



BOOKLET 4

Miriam F. Acheson
Family Birth Place
Guide to Pregnancy
and Birth

THE NEWBORN

 **McLaren**

PORT HURON

DOING WHAT'S BEST.®

CONGRATULATIONS!

This series of educational handouts provides you with information as you progress through your pregnancy. It will follow along with you as you go through your prenatal appointments, routine tests, labor, delivery, caring for and feeding your baby, and your baby's care with their own doctor. It is recommended that those who will care for you and your baby read this book as well.

At McLaren Port Huron you are part of a special tradition of family-centered maternity care that has been trusted for generations. The skilled physicians, nurses and other health care providers you meet at the offices and the staff at McLaren Port Huron strive to provide a safe, comfortable, first-class experience for you and your family.

IMPORTANT PHONE NUMBERS

Health Care Provider: _____ Newborn Doctor: _____

Preregistration: 810-989-3270 Miriam F. Acheson Family Birth Place: 810-989-3439

Educational Classes: 810-989-3270 / toll free 1-800-228-1484

www.mclaren.org/phfbp

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Congratulations on the birth of your baby! Now you will embark on a wonderful journey called parenthood.

NEWBORN CHARACTERISTICS

You may find your baby's appearance to be a little surprising when they are born. There are many common characteristics that your baby may have at birth. These things are normal, and you do not need to treat them with lotions, creams or powders. If you are worried about your baby for any reason, talk with your nurse or pediatrician.

- A cone-shaped or slightly misshapen head.
- Vernix – A white, creamy substance on your baby's skin that protects it from the water they are in while they are still in the womb. It wipes off easily or is absorbed by their skin.
- Soft spots on their head where the bones in their head will eventually come together.
- Rash or red splotches on their skin.
- Very dry skin with some peeling, especially on their hands and feet.
- Milia – white bumps on their face. Do not squeeze these bumps!
- "Stork bite" – A red patch on the back of the neck, forehead or eyelid.
- A bluish gray spot at the base of their spine.
- Swelling in the breast and genital area.
- Baby girls may have some vaginal discharge or spotting of blood.

NEWBORN REFLEXES

Babies are born with reflexes that help them survive.

Irregular breathing

Newborns do not have mature breathing patterns. They will breathe, then stop for a second or two. They also squeak, sneeze, hiccup and make little noises while they sleep. This can be upsetting but it is very normal for the first month or two. Call **911** or your baby's pediatrician if your baby stops breathing for more than 10 seconds, turns blue around the mouth, seems to be breathing hard or if you are worried about your baby.

Rooting reflex

This reflex lets you know that your baby is hungry. Your baby will open his/her mouth wide and turn his/her head from side to side, like he/she is trying to get something in his/her mouth. This reflex will go away or become smaller at three-four months.

Startle reflex

This reflex lets you know that your baby is surprised. She/he will throw out her/his arms and legs, as if to grab on to something, and may start to cry. This reflex becomes smaller by four months.

TESTS FOR BABY IN THE HOSPITAL

Newborn screen blood test

The State of Michigan requires all babies to have a blood test called a newborn screen when they are 24-48 hours old. The test only requires a few drops of your baby's blood. The Michigan Newborn Screening Lab performs this test to check your baby for rare disorders that can cause developmental delays or serious health problems if not detected early.

If any of the tests are abnormal, you will be notified and given further instruction on obtaining treatment for your baby promptly. If identified early, the serious effects can be greatly reduced or even completely prevented.

If you have any questions about the newborn screen, visit www.michigan.gov/newbornscreening or call 866-673-9939.

Hearing screening

Hearing loss in infants can be easily detected using this simple screening. Soon after birth, while your baby is sleeping, his/her hearing will be checked using special computerized equipment. The test is quick, simple and safe. You will receive your baby's results before you go home from the hospital. If your baby did not pass the hearing screening, you will reschedule with your nurse to come back for a retest in two to four weeks.

If you have any questions about the hearing screening, call the Michigan Department of Community Health at 517-335-8955.

Hepatitis B vaccine

While you are at the hospital, a hepatitis B vaccine will be available for your baby. It is the first of three hepatitis B vaccines your baby will receive. It is strongly recommended that your baby receive the vaccine. You will be asked to sign a permission form before your baby is given the vaccine. If you have questions or need more information about the hepatitis B vaccine, talk with your nurse or doctor or visit www.michigan.gov/hepatitisb.

