many serious diseases including:

- measles
- tetanus
- hepatitis A
- hepatitis B
- whooping cough
- meningococcal disease
- polio
- rotavirus
- chickenpox
- influenza

While a few of these diseases have virtually disappeared because of vaccination, reported cases of people with diseases like measles and whooping cough have been on the rise. Even if some diseases do completely disappear in the United States, they are common in other parts of the world and are just a plane ride away. If we stop vaccinating against these diseases, many more people will become infected.

Why does my baby need so many vaccinations?

It’s true that little babies get lots of injections, which can cause temporary discomfort. But without these vaccines your baby is not protected against measles, mumps, diphtheria, rubella, and other preventable diseases. Like hepatitis B, many of these diseases can result in severe illness, hospitalizations and even death.

For more information, call toll-free 1-800-CDC-INFO (1-800-232-4636) or visit cdc.gov/vaccines.

Make sure all your children get all their vaccinations on time.

If you can’t afford a clinic visit, contact your local health department for options available to you.

Erie County: (716) 858-2373

Niagara County: (716) 278-1900.

Recommended Vaccines <i>Vaccines protect against DISEASES which have a variety of symptoms ...and possible complications.</i>	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
HepB Vaccine HEPATITIS B: infection of the liver, no symptoms OR fever, headache, weakness, vomiting, jaundice, joint pain... possible chronic liver infection, liver failure, liver cancer	HepB	HepB				HepB					
RV ROTAVIRUS: diarrhea, fever and vomiting... possible severe diarrhea, dehydration			RV	RV	RV						
Dtap Vaccine DIPHThERIA: sore throat, swollen glands... swelling of the heart, heart failure, paralysis, death TETANUS: stiff neck / abdomen, trouble swallowing, muscle spasms... breathing problems, death PERTUSSIS: (whooping cough) severe cough, apnea... pneumonia (lung infection), death			Dtap	Dtap	Dtap			Dtap			
Hib Vaccine HAEMOPHILUS INFLUENZA TYPE B: may be no symptoms OR... possible meningitis (infection of tissue around the brain & spinal cord), intellectual disability, epiglottitis, pneumonia, death			Hib	Hib	Hib	Hib					
PCV PNEUMOCOCCAL DISEASE: Pneumonia (lung infection)... blood infection, meningitis, death			PCV	PCV	PCV	PCV					
IPV POLIO: no symptoms OR sore throat, fever, nausea, headache... possible paralysis, death			IPV	IPV	IPV						
MMR Vaccine MEASLES: rash, fever, cough, pink-eye... swelling of the brain, pneumonia, death MUMPS: swollen glands, fever, tiredness, muscle pain... meningitis, brain swelling, deafness RUBELLA: rash, fever, swollen lymph nodes... can lead to miscarriage or birth defects						MMR					
Varicella Vaccine CHICKEN POX: itchy rash, tiredness, headache, fever... possible infected blisters, bleeding disorders, brain swelling, pneumonia (lung infection)						Varicella					
HepA Vaccine HEPATITIS A: no symptoms OR fever, stomach pain, loss of appetite, jaundice, vomiting, fatigue, dark urine... possible liver failure, joint pain, disorders of kidney, pancreas & blood								HepA			

Crying Period

Babies communicate their needs by crying. Parents soon learn what their newborn's cries mean and will sooth baby with warmth, comfort or food.

Many babies have unexplainable fussy times each day as they adjust to living in the world.

Even a healthy, well-fed infant may cry more than 3 hours a day, more than 3 days a week, for more than 3 weeks. These symptoms, often described as colic, do not indicate abnormality, but a normal developmental period for baby.

Fussiness may become predictable, and is often worse in the evenings. Baby may resist soothing – techniques that always “did the trick” in the past will be unsuccessful.

This crying period, more pronounced in some infants than in others, can be frustrating and exhausting.

- May START around age 2 months
- Often PEAKS at around 2 months
- Will END on its own usually by 3 or 4 months.

Though difficult and distressing, the crying period is relatively short-lived. Parents and caregivers should know that, in a matter of weeks or months, this crying cycle will end. Period.

For more information please visit:

purplecrying.info

or

dontshake.org

If you are concerned about your baby, your pediatrician can do a full exam to rule out a medical cause for why your baby cries.

Prevent SHAKEN BABY SYNDROME

Shaken baby syndrome is a serious form of child abuse.

It describes the serious injuries that can occur when an infant or toddler is severely or violently shaken.

Taking care of an infant can be challenging, especially when an end to the crying seems nowhere in sight.

When Your Child Cries, Take a Break – Don't Shake

Shaken Baby Syndrome usually occurs when a parent or other caregiver shakes a baby because of anger or frustration often because the baby would not stop crying.

Children, especially babies, have very weak neck muscles and do not yet have full support for their heavy heads. When they are shaken, their fragile brains move back and forth within their skulls. This can cause serious injuries such as:

- Blindness or eye damage
- Seizures
- Brain damage
- Delay in normal development
- Damage to the spinal cord (paralysis)
- Death



Act quickly

If your baby is severely or violently shaken, the most important step is to get medical care right away.

Immediately take your child to the pediatrician or emergency room.

Don't let embarrassment, guilt or fear get in the way of your child's health – or his life.

If your baby's brain is damaged or bleeding inside from shaking, it will only get worse without treatment.

Getting immediate medical care may save your child's life and prevent serious health problems.

It is NEVER OK to shake a baby.

Be honest.

Be sure to tell your pediatrician or other doctor if you know or suspect that your child was shaken.

Many symptoms of shaken baby syndrome are very much like those of infant colic, feeding problems and fussiness.

A doctor who is not aware a child has been shaken may assume the baby is vomiting or having trouble breathing because of an illness.

Your pediatrician should have complete information so they can treat your child properly.



If you feel as though you could lose control:

- 1 Take a deep breath and count to 10.
- 2 Take time out and let your baby cry alone.
- 3 Call someone close to you for emotional support.
- 4 Call your pediatrician (there may be a medical reason your child is crying).
- 5 Place your baby safely in a crib and sit outside the room for 15 to 20 minutes.

As long as you can hear the baby crying, the baby is OK.

Call the Child Help
Hotline anytime:
800-4-ACHILD
800-422-2253

Postpartum Period

The postpartum period is 6 weeks after birth. It takes at least 6 weeks for your body to return to its non-pregnant state.

This information will help you care for yourself after leaving the hospital.

MOM'S BODY AFTER PREGNANCY

Joins:

Joints that relaxed in pregnancy to allow for the baby's growth and birth will return to their pre-pregnancy condition within several weeks of birth. Many women, however, feel that the rib cage and pelvis remain slightly expanded for the rest of their lives.

Hair:

Many women note changes in their hair after birth, most commonly, profuse hair loss. This is because pregnancy hormones stimulate hair growth. With the drop in these hormones, the extra hair that grew during pregnancy will fall out. This begins around three months after birth and usually ends a couple of months after that.

Stretch Marks:

Any stretch marks you have will seem more obvious after birth than before. Although stretch marks never completely disappear, they fade to silvery white lines in the months after childbirth.