BIRTH CERTIFICATE

A birth certificate is the permanent, legal record of your child's birth. It is necessary when your child needs to prove his/her age, citizenship and identification of his/her parents. Among other things, a birth certificate is necessary when registering for school, joining the military, obtaining a passport and applying for a social security number. A social security number is required when filing a tax return for dependents over one year old.

You will need to provide some personal information to complete the birth certificate application properly. This information will remain confidential.

Certified copies of your child's birth certificate are usually ready 4 to 6 weeks after birth. Birth certificates are only given to the person or parents named on the certificate. You can obtain a copy of your child's birth certificate from the County Clerk's office. There is a fee for this service. You can request a copy online at www.stclaircountyclerk.org or in person:

St. Clair County Clerk's Office
201 McMorran Blvd.
Port Huron, MI 48060
810-985-2200

SOCIAL SECURITY NUMBER

It may take 3 to 6 months for your baby's social security number to be processed. You may contact the Social Security Administration with any questions.

The office nearest the hospital is located at:
2620 Krafft Rd.
Fort Gratiot, MI 48059
1-800-772-1213



CAR SEATS

You must have a car seat to take your baby home from the hospital. You need to know how to properly install and use a car seat before your baby is born. McLaren Port Huron's nursing staff does NOT check or install car seats for any newborns.

- If your baby is premature or small, he/she may need a special car seat.
- Get your car seat inspected after it is installed. You can find an inspection location near you by visiting nhtsa.gov, seatcheck.org or by calling 866-SEATCHECK.

Car seat checklist

The following information can help you make sure you are properly securing and using your baby's car seat before your baby needs to go home from the hospital.



Choosing/Installing a Car Seat

- Select a car seat that fits your child's age and size and that fits in your vehicle.
- When installing the car seat, always use the car seat manufacturer's instructions and read your vehicle owner's manual on how to install the car seat using a seat belt or lower anchors and a tether, if available.

Fitting Your Baby Correctly in the Car Seat

1. Place your baby in the car seat with his/her back flat against the car seat.
2. Place the harness straps over your baby's shoulders. Straps should lie flat, not twisted, and be placed through the slots located at or below the shoulders.
3. Buckle the harness and chest clip and tighten until it's snug. When you can't pinch any extra material at the shoulder, the harness is snug.
4. Place the chest clip at armpit level to hold the harness straps in place on baby's chest and shoulders.
 - Bulky clothing or blankets can prevent a secure fit in the car seat. Always buckle baby in first then place blankets or coats over the harness.
 - If baby needs extra support, use small rolled blankets on each side of baby's shoulders and head.
 - If there is a gap between the buckle and baby's groin, try placing a rolled washcloth or diaper in the space for a more secure fit.
 - Never put thick padding under or behind baby unless it is recommended by the car seat manufacturer.

Source: nhtsa.gov

Other Tips

- Never leave your baby in a parked car or in direct sunlight.
- Never leave your baby unattended in a car seat, in or out of the car.
- Babies should only be in car seats for travel. If your baby is asleep in a car seat after reaching your destination, take him/her out of the car seat and place in a safe sleep location.
- The American Academy of Pediatrics recommends all infants should ride in a rear-facing car seat until they reach the highest weight or height allowed by the car seat manufacturer.

CIGARETTE SMOKE AND YOUR BABY

Second-hand smoke is the smoke released from a burning cigarette and exhaled from a person who is smoking. Tobacco smoke contains more than 7,000 chemicals, some of which can cause cancer. Babies and children who breathe second-hand smoke breathe the same dangerous chemicals that smokers inhale.

Babies and children who breathe second-hand smoke are not as healthy as those living in a smoke-free home.

Second-hand smoke can contribute to many illnesses, including:

- Asthma
- Colic
- Ear infections and hearing problems
- SIDS (Sudden Infant Death Syndrome)
- Upper respiratory infections
- Other respiratory problems such as bronchitis and pneumonia

Later in life, exposure to second-hand smoke during childhood can cause heart disease, lung and other cancers and cataracts.

Keep your baby safe by making your home a smoke-free environment.