Fatigue:

Perhaps the most common feeling of new mothers after childbirth is that of being "bone tired." This seems especially true of women who have just had their first babies. Often fatigue is combined with such excitement in the first days that sleep is difficult. The usual aches and pains of the early postpartum period can make it even harder to sleep.



Most women find that daily naps are essential.

Follow-Up with Healthcare

Make an appointment with your healthcare provider within the first week of leaving the hospital. Your provider may want to see you 4 to 6 weeks after giving birth, some may want to see you sooner.

During this check-up, your healthcare provider will tell you if your body has healed properly. Your options for birth control will be discussed.

Most mothers stay home for at least 6 weeks before returning to work or school. If you need to go back sooner, let your doctor know.

Do I NEED to schedule a postpartum exam?

Yes. It is important for you to be seen after delivery by your healthcare provider to evaluate your healing and be cleared for all activities.

If you've had a cesarean section, your provider will check the incision before you leave the hospital. Your incision should be checked again about one week after delivery. If you've had a staple closure, the staples must be removed within a week of leaving the hospital. For a vaginal birth, you should be seen 6 to 8 weeks after delivery.

Sexual Intercourse

Unless your doctor directs you differently, you may resume sexual relations in 6 weeks. Sex may be uncomfortable the first few times.

You may have a lower than usual sex drive due to hormonal changes after pregnancy, fatigue, demands made by the baby and fear of discomfort. Discuss these issues with your partner.

Discuss any prolonged painful intercourse with your doctor and/or ask for a referral for physical therapy,

Can I get pregnant again right after giving birth?

Yes. You can become pregnant as soon as ovulation resumes.

Breastfeeding may delay ovulation, but it may begin **before** your monthly period resumes, so you can get pregnant, even while breastfeeding.

Talk to your healthcare provider about family planning options.

Catholic Health offers the Creighton Model Fertility Care System featuring NaProTECHNOLOGY™ to help you fully enjoy your new baby and naturally plan the spacing of your children without barriers or chemicals.

Visit WomenCareWNY.org or call (716) 862-1944 for details.

Weight Loss

Soon after delivery, you may lose some of the weight you gained during pregnancy. Most mothers return to their pre-pregnancy weight within six months of the baby's birth. Breastfeeding also helps to promote a steady weight loss.

If you would like to lose additional weight, talk with your healthcare provider at your postpartum check-up. They can give you information about healthy lifestyle practices or refer you to a dietitian.

A healthy diet and moderate exercise are the best ways to lose weight after your baby is born.

MANAGING DISCOMFORT

Cramping

It is normal to have some cramping or “afterbirth” pains for 2 to 3 days after your baby is born.

At delivery your uterus or womb has stretched to a size large enough to hold your baby. After your baby is born, your uterus will return to its pre-pregnancy size, that of a small pear. You will feel the afterbirth pains as your uterus contracts and gets smaller. Also, you may feel cramping while breastfeeding because of hormones being released that cause the uterus to contract. Afterbirth pains can be uncomfortable.

Take pain medication like *Tylenol* or *Motrin* as prescribed (if not allergic).

Constipation

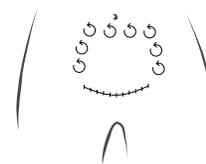
Try the options below to relieve or prevent constipation which is common after giving birth.

- Increase your fiber intake by eating whole grains, fruits, and raw vegetables.
- Drink six 8-ounce glasses of water or juice a day.
- Progressive exercise. (See page 58.)
- Most over-the-counter stool softeners or laxatives are fine to take.

If constipation continues to be a problem, please contact your healthcare provider.

Gas

- Lay on your left side in bed with a pillow between your bent knees.
- Gently massage abdomen to relieve gas pain and stimulate the bowel.



Make small counterclockwise circles starting at your right hip. Massage up toward the rib cage, continue across the stomach below the rib cage, and then down toward the left hip.

- Movement can also assist with passage of gas. Remain mobile, walking around as much as you can tolerate with your physician’s permission.

See pages 62-63 for additional exercises.

ACTIVITY / REST

Rest as much as possible for the next 2 weeks.

As a general rule – just take care of yourself and your baby for the first 2 weeks.

Don’t push yourself beyond discomfort or tiredness.

- **NAP** as much as possible when baby is sleeping.
- **ACCEPT** offers of help.
- **LIMIT** unnecessary activity like frequent stair climbing.
- **LOVE**, lift and hold your baby, but don’t lift anything heavier.

After about ten days, you may do light housework. Whenever possible, sit down to do work.

NOTE: *If you notice an increase in the amount of vaginal discharge, you may be doing too much.*

Backache

- Use good posture to help relieve or prevent low back pain.
- Bend your knees – not your back – when you pick up anything.
- Keep your knees higher than your hips when you are sitting (use a footstool).
- Prop one foot up on a stool when you are doing work that requires standing for a while (doing dishes).
- Use a surface that is at least waist high if you are folding laundry or some similar task, so you don't have to bend over.

Pain medication like *Tylenol* or *Motrin* can also be taken.

Discuss prolonged back pain with your doctor and/or ask for a referral for physical therapy,

Unless otherwise instructed by your doctor –

You **CAN**:

- walk the stairs
- ride in a car
- shower or take a bath in a clean tub

You may swim when bleeding ends.

You **should NOT**:

- do any heavy lifting
- do housework
- drive a car for 1 to 2 weeks or until you can comfortably react quickly if necessary.

WARNING SIGNS

If you experience any of the problems listed below, please call your doctor:

Bleeding: Passing blood clots or heavy bleeding is not normal. Vaginal bleeding will decrease every day and will change from a red color to pink or dark brown and then to clear. This discharge will continue for 2 to 4 weeks. Blood in your urine is not normal

Chills: A temperature above 101° F is not normal.

Urination: Frequent or painful urination is not normal.

Swelling: Swelling or pain in your legs or feet is not normal. Warmth in your calves and swollen or reddened veins are warning signs that you should report to your doctor immediately as they could indicate *thrombophlebitis* – a blood clot. Postpartum women are at slightly increased risk. To reduce this risk, increase circulation in your legs by doing foot rotations and getting up and walking soon after birth.

Headaches: Dizziness, headaches or blurred vision are not normal.

Breast care: Soreness, pain, red spots or red streaks on the breasts are not normal.

Moods: Feeling like you cannot cope with caring for yourself or your baby are signs of difficulty adjusting to this new lifestyle. Support is important. (See pages 62 and 63.)

PERSONAL CARE

Handwashing

Wash your hands before and after breast care and perineal care.

Always wash your hands before picking up your baby.

Bathing

You may take showers or tub baths as often as desired. You also may take a warm or hot sitz bath 2 to 3 times daily to relieve the discomfort from stitches or hemorrhoids.

Menstruation (Periods)

Lochia (your period right after birth) will decrease and change color over the next several weeks. The flow will go from bright red, to dark red to pink/brown, to yellow/white as the uterine lining heals. It usually stops within 2 to 4 weeks. During this time, get plenty of rest in order to allow yourself time to heal.

- If you are formula feeding, you can expect your period to return in 6 to 8 weeks.
- If you breastfeed 6 times a day or fewer, you may get a period as early as 6 weeks postpartum.
- If you breastfeed more than 6 times a day, you may not get a period until you stop breast-feeding.

Remember, you can get pregnant before your get a period. (See page 51.)

Perineal Care / Episiotomy Care

Continue to do perineal care until your bleeding has stopped.

- Always wipe from front to back.
- Avoid sitting on a toilet or donut for extended periods of time.
- If you have stitches, they will dissolve over the next few weeks.
- Bowel movements can be uncomfortable after delivery. Folding toilet paper around your hand and holding stitches while you have a bowel movement may help. See page 52 for options to avoid constipation.
- For comfort use tucks or dermaplast spray, or sit in a warm, shallow bath.
- Cold can also be used to decrease perineum discomfort. Place witch hazel on a sanitary napkin and place this in the freezer. Once cold, place on perineum for 15-20 minutes at a time as needed for pain.
- Do not douche or use tampons until you see your healthcare provider 4 to 6 weeks after delivery.



Incision Care (C-Section)

Keep your abdominal incision clean and dry to decrease any risk of infection.

You may shower or bathe daily, carefully pat incision dry.

It is normal to have a small amount of pink, watery drainage from the incision.

- Spend some time lying flat. This will keep your skin used to being stretched so you can stand without pain in your incision.
- Avoid muscle strain especially while lifting or transferring/sitting up. (See page 54.)
- Avoid cutting/pressure on your incision site from items such as tight or low rise underwear and pants.

It may be helpful to place a pad or towel between car seatbelt and incision to avoid irritation and pain.

- When holding/feeding your baby place pillows on your abdomen, use a “football” hold, and rest your baby gently on pillows to protect your incision.

You can treat incision/scar sensitivity with the following:

- ICE
Use Ice 2-3 time per day for 20 minutes as needed to decrease scar sensitivity, pain and swelling. Use a towel around ice.
- MOBILIZATION
Make tiny circles with light pressure about 3-4 inches from the incision site for the first 6 weeks to mobilize the area.
- SUPPORT
Use an abdominal binder for comfort and support. (See page 56.)

Call your doctor if:

- *drainage does not stop*
- *you notice any changes (ex. separation of the wound, redness, swelling, bloody or other discharges, or pain)*

MUSCLE RECOVERY

While your baby grew the muscles of your abdomen had to stretch and elongate. Your muscles worked hard during delivery, and were stretched and pulled even if you had a c-section.

After delivery, your abdominal muscles will be very weak and you will need to do exercises to get back to normal. Take care to avoid strain on any incision or stitches.

Getting in & out of bed

- Log roll in and out of bed.
Roll to your side and push your trunk up with your arms.



Getting up from a chair

- Scoot forward to the edge of the chair.
- Gently pull in your belly.
- Push off the chair using your leg and arm muscles making sure to breathe out, exhale while you stand.
- Pull up and hold your pelvic floor muscles.

Daily Activities

- Always face your work and turn by pivoting your feet rather than twisting at the waist.
- When picking up from the floor, get down on all fours to avoid bending and lifting.
- Bend only at the hips and knees. Avoid bending or twisting at the waist.
- When vacuuming keep your knees slightly bent and your buttocks tucked in.

Avoid taking giant steps by stepping back and forth with the vacuum as you work.

- Use a step stool when necessary and avoid unnecessary reaching.
- While working over the sink or stove place foot on a stool or ledge. Keep your knees slightly bent and your back straight.

If you stand for prolonged periods of time a stool will help relieve a sway back.

Lifting

- Position yourself close to your baby or object(s) to be lifted
- Bend your knees and tighten your abdominal and pelvic floor muscles.
- Hold and carry close to your body, at midline, or equally on each side.
- Keep your back straight while you are lifting your baby or groceries out of the car by squatting and bending your knees.
- Avoid holding your breath when lifting and moving. Think of drawing your belly button in before moving/lifting and exhaling with the movement — ***“Blow as you go.”***

Carrying Baby

- Scoop your baby up from the bottom rather than lifting under their arms each time
- Alternate carrying your baby facing you and away from you.
- Switch the hip on which you straddle the baby throughout the day.
- Initially you may prefer to carry your baby in a front carrier however, once your baby gains head control you should switch to a back carrier.

Frequently performing gentle Kegel exercises throughout the day will help decrease swelling as well as strengthen the pelvic floor muscles.

Do not perform these exercises if they are painful! (See page 62.)

PHYSICAL THERAPY

At your 6 week follow-up appointment with your physician we recommend asking for a referral to Catholic Health outpatient physical therapy to assess the progress of your recovery and provide further instruction.

While discomforts are not uncommon, they should not be considered normal. Licensed physical therapists with specialized training in obstetrics, gynecology and pelvic rehabilitation can offer relief for postpartum issues.

- Pain in the low back, hip, rib area, pelvis, tailbone, shoulder or neck
- Pain with intercourse, bowel movements, urination or movement
- Leaking urine (even a little bit)
- Leaking bowel or gas
- Prolapse (anything falling out of your vagina) or heaviness in your vagina
- Sensitive scars
- "Something just doesn't feel right"

Many women also ask about diastasis rectus abdominis or DRA which is a condition where the abdominal muscles are separated by an abnormal distance, which causes the abdominal content to bulge. This is a common occurrence during pregnancy and typically resolves on its own. If you are concerned that you have a DRA, it isn't resolving or you would like some help with your postpartum core recovery make an appointment with our postpartum rehab specialists.

Baby Care Activities

- The ideal work height when caring for your baby is between your waist and eye.
- Keep frequently used items such as diapers and baby wipes on a counter top rather than close to the floor.
- Bathe your baby on a counter top surface for as long as you can.
Once your baby transfers to a bathtub, kneel next to the tub with your baby rather than bending at the waist.
- Place your diaper bag, purse and/or infant carrier on a table or counter top. This way, you won't have to bend over to get them later.
- Take the stroller out of the car **before** you get your baby out.

Abdominal Support

An abdominal binder may be recommended by your physical therapist, however it is not essential for recovery.

A binder is usually worn for 6-8 weeks, while up and moving around, especially if you are going to be doing any housework, exercise or shopping. There is no need to wear the binder while resting or lying around with baby.

Exercises should be done as prescribed with the binder. This is essential to rib, pelvis, organ and core recovery. The binder will not help you if you do not do the exercise.



We recommend a binder that provides mild support of the abdominals without "cinching" or putting too much pressure on your abdomen. They can be found on Amazon and other online retailers.

You may wish to try the *Better Binder Abdominal Support* by Core Products International.

- *If you had a cesarean birth, please remember to check your incision so that it is dry to prevent infection.*

Breast Health

MILK SUPPLY

Almost as a welcome gift for your baby, your breast milk increases 2 to 5 days after delivery.

Fullness of the Breast

Fullness results from the milk, plus increased blood supply to your breast.

Your breasts become firm, swollen, tender and even lumpy under your armpits. This only lasts for a day or two.

Breastfeed your baby frequently to relieve the pressure.

Be sure the baby is positioned well and is latched on to more than just the nipple.

You may need to hand express some milk to soften the nipple so your baby can latch on correctly.

Some women pump breast milk and feed baby a bottle.

If you are formula feeding:

Wear a supportive bra 24 hours a day (sports bras are great) until the engorgement / swelling period is over.