- The best thing you can do for your baby is to quit smoking as soon as possible and before your baby comes home.
- If you must smoke, only smoke outside, away from your baby.
- Do not smoke in the car with your baby, even with the window down.
- Ask visitors not to smoke while they are visiting.
- Smoke lingers on your clothes, furniture and walls. Change your clothes after smoking before you touch your baby. Keep baby away from any object that may have smoke on it.
- Always wash your hands after smoking and before touching your baby.
- Avoid exposing your baby to second-hand smoke in public places.



Source: [cdc.gov](https://www.cdc.gov)

SAFE SLEEP FOR BABY

- Place your baby on his/her back for every sleep, including naps. This is the safest sleep position for your baby.
- Your baby should be placed on a firm surface for sleep, such as a mattress covered with a fitted sheet in a safety-approved crib.
- Never place your baby on soft surfaces, such as pillows, quilts or comforters, to sleep. Keep toys, soft objects and loose bedding out of your baby's sleep area.
- Your baby's sleep area should be close to but separate from where you sleep. Room sharing (baby sleeping in the same room as you in a crib, bassinet or portable crib) works well. Always put your baby back in their separate sleep area after feedings or changings.
- Don't let your baby overheat while sleeping. Dress baby appropriately for the environment and keep the room at a comfortable temperature.
- Beware of products that claim to reduce the risk of SIDS. Do your research. Most products have not been tested for safety or effectiveness. Do not use home cardiac monitors to reduce the risk of SIDS.
- Reduce the chance of flat spots developing on your baby's head. Provide tummy time when your baby is awake and someone is watching, change the direction baby lies in a crib and avoid too much time in bouncers, car seats and carriers.
- For more information on safe sleep for your baby, visit www.michigan.gov/safesleep

Source: Michigan.gov/safesleep

TUMMY TIME

It is important for your baby to spend up to half his or her waking time on their stomach. Time spent on the stomach helps your baby reach milestones and develop muscles of the neck, shoulders and trunk. It also prevents muscular and skeletal conditions, such as torticollis and plagiocephaly.

Torticollis

Torticollis is a condition in which the head tilts to one side due to tight or weak neck muscles. Research published in the Journal of Pediatric Orthopaedics suggests that 18% of babies develop torticollis. Congenital Muscular Torticollis is a form of torticollis where the infant tips the ear to the shoulder, while the head faces the opposite shoulder. Positional Torticollis is another form of torticollis where the infant tilts the head to one shoulder and also rotates to the same shoulder. If you suspect your baby has torticollis, contact your pediatrician. A physical therapist can work with your baby to strengthen and stretch weak or tight neck muscles to improve alignment.



TUMMY TIME (CONT'D.)

Plagiocephaly

Plagiocephaly, sometimes called flat head syndrome, is a condition that causes one side of the back of the head to become flatter than the other. This can be seen with one ear that appears to be more forward than the other, or one side of the forehead sticks out further. According to the International Society of Pediatric Neurosurgery, 29% of babies develop plagiocephaly, and that 85% of infants with plagiocephaly also have torticollis. If you suspect your baby has plagiocephaly, contact your pediatrician. Mild forms can sometimes correct themselves if baby doesn't lie on that side of their head. In some cases, helmet reshaping is needed.

Tummy Time Ideas

Tummy time can begin at day one, but it is important to remember that during this time your baby must be supervised. To start off, lie on your back with your baby on your chest to get him or her used to being on their stomach. You can gently turn their head both ways to make sure they aren't favoring one side.

Your baby can also be placed on the floor on his or her stomach or with a towel rolled under the chest, arms in front. Make sure if your baby's head drops, nothing will obstruct their nose or mouth. Another option is to lay your baby across your lap on their stomach, making sure to give their head as much support as necessary. Carrying your baby on their stomach, like a football, also counts! For more information about tummy time, visit www.TummyTimeTips.com.

WHY IS BABY CRYING?

Your baby will have times each day when she or he is fussy or crying. Try removing blankets/clothing and check to make sure nothing is poking or pinching your baby. When you've checked all the possible things that could be upsetting baby, continue to calmly hold and comfort him or her. Here are some reasons why babies cry and ways to help comfort them.