- Apply ice packs or cool compresses to breasts for relief and to help reduce swelling.
- Pain medication may also help.
- *Avoid breast or nipple stimulation.*
- *Avoid hot showers and let the water fall on your back, not on your front.*
- *Do not express / squeeze out any milk or engorgement will worsen.*

If you are NURSING:

Wear a well fitting supportive bra to help you feel more comfortable.

- Change breast pads (either disposable or cloth) as frequently as needed to keep the nipples dry.
- A hot shower or warm compress will help the “let down” before a feeding.
- Ice packs or cool compresses will help reduce swelling after a feeding.
- *Avoid using soap on your nipples as this will dry them out.*

Breastfeeding helplines are available at Catholic Health maternity hospitals:

Mercy Hospital of Buffalo	(716) 828-2616
Mount St. Mary's Hospital	(716) 298-2478
Sisters of Charity Hospital	(716) 862-1939



DISCOMFORT

Plugged Milk Duct

If you notice a tender lumpy area in one breast, but feel well and don't have a fever, milk has become clogged in one of the ducts, blocking the flow to the nipple.

To relieve the clog, take a warm shower, massaging the area, working toward the nipple.

Or use a warm compress and gently hand massage to express milk from the area.

Be sure your bra fits well, does not have an underwire, and is not binding in any one area.

Continue to feed your baby frequently, from the affected breast first, changing your baby's position to completely drain the breast.

- *If you begin to feel ill, you could be developing a breast infection.*

Breast Infection (mastitis)

Symptoms include:

- fever over 101° F
- feeling achy or ill
- a tender lumpy area in the breast that is reddened or has red streaks coming from it

Warm moist packs to the area, over-the-counter pain medications and bed rest will help you feel better.

Continue to nurse your baby from both breasts.

- *You will need antibiotics. **Call your doctor right away.***

Sore Nipples

If your nipples become very tender, hand express some colostrum / breast milk, spread it over the whole areola and allow it to air dry,

Persistent sore nipples are not normal and position must be corrected.

- Change the position you use to nurse (cradle hold, football hold, side-lying) at each feeding.
- Be sure your baby is close to you and properly latched on.

This problem is temporary and will subside as you and your baby get used to breastfeeding.

For additional relief:

Purified forms of lanolin, such as *PureLan* or *Lansinoh* brands, applied to the nipples after feeding will help with healing and don't need to be washed off before breastfeeding.

- *If you have very sore nipples that are painful throughout the feeding, or nipples that are bleeding, call your healthcare provider or pediatrician's office.*

Engorgement

Engorgement can be uncomfortable but can be relieved. It results from mismanaged breastfeeding or not nursing frequently enough.

Painful latch or engorgement are good reasons to seek help from a lactation consultant.



BREAST SELF EXAMINATION

Every woman should do a monthly Breast Self Examination (BSE).

Breastfeeding Moms –

you may not have a period while breast feeding so pick a day of the month, for example the 1st or your baby's birth day and do BSE on that day AFTER a good feeding.

Formula feeding Moms –

do BSE during the week after your period.

KEEP IN MIND

After childbirth your breasts may feel different due to swelling of the breast tissue and milk ducts.

The American Cancer Society recommends that all women should be familiar with how their breasts normally look and feel and report any changes to a healthcare provider right away.

Before a mirror

Examine carefully, first with arms at your sides, then with arms raised above your head:

- Look for changes in the size, shape and contour of each breast.
- Look for puckering, dimpling, or changes in skin texture.
- Gently squeeze both nipples and look for discharge.

In the Shower

Raise one arm.

With fingers flat, touch every part of each breast:

- Gently feel for any lump or thickening.

Use your right hand to examine your left breast, your left hand for your right breast.

Lying down

Place a towel or pillow under your right shoulder and your right hand behind your head.

Examine your right breast with your left hand:

- With fingers flat, press gently in small circles.
- Start at the outermost top edge of your breast and spiraling in toward the nipple.
- Examine every part of the breast.

Repeat with left breast.

Remember...

there is breast tissue under your arm, as well.

- Standing with your arm on a firm surface, use the same circular motion to examine the underarm area.

The best strategy for defense against breast cancer is a combination of monthly breast self examination, annual clinical examinations, and mammography.

ANNUAL PHYSICAL

Periodic examinations

A breast self exam is not a substitute for periodic examinations by a qualified physician.

A clinical breast examination should be part of your annual physical by your healthcare provider.

He or she can help you understand your health history as well as other factors, risks and benefits as they relate to breast screening options and your overall health.

MAMMOGRAMS

Mammography remains as best weapon against breast cancer.

Media attention toward mammography has created a heightened awareness, as well as some confusion in women's minds, about the need for this diagnostic tool.

Know this:

Overwhelming research data confirms that mammography remains a woman's best defense against breast cancer.

The American Cancer Society recommends:

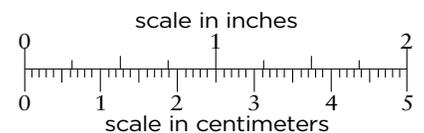
Women age 40 to 44 should have the choice to start annual breast cancer screening with mammograms.

Women age 45 to 54 should get mammograms every year.

Women age 55 and older should have the choice to continue yearly screening or switch to mammograms every 2 years.

Mammograms can find breast lumps when they are extremely small – too small in many cases to be detected in a physical examination.

The earlier a lump is found, the more likely a cure – up to 97 percent in cases of early diagnosis where cancer has not spread.



 Average size lump found by routine mammogram when past films can be compared. (0.43 in / 1.1 cm)

 Average size lump found by first mammogram. (0.59 in / 1.5 cm)

 Average size lump found by women doing regular BSE. (0.83 in / 2.1 cm)

 Average size lump found by accident. (1.42 in / 3.6 cm)

Exercise will help you restore your body to its normal state. Walking is a great beginning! Start with brief walks of 5 to 10 minutes.

Exercise

The Kegel and abdominal bracing exercises are good toning exercises to do after leaving the hospital. These work to strengthen the pelvic floor muscles – the muscles around the vagina and pelvis – which support the uterus and abdominal organs.

You can gradually expand to other toning exercises.

Kegel Exercises

(Repeat often throughout the day.)

Endurance Kegel:

- Tighten your pelvic floor muscles to close the vaginal / rectal openings (like you are trying to stop the flow of urine) and raise the area up (like an elevator going to the third floor).
- Hold and count to 5 slowly.
- Relax. Rest for a slow 10 count.
- Do 5 to 10 repetitions. Stop when you feel the kegel is weaker than the one before it.

Quick Flick Kegel:

- Fully kegel and then fully let go and relax.
- Do 5 to 10 quick kegels in a row without resting in between. Stop when you feel the kegel is weaker than the one before it.

Exercise while lying down, sitting or standing. Practice Kegels before and during any activity that requires exertion, such as sit to stand, lifting, running, jumping and laughing – anytime, anywhere.

Make sure you count out loud to prevent holding your breath.



Abdominal Bracing

Stabilizing your pelvic floor & back.

(Repeat often throughout the day. – alternate positions possible.)

- Lay on your back with your knees bent and feet on the floor.
- Gently draw your abdominal muscles below the belly button towards your spine, up slightly.
- Hold this position for as long as you can without discomfort.

Count out loud to ensure you are not holding your breath.

You should feel the pelvic floor muscles lift. The deep abdominals and pelvic floor muscles “function like they are tied together.” If you have difficulty feeling the pelvic floor contraction, exercise it separately.

Do not suck the muscles in under the rib cage (upper abdominals).

Do not pull the muscles in so hard that your back flattens.

If there is downward pressure on the pelvic floor muscles you are either holding your breath, or incorrectly exercising.



Piriformis Stretch

(Repeat 5 times on each leg.)

- Pull the right knee towards the left shoulder.
- Hold this stretch for 20 seconds.

Make sure you do not lift the buttock off the floor or twist the spine.

Reverse: Pull the left knee towards right shoulder.



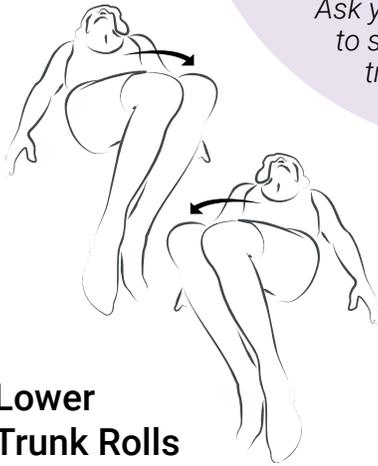
Stretching

...can relieve leg cramps and backaches, and help tone muscles.

You can learn:

- Bends (to stretch back muscles)
- Trunk twists (to stretch back and stomach muscles)
- Calf stretches

Ask your healthcare provider to show you these before trying them yourself.



Lower Trunk Rolls

(Repeat 10 to 20 times.)

- Lay with your back flat and your feet together.
- Slowly rotate the knees to the left side and then slowly reverse the roll to the right side.

Stay in the pain free ranges.

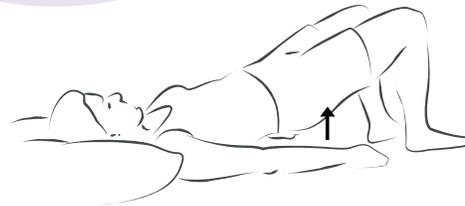
Bridging

(Repeat 10 times.)

- Lay on your back with the knees bent and your feet flat on the floor.
- Perform your abdominal brace and hold it while raising your buttocks from the floor.
- Hold for 5 seconds.

Do not hold your breath!

Gas: Bridge and twist hips to relieve gas discomfort.



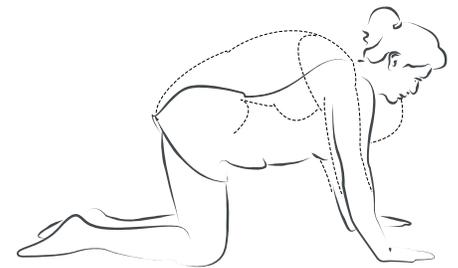
Breathing exercises

...can help you relax.

What to do:

- Get in a comfortable position.
- Breathe in slowly, counting to 5.
- Breathe out slowly, counting to 5.
- Concentrate on relaxing all of your muscles as you breathe out.

Ask your healthcare provider about other breathing exercises.



Cat and Camel

(Repeat 10 times.)

- Get on your hands and knees.
- Tighten your lower abdominal muscles by pulling them towards your spine.
- Hold muscles tight as you arch your back upwards and bring the head into a tucked position.
- Hold for 5 seconds.
- Slowly reverse directions and allow the back to sag while holding the abdominal muscles tight and raising your head.
- Hold this position 5 seconds.
- Relax.

Do not resume or begin an exercise routine postpartum until checking with your physician at your 6-week follow up appointment.

Mom-Bod Fitness

...offers benefits to new moms!

- Learn how to safely recover postpartum
- Tone your body while having fun
- Interact and bond with your newborn!

Sign up for a class at (716) 447-6205 or chsbuffalo.org.



Nutrition

Keep yourself and your new family strong and healthy.

This is not the time to go on a crash diet. Your weight loss should be gradual.

Eat right.

It's about Balance, More... and Less.

Remember these 3 healthy habits:

1 **BALANCE** your calories

You'll gain weight if you take in more calories that you burn off with activity. And being overweight puts you at risk for health problems.

Check the ingredients and calories in foods and drinks. Track your daily intake.

Make adjustments to stay within your caloric needs. Below is an estimate of calorie needs following pregnancy. Use the lower number if you're not active – the higher number if you are.

Woman's Age	Daily Calorie Needs
16-30	1,800-2,400
31-50	1,800-2,200

2 **Choose MORE** nutrient-dense foods and drinks.

These are high in vitamins, minerals, fiber and other healthy nutrients and low in solid fats and added sodium, sugars and refined starches.

Build a healthy plate – fill half with fruits and vegetables. Frozen and canned ones count, but use low-sodium versions.

Have more low-fat or fat-free milk and whole-grain products.

Replace some meat and poultry with seafood and other proteins. Choose lean cuts of meat and poultry when you do have them.

3 **Choose LESS** of other foods and drinks.

Cut back on items high in calories, saturated and trans fats, sodium, cholesterol or added sugars like:

- Sweets, fried foods and pizza
- Red and processed meats
- Sweetened drinks (such as juice or soda) and alcohol

Cook with small amounts of vegetable oils, instead of solid fats.

Avoid oversized portions!

BREASTFEEDING MOMS

You use 500 extra calories per day to produce breast milk for your baby!

INCREASE: fluids, protein and calcium.

LIMIT: caffeine (coffee, tea or soda)

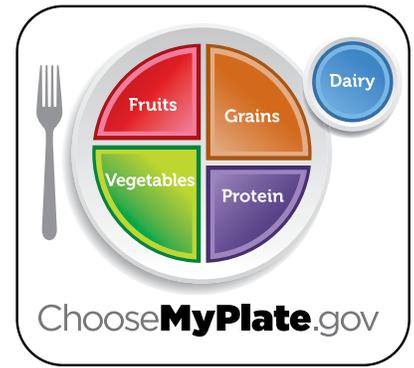
LIMIT: alcohol (after 1 alcoholic drink, wait at least 2 hours before breastfeeding)

AVOID: tobacco and herbal teas, remedies or supplements.

One quart of non-alcoholic fluids is suggested along with a prenatal vitamin every day as long as you breastfeed.

Use this reference to approximate portion sizes:





Think variety.

Make smart choices from each food group every day.

Here's a sample daily eating pattern, plus examples of how to "count" foods.

Fruits (2 cups)

These count as 1 cup:

- ½ cup of dried fruit
- 1 cup of raw, cooked or juiced fruit (Limit juice.)

Vegetables (2 ½ cups)

Have plenty of dark-green, red and orange vegetables, as well as beans and peas.*

These count as 1 cup:

- 1 cup of raw, cooked or juiced vegetables
- 2 cups of leafy salad greens

Proteins (5 ½ ounces)

Vary your protein sources, and aim for 8 to 12 ounces of seafood per week.

These count as 1 ounce:

- 1 ounce of seafood** or lean meat or poultry
- 1 large egg
- ¼ cup of cooked beans or peas*

Grains/Carbohydrates (6 ounces)

At least half (3 servings) should be whole grain/complex sources such as whole wheat breads, crackers or pasta, whole grain cereals and brown rice.