- **"I'm hungry!"** At first, your baby will want to eat at least every 2 to 3 hours.
- **"I like to suck."** A baby naturally wants to suck to help calm themselves. Try putting your baby to breast even after just nursing. Baby may need to be comforted – a clean finger can work too.
- **"I'm tired (or over-tired)."** Your baby may need help calming down to sleep. Try holding skin-to-skin or swaddling and softly 'SHHHH' in baby's ear.
- **"My diaper feels icky!"** Some babies voice their displeasure with wet or soiled diapers quite early in life.

Continued...



WHY IS BABY CRYING? (CONT'D.)

- **“I’m used to rocking 24/7!”** Your baby’s life before birth was filled with motion. Your baby may need a change in position, a walk around the room/house/block, a cuddle in a rocking chair or a slow dance.
- **“I miss my old home!”** Life in the womb was never quiet. Play quiet music or white noise to help your baby relax. Baby also did not have much room to stretch out, so try swaddling your baby before settling down.
- **“I’m too hot/cold!”** Feel your baby’s neck, chest or torso (not hands or feet) for a quick temperature check.
- **“I’m overstimulated!”** Your baby can be upset by too much noise, movement or anything, causing him or her to get frustrated and cry.

Having someone willing to hold your crying baby and give you a break will help tremendously. If you are alone with your baby, try to stay calm, smile and let your baby feel your loving energy. If you’ve tried everything and you feel anxious, upset, angry or that loving energy fading, put your baby down in a safe place and give yourself a ‘time out’. Listen to music, try yoga, call a friend or read for 10 minutes. You should feel refreshed and ready to share that loving energy with your baby again. Realize that sometimes a baby just needs to cry.

Things to try to calm a fussy baby

- **NEVER SHAKE A BABY**
- Hold your baby close so they can sense you and hear your comforting voice
- Offer baby the breast or bottle if it is close to feeding time
- Change baby’s diaper if needed
- Let baby hold or suck a clean finger or pacifier
- Rock your baby
- Swaddle your baby
- Offer some white noise, like appliance noises, stroller rides or car rides. Babies like noise.
- Check to make sure your baby is not too hot or too cold.
- Check to make sure your baby is not sick, check baby’s temperature
- Sing
- Offer your baby a noisy toy or rattle
- Try stroking your baby’s head; rub their arms, back and legs softly
- Research shows babies who are held and carried more in the early months cry less



SHAKEN BABY SYNDROME

As much as it is joyful, taking care of a baby can be overwhelming. Constant crying can leave a parent feeling very tired, angry and frustrated. Shaking a baby to quiet them can result in injury to their brain and spine. Shaking causes damage to babies because they have weak neck muscles and limited ability to support their heavy heads with a developing brain. It can happen so quickly. Even a few seconds of shaking can cause serious damage to infants and young children.

If your baby won't stop crying and you are getting frustrated, please put your baby in the crib on his or her back. Now, take a short time out. As long as your baby is in the crib, he or she is safe. If you feel like you are losing control, you need to step back and take some time for yourself. Call a friend, talk with another adult or have a healthy snack. Ask someone to come over and give you a break.

When you feel calmer you can return to caring for your baby. If you notice you are having a more difficult time coping and adjusting to life with a fussy baby, contact your doctor, your baby's doctor or the National Child Abuse Hotline at 1-800-422-4453. Recognize your limits and keep baby safe.

WELL BABY VISITS

It is important to decide who your baby's doctor will be before you deliver. After delivery, but before you leave the hospital, make an appointment with your baby's doctor for a well visit. It is very important that you keep all of your baby's check-up appointments. During these visits your baby's growth and development will be checked. If you have any questions or concerns about your baby, they can be discussed at these appointments. The doctor or nurse practitioner will be happy to answer them for you.

The well baby check-up schedule typically looks like this:

- 1-3 days after discharge
- 2 weeks
- 4 weeks
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months



PROTECTING YOUR BABY FROM GERMS

A new baby's ability to fight off infection is not fully developed. Hand washing is the most effective way to keep your baby healthy. Wash your hands frequently and encourage friends and family to do the same before they hold your baby. Anyone who is ill should not be around your baby.

Hands should be washed or sanitized:

- When you return home from an outing
- After sneezing, coughing or blowing your nose
- Before touching your baby
- Before feeding your baby
- Before preparing or eating your own food
- After using the bathroom
- After diaper changes
- After touching pets

Follow the recommendations below to keep your baby healthy.