These count as 1 ounce:

- 1 1-ounce slice of bread or 1 6-inch tortilla
- 1 cup of ready to eat or ½ cup of cooked cereal
- 1 ounce of uncooked or ½ cup of cooked pasta or rice
- 1 slice whole wheat bread
- Bagel – 1 mini-bagel
- 5 whole wheat crackers

Dairy products (3 cups)

Switch to low-fat or fat-free milk, cheese and other dairy products.

These count as 1 cup:

- 1 cup of milk, fortified soy beverage or yogurt
- 1 ½ ounces of natural cheese, like cheddar
- 2 ounces of processed cheese

Fluids

Drink 8 to 10 cups of water each day.

- A lack of water in the body can cause constipation, dizziness, headaches and cramping.

Limit coffee, tea, juice, soda and other drinks that have caffeine or excessive amounts of sugar.

Avoid energy drinks.

* Count beans, peas and soybean products (like tofu) for either the vegetable group or the proteins group.

Green peas and green beans count only as vegetables.

** Safe Seafood Consumption

Eat up to 2 servings a week of a variety of fish and shellfish that are low in mercury.

Recommended options include shrimp, canned light tuna, salmon, catfish and pollack. Albacore has more mercury than canned tuna, so one serving of albacore tuna may be eaten per week.

Pregnant or nursing women should not eat shark, swordfish, tile fish or king mackerel.

Support

After giving birth, it is important to recruit help and find ways to reduce stress and worry.

Get the support you need.

Understand emotions.

Pregnancy and childbirth may feel like an emotional roller coaster! You are elated, scared, happy, and worried. You may feel ready for the experience one minute and uncertain the next. These ups and downs are often caused by hormonal changes and are completely natural.

Talk with your partner.

Share your feelings. Discuss your hopes, worries and fears. Remember, concern for your baby's health is normal. If worrying starts to interfere with your life, talk to your healthcare provider.

Make time for yourself.

First, get plenty of rest. Ask family members to help out with chores or other tasks. Take breaks and naps when you need them.

Then, remember to do something you enjoy every day. Having fun is important to good mental health, too. For example:

- Start a hobby, read or listen to music
- Visit a friend
- Go for a walk or exercise if you can.

Watch for depression.

In the first two weeks after delivery, up to 80% of mothers experience some sort of "Baby Blues." Baby Blues is characterized by an extreme sense of letdown – crying, sadness, worry and fatigue – that lasts approximately 2 weeks. Symptoms usually resolve on their own. Postpartum depression is more complicated and longer lasting. It does not resolve itself within a few weeks or a month, and if left untreated, it may lead to a more severe anxiety / panic disorder.

What is postpartum depression?

Postpartum depression (PPD) is a psychological disorder experienced days, weeks, or even months after delivery. It refers to a wide range of emotional changes a woman may experience after the birth of a baby. Postpartum mood disorders include depression, anxiety, panic and obsessive / compulsive disorder. PPD is not completely understood but it is recognized that physiological, biochemical and hormonal factors contribute to the disorder. PPD is fairly common, affecting at least 10 to 20 percent of new mothers.

What are the symptoms?

- Exhaustion
- Irritability
- Rapid weight changes / changes in appetite
- Crying / crying spells without cause
- Despair / feeling of worthlessness
- Difficulty focusing / inability to concentrate
- Excessive worry / desperation
- Lack of joy in life / feelings of hopelessness
- Sleep problems / insomnia
- Loss of sexual interest
- Guilt, sadness and anger
- Forgetfulness / indecisiveness
- Obsessive / compulsive behavior
- Withdrawal
- Not bonding with baby
- Suicidal thoughts

Reach out to your healthcare provider if you are experiencing any symptoms of depression or anxiety.

What kinds of treatment are available?

A professional treatment plan may include medical and psychiatric evaluations, psychotherapy and group therapy.

Medications that help can be prescribed. New anti-depressants act more specifically toward PPD and pose no known threat to breastfed babies.

The sooner you ask for help, the sooner you'll begin to feel better.

Be sure your doctor considers other physical and medical causes of depression, such as thyroid imbalances.

Ask for help.

Talk to your OB / GYN or your baby's pediatrician right away.

- Ask for a list of referrals for specialists in women's mood disorders.
- Contact the Postpartum Resource Center of New York. Call toll-free (855) 631-0001 or visit postpartumny.org.
- Consider attending a support group for new mothers or women with postpartum depression or anxiety. Call Catholic Health at (716) 862-1678 for information.
- Increase support from those around you so you get a break.

Lighten the load.

Taking care of a newborn, yourself and your home can be overwhelming.

Get help at home.

Relatives and friends can be a great resource.

They may be more than eager to help, and though you may disagree on certain things, don't dismiss their experience.

Or, you might consider hiring someone to help you for a short time after the birth.

NOTE: PPD should not be confused with postpartum psychosis.

Postpartum psychosis is characterized by hallucinations, delusions, and thoughts of suicide or of harming the baby.

If you experience these severe symptoms, find a capable adult to care for your infant and seek help.

(716) 834-3131
crisisservices.org



Safe & Sound

LEAD

Lead can be found in old paint, dust, soil, and water. Some folk medicines for upset stomach also have lead. Lead can also be found in cosmetics imported from the Middle East.

If lead gets into a child's body, it could cause:

- A lower IQ
- Behavior problems
- Growth problems
- Anemia
- Kidney damage
- Hearing loss

There are many steps parents can take to prevent lead poisoning in children.

- Keep children away from peeling paint and broken plaster.
- Wash their hands often. Wash their toys often, especially teething toys.
- Use cold water – not hot – for infant formula or cooking. Let the cold water run for at least a minute to flush lead picked up from pipes.
- Use lead-free dishes. Transfer food from open cans to glass or plastic containers.
- Some crafts and hobbies have supplies like paints, glazes, pottery and solder that may contain lead.
- Don't bring lead home from work. People who work at construction, plumbing, painting, auto repair and other jobs can be exposed to lead. Wash work clothes separately.
- Avoid having children play in soil, especially around the foundations of older building and near roadways.
- When windows are open in warm weather, wash the sills and window wells any time you see dust, but at least once a month.
- Feed children foods high in iron and calcium, both of which can help prevent lead poisoning.

Foods high in iron:

- dried beans
- lean meats
- spinach
- whole grain bread
- eggs
- tuna
- collard greens

Foods high in calcium:

- milk
- cheese
- yogurt
- cottage cheese
- pudding
- cream soups
- lasagna
- macaroni and cheese

Erie County Department of Health
Childhood Lead Poisoning Prevention Program
erie.gov
(716) 961-6800

Lead poisons people.

Lead is especially bad for children.

Get a lead risk assessment

Your pediatrician or healthcare provider should assess children 6 months to 5 years of age at each well-child visit for risk of high dose lead exposure.

Children between 9 months and 3 years are especially at risk for the effects of lead.

Does your child live in, or regularly visit, a house or building constructed before 1978, with peeling or chipping paint, or with recent, ongoing, or planned renovation or remodeling?

Has your family/child ever lived outside the United States or recently arrived from a foreign country?

Does your child have a brother or sister, house mate, or playmate being followed or treated for lead poisoning?

Does your child frequently put things in his/her mouth such as toys, jewelry, or keys?

Does your child eat non-food items (pica)?

Does your child frequently come in contact with an adult whose job or hobby involves exposure to lead?

Does your child live near an active lead smelter, battery recycling plant, or another industry likely to release lead; or does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?

YES NO Unknown

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You may be asked additional questions specific to your particular community.

If your family and/or child recently arrived from a foreign county or visited developing or underdeveloped countries for substantial periods of time, tell your pediatrician or healthcare provider.

RADON

Radon is a naturally occurring radioactive gas found in soil and rock. It seeps into homes through cracks in the foundation, walls, and joints. Radon comes from the natural breakdown of uranium in soil, rock, and water, and gets into the air you breathe. It can occur in any type of building – homes, schools, offices – but you and your family are likely to get your greatest exposure at home, where you spend most of your time.

We live in an area where many homes have high levels of radon. You can't smell it or see it, but it can leak into your home.

If you breathe air with radon in it:

- you may have an increased chance of getting lung cancer later in life

Since you want to keep your new baby as safe and healthy as possible, it is important to find out if your home has a high level of radon.

Test for radon

Radon test kits are available at hardware stores, county health departments, and the New York State Department of Health.

Call the NYSDOH for more information or to request a kit.
(518) 402-7556
health.ny.gov/radiation

Safe & Sound

CAR SAFETY

Safety seats save lives and they are the law in every state.

Babies, toddlers and children all have unique body shapes and features which require special seats to keep them safe while travelling.

On all trips, no matter how short, your child must be securely fastened in an appropriate car seat.*

Travel Safe:

- Your baby must ride in an approved rear-facing car seat from birth. It's best to maintain this until weight/height limits of the rear facing seat are reached.
- The use of approved child restraints or a booster seat is required in New York State until a child's 8th birthday.
- Usually the center of the back seat is the safest place for the seat to be installed.
- Children under the age of 12 should always ride in the back seat.

Read your manuals:

- Carefully read the owners manual for the seat AND your car to make sure that the seat is compatible with your child and automobile.
- Always make sure straps are securing your child appropriately as pointed out in your manual.
- If your infants head is flopping forward, consult your manual on how to adjust the seat to adequately recline.

LATCH:

Since 2002, all new car seats have the LATCH (Lower Anchors and Tethers for Children) system. Check your vehicle's manual to learn which locations work with the LATCH system.

Car seat belts still work well to secure car seats, but be careful not to use both LATCH and the seat belt together.

Be aware:

A child safety seat **MAY NOT BE SAFE** if:

- it has been in a crash
- it is on a recall list
- it has missing parts
- it is over 6 years old
- it has no labels or stickers
- it is not used properly.

Learn the right way:

Catholic Health has monthly car seat classes. You can learn how to install your car seat correctly and have it checked to be sure it's put in right! Call (716) 447-6205.

You can also contact your local fire or police department's non-emergency number, or find an inspection location from the National Highway Transportation Safety Administration:

safercar.gov
1-866-SEAT-CHECK
(1-866-732-8243)

Find more safety tips and recall information at: seatcheck.org

* Taxis and public transportation buses are exempt from the occupant restraint law. Child safety seats are available with many rental cars.



Never put a car seat near an airbag!

If the front seat is the only option, switch off the airbag for that trip, even if it's just a short ride.

Never use an infant carrier as a car seat.

Carriers are not approved for transporting a baby in a vehicle and cannot be secured properly in a car.

Never leave a child alone in a hot car.

Your baby could be in danger within minutes, even if the windows are open. Always take your baby with you.

SMOKING

Be aware of the dangers that secondhand smoke poses for you and your new baby.

- Allergies
- Asthma
- Ear infections
- Upper respiratory infections
- Sudden Infant Death Syndrome (SIDS)

Stay away from places where your baby may be exposed to secondhand smoke.

Make a “no-smoking” rule for your home so that your new baby – and your whole family – can breathe easily.

It's not too late to quit!



If you have a tobacco or other drug addiction, talk to your healthcare provider right away, or contact:

- NYS Smoker's Quit Line: 1-866-NY-QUITS (1-866-697-8487)
- Substance Treatment and Recovery (STAR) facilities: Buffalo (716) 893-9350 or Amherst (716) 862-2059
- PATHWAYS – prescription drug / heroin addiction: (716) 862-1330
- Center for Substance Abuse Treatment's Referral Service: 1-800-662-HELP (1-800-662-4357) findtreatment.samhsa.gov

WATER SAFETY

Drowning is one of the leading causes of death in children under 5 years of age.

A few inches of water is all it takes for drowning to occur.

IN THE HOME

Infants and toddlers are at greatest risk of drowning in a bathtub or in large household buckets. You should always be with your baby while in the bathtub. Even a few seconds away are too many. Infant supporting devices should not be a substitute for a parent.

Toilets and large containers of water (e.g. a cooler with melted ice) should all be treated as potential household hazards. Bathroom doors should always be shut and any containers emptied of fluids. Toilet lids should always be closed.

SWIMMING POOLS

Swimming pools are another obvious drowning hazard.

The American Academy of Pediatrics recommends that your youngest child be at least 5 years old prior to purchasing a pool.

Pool slides are not recommended at any age because of their high rate of injury.

If a family has a pool, close supervision of all children is a must. Parents are encouraged to learn CPR. The pool should be totally fenced in (at least 48 inches tall) and separated from the rest of the yard. The fence should be self-closing and self-latching, and the latch should be too high for a young child to reach.

Home Together



OLDER SIBLINGS

Depending on the ages of your new baby's siblings, they may have difficulty adjusting to inevitable changes which will occur. This is usually worst with children aged 2 to 3 years.

At this age, kids are still very attached to parents and are unable to easily understand sharing you with somebody else.

In general you should discuss the baby with your preschooler when the child begins to notice your enlarging "belly" or wonders about the new nursery furniture. Young children cannot easily understand the concept of an unborn baby, so discussing it too soon before there is something realistic to notice will be confusing for them.

- **Involve Your Child**

Try to get your child involved with the baby as much as possible.

Having children help shop for clothes and even help with diaper changes can make them feel part of the "team".

- **Major Changes**

Try to accomplish major changes in your child's routine prior to the baby arriving.

Trying to tackle potty training or changing beds or rooms can be overwhelming to a toddler who is trying to adjust to the new infant.

- **Special Things**

Try to do some of those "special things" you have done with your child in the past. This can be a favorite game, a book, or even little hugs.

The more your child's routine can be retained, the easier the transition should be.

Make sure your child knows that although babies are cute and fun, they also cry a lot and demand much of your time.

Be honest with your child.

Do not state that all things will be the same, because they won't.

Catholic Health offers special classes for small children expecting siblings. These can often be a nice way to introduce your baby to him or her, and to prepare your child for the hospital experience which will accompany delivery.

Call us at (716) 447-6205 or visit online: chsbuffalo.org.

Be confident in an EMERGENCY

If a child was hurt or choking, would you know what to do? Catholic Health offers monthly classes on infant CPR and pediatric first aid. It's important that grandparents, older siblings, and other caretakers be able to recognize a dangerous situation and react.

For more information call (716) 447-6205 or register online: chsbuffalo.org.