- Ask anyone who is ill to postpone their visit until they are well. As much as possible, keep an ill sibling and your baby apart.
- If your baby is attending a day care, ask about their infection control practices (hand washing, toy washing, cleaning play surfaces).
- For the first few weeks, try to avoid taking your baby to crowded indoor places, such as the mall, grocery store, church or large family gatherings.
- Wash your baby's toys, play areas, bedding and pacifier often.
- Do not share your baby's cups, eating utensils, pacifiers, toothbrushes, towels and washcloths with anyone.
- Wash your hands with soap and water or use hand sanitizer regularly. Keep small bottles of hand sanitizer throughout your house so they are readily available. Keep hand sanitizer in your baby's diaper bag so you can use it when not at home. Ask visitors to wash their hands upon arrival.

CARING FOR YOUR BABY AT HOME

Washing baby's face

Wash your baby's face every day with warm water and a washcloth. Be sure to keep the skin folds in the neck clean. Sometimes milk and spit up can collect here and irritate the skin. Most babies do not like to have their face washed and will squirm and wiggle. It helps to do one side of the face at a time, trying not to completely cover the face all at once. Wipe the outside of your baby's ears with the washcloth. Never use a Q-tip or cotton swab in your baby's ears.

Bathing baby

Your baby's skin can dry out very quickly if he or she is bathed too often. A complete bath 2 to 3 times a week is fine. Babies can have tub baths after the umbilical cord falls off (sometimes this can take up to a month after birth). Until then, a sponge bath works well. On days when baby will not be bathed, wash his or her face and hands. Be sure to clean the diaper area with each diaper change. Do not use any harsh soap; baby wipes or a warm wet cloth are fine.

Giving your baby a sponge bath

**Never leave your baby unattended during a bath.*

**Never wash a baby under running water as the water temperature can change quickly.*

- Schedule your baby's bath time when it is convenient for you.
- Bath time is for you and your baby to interact with each other.
- Choose a safe place to give the bath, like a table, counter or blanket on the floor.
- Choose a place that is warm and free from drafts. Do not choose a place near cold windows or doors that may be opened during bath time.
- Gather bathing supplies – tear-free shampoo, mild soap, washcloth, two towels, diaper and clothes for baby.
- Fill a basin with warm water (not hot). Test the water temperature with your elbow.
- Keep baby covered with a towel or blanket. Only expose the area of the baby's body that is to be washed.
- Wash your baby from head to toe. The diaper area is done last.
- The hair is washed while holding baby over a basin of water or supporting baby's head if staying on a surface. Use a mild, tear-free shampoo and rinse well. Gently dry the hair with a towel. A soft brush can be used to comb baby's hair.
- The rest of the body is washed with mild soap and rinsed. Remember to keep the umbilical cord dry.
- Pay close attention to the folds and creases in your baby's skin, such as under the neck, underarms and the folds of the legs and groin.
- Wash the diaper area last:
 - Girls: Wipe from front to back using a clean area on the washcloth for each wipe.
 - Boys: Circumcised – gently wash with warm water until it heals.
Uncircumcised – do not pull back the foreskin. Clean the outer area only.

Tub bathing

You may give your baby a tub bath after the umbilical cord stump falls off. This can be a great time to play with your baby.

- Use an infant bathtub or simply bathe your baby in a clean kitchen sink or tub that has a towel on the bottom to prevent baby from slipping.
- The water temperature should be warm to your elbow's touch.
- Avoid accidental burns and bumps by staying away from the faucet.
- Support your baby through the entire bath.
- **NEVER** leave your baby, even for an instant.

Remember:

- Always check the temperature of the water.
- Never leave your baby to get supplies or to answer the phone or door.
- Check your baby's skin for any changes.
- Oils, lotions and powder are not recommended for use on your baby.
- Wash your baby's face and hands daily.
- No soap is necessary on baby's face.



CIRCUMCISED OR UNCIRCUMCISED BOY

Circumcised

The circumcision takes up to three weeks to heal. If your son has not had a wet diaper within 24 hours of the circumcision, please call your son's doctor.

Apply petroleum jelly to the penis with every diaper change for 3 weeks. This prevents the penis from sticking to the diaper. To clean the healing penis, squeeze a wet washcloth over the penis using soap and water, wash gently, rinse and gently pat dry. On the second or third day a sticky yellow material may form around the penis. This is normal. Do not wash it off. If there is any increase in redness, swelling or bleeding, call your son's doctor.

Uncircumcised

The outside of the penis should be washed with soap and water. Do not pull back the foreskin to clean under it. As your son grows into a toddler/preschooler (3-5 years old) the foreskin will gradually loosen and will then be able to be pulled back. You can then teach your son to wash this area himself.

Contact your son's doctor if any of the following occur:

- The stream of urine is never heavier than a trickle.
- Your son seems to have discomfort while urinating.
- The foreskin becomes considerably red or swollen.

DIAPERING

Both cloth and disposable diapers are available for you to use, and both have advantages and disadvantages. The following instructions apply to both. At each diaper change, clean your baby's diaper area.

Your baby's skin is sensitive and easy to irritate. If you use baby wipes, use ones without alcohol or fragrance. Lotions, ointments or powders are not needed.



Change your baby's diaper when it is wet or soiled. He or she may need a diaper change with every feeding. Use a warm, wet cloth or a baby wipe to wash away any urine and stool. A mild soap may be needed to remove stool. Don't forget to clean the folds of skin around the boy's buttocks, groin and under the scrotum. Dry baby's bottom thoroughly before putting on a clean diaper. Until the umbilical cord stump falls off, the diaper should be folded down below the cord to assist in drying. When diapering a boy, make sure the penis is pointing down in the diaper. This will keep the boy's clothes dry.

When changing a girl's diaper, wipe from front to back using a clean place on the washcloth to wipe with each wiping motion. This will prevent your daughter from developing a bladder infection. During the first few days, girls may have a white thick mucous discharge that may be tinged with blood. This is normal and may last a few days. This is a result of mom's hormones still in the baby's body.

If you are using disposable diapers, you may notice some "crystals" on your baby's buttocks when you change him or her. These crystals are formed when urine is absorbed into the diaper.

DIAPER RASH

Babies often have redness on the skin around their buttocks. Keeping the buttocks as dry as possible will keep the redness and irritation under control, so change your baby's diaper when it is wet or soiled. You can also wash your baby's buttocks with water or soap and water with every diaper change, allowing the skin to air dry before diapering. Some babies will benefit from Vaseline®, lanolin, or diaper rash cream such as A&D® Ointment or Desitin® (zinc oxide). If the diaper rash does not improve after a few days, or if pimples or blisters start to form, call your baby's doctor.

DRESSING

To keep your baby comfortable, dress your baby in as much clothing as you are wearing, and add a layer. Babies lose a large amount of heat through their head. In cool weather, it's a good idea for your baby to wear a hat, especially outdoors. If you think your baby may be cold, feel his or her ears, not hands. To protect your baby from the sun, keep him or her covered and in the shade during warmer months. Do not use sunscreen on your baby for the first six months. When washing your baby's clothing or bedding, use a mild detergent free from harsh chemicals and perfumes. Avoid detergents with a bleach alternative, as these can be harsh on baby's skin. Fabric softener and dryer sheets are not needed.

FINGERNAILS

Keep your baby's fingernails short so she or he won't scratch him or herself. An emery board is an easy way to keep baby's nails trim and smooth. If you use infant nail clippers, make sure you only clip the nail and not the skin. It's easiest to trim your baby's nails when he or she is sleeping.

SWADDLING

Many babies are comforted by being swaddled in a blanket because it resembles the mother's womb. However, swaddling the wrong way can be harmful to your baby. Studies have shown that straightening and tightly swaddling a baby's legs can cause hip dislocation or dysplasia. The American Academy of Pediatrics supports the safe swaddling of infants that leaves the hips and legs free to move.



JAUNDICE

Jaundice occurs in approximately 50% of babies. Higher bilirubin levels in newborns cause a yellowish color in their skin and the whites of their eyes. Eating helps baby flush the bilirubin out of their system. If your baby looks more yellow after you go home, call your baby's doctor. Your baby may need a blood test or special light treatment to protect their health.

UMBILICAL CORD

Your care provider will talk to you about caring for the umbilical cord in the hospital. You'll need to keep the cord clean and dry. When diapering your baby, fold the diaper