To find quality daycare or child care, contact the Child Care Resource Network at (716) 877-6666 or visit wnychildren.org.

Sharing words and sounds is critical to language development.

Read to your child, walk them around and tell them what everything is, or describe what you are doing while you make dinner or work around the house.

Little ones listen & learn.

TELEVISION

Although we live in a society where television is an important part of our lives, it is not necessarily the healthiest thing for children.

As adults, we rely on TV for news, weather, and entertainment. Children, however, are going through a critical developmental period that requires them to spend time:

- playing
- reading
- socializing.

Television significantly reduces the opportunities with family and friends for valuable interactive activities and development to occur.

American children watch about 4 hours of television per day.

Time spent with video games only worsens this number. Not only does this reduce their opportunity to socialize, but it also makes them more sedentary and at risk of being overweight.

Television also exposes kids to great amounts of violence, sex, substance abuse and marketing.

Of course, there are high quality, nonviolent children's shows that, if used appropriately, can have a positive educational effect.

The American Academy of Pediatrics recommends no TV under the age of 2 years, and no more than 1 to 2 hours of non-violent educational programming per day for children who are older.

Parents are advised to set limits on TV time, closely monitor the type of programming that is being watched, seek out high quality children's videos, and discuss often with your children what they see on TV.

Most importantly, encourage other activities such as reading, playing and spending time with others.

STORY TIME

Spending time talking and reading with your child is important at every age. It is fun and relaxing and helps to grow little imaginations and communication skills, too!

Read to Succeed

Read to Succeed Buffalo is a non-profit organization dedicated to increasing early childhood literacy and third grade reading scores. Through the Dolly Parton Imagination Library program, RTSB provides a free children's book each month to children up to 5 years old in select ZIP codes.

Call (716) 843-8895 or visit rtsb.org for more information.



Dear Family,

Be present...

Fathers and other caregivers are extremely important in the lives of their children. You do not need to have wise words of wisdom, be the smartest or the strongest. By just being present in your child's life — spending time with your child — your child will thrive. The amount of love you will receive from your child will be well worth it.

Be ready for change...

As partners, discuss how you will balance your responsibilities. You may need to increase your chores at home to assist the new mom. Jobs that were formally hers now may become yours, such as making dinners, dishes, laundry, food shopping, etc. Please remember that the new mom is tired and used to a certain way of having things done. Discuss with her what you can do to help and how she likes those chores done.

Do your best, and remember, the lack of sleep may make a new mom cranky. Please be patient, this time will pass.

Be supportive...

Your new mom may also appreciate some alone time. After being with a baby all day, even a short nap or warm bath alone can be a life saver, especially if you've been at work. Offer to watch the little one for a short time to give her a break. Remember, you're both tired and you need to support each other.

Also remember that intercourse is not recommended until after her six week postpartum exam. She may also become pregnant before she has a menstrual period, therefore, unless you want another little one that soon, wait until she discusses contraception with her doctor. Women may have a lower than usual sex drive due to hormonal changes after pregnancy, fatigue, demands made by the baby and fear of discomfort. Letting her rest by helping with the baby or household chores may help increase her mood.

Be creative...

Many partners experience a "baby blues" period after the baby is born. The new mom is busy with the baby with little time or energy for you. You may feel neglected or left out. Be creative in spending time alone with your spouse. Eat dinner together or go for a walk with the baby in a stroller.

*Enjoy the experience of a
new member of your family.*





Resources:

Breastfeeding Support

Mercy Hospital of Buffalo (716) 828-2616
Mount St. Mary's Hospital (716) 298-2478
Sisters of Charity Hospital (716) 862-1939
New York Milk Bank (212) 956-6455
(See additional resources on page 5.)

Car Seat Safety

Catholic Health Car Seat Classes (716) 447-6205
safercar.gov

Daycare/Child Care

Child Care Resource Network
wnychildren.org (716) 877-6666

Insurance

Catholic Health Customer Service Center
chsbuffalo.org/billing (716) 601-3600

Lead/Radon

Erie County DOH (716) 961-6800
Niagara County DOH (716) 278-9212
New York State DOH (518) 407-7556

Newborn Screenings

Contact your pediatrician or visit
wadsworth.org/programs/newborn/screening
or cdc.gov/newbornscreening

Nutrition

choosemyplate.gov

Post-Partum Depression / Psychosis

CrisisServices.org (716) 834-3131
CH Support Group (716) 862-1678
Postpartum Resource Center of New York
postpartumny.org (855) 631-0001

Safe Sleep

American Academy of Pediatrics AAP.org
NYS Center for Sudden Infant Death
(SIDS) 1-800-336-7437

Shaken Baby Syndrome

Child Help Hotline 1-800-4-ACHILD
purplecrying.info
dontshake.org

Smoking

NYS Smoker's Quit Line 1-866-697-8487
(See additional resources on page 67.)

Vaccinations

Center for Disease Control
and Prevention 1-800-232-4636
Erie County DOH (716) 858-2373
Niagara County DOH (716) 278-1900



You might find it helpful to keep important information handy.

Mom's Doctor

Name _____

Phone Number _____

Baby's Doctor / Pediatrician

Name _____

Phone Number _____

Pharmacy

Name _____

Phone Number _____

Health Insurance Plan

Plan Name _____

Phone Number _____

Plan or Group Number _____

Poison Control

Phone Number 1(800) 888-7655

Fire Company*

Phone Number _____

Police*

Phone Number _____

Other important names and numbers

McAuley Seton Home Care (716) 685-4870

*Service may be faster calling direct than calling 911.

Take control
of your health with



MyChart – the advanced new patient portal from Catholic Health – makes it easier and more convenient than ever to manage your health. You can schedule appointments, access your medical records and contact a provider – plus so much more – all in one, easy-to-access online portal.

Three ways to register:

1. Any time you check in at a Catholic Health facility (ask the front desk staff), or during a home visit from one of our Catholic Health nurses or therapists.
2. While you're in the exam room – your clinician can provide instant activation.
3. At **MyChart.chsbuffalo.org** – simply hit the "Sign Up Now" button under "New User" and follow the prompts.

Questions? Call (716) 559-3700



Learn more at MyChart.chsbuffalo.org

D E D I C A T I O N

This publication is dedicated to the staff and managers of Catholic Health's OB centers, maternity departments and home care.

Every day you inspire us with your innovative ideas and passion for taking care of moms, babies, and families.

T H A N K Y O U

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Mount St. Mary's Hospital





Maternity Services

Mercy Hospital of Buffalo

565 Abbott Road • Buffalo, NY 14220
(716) 828-2895

Mount St. Mary's Hospital

5300 Military Road • Lewiston, NY 14092
(716) 298-2932

Sisters of Charity Hospital

2157 Main Street • Buffalo, NY 14214
(716) 862-2027

Additional services available at:

Sisters Hospital, St. Joseph Campus;
Kenmore Mercy Hospital;
Home & Community Based Care

Our Mission

We are called to reveal the healing
love of Jesus to all.

Our 2025 Vision

As your trusted partner, inspired by
faith and committed to excellence, we
lead the transformation of healthcare
and create healthier communities.

Catholic Health Administrative & Regional Training Center
144 Genesee Street, Buffalo, NY 14203

chsbuffalo.org/women
(716) 447-6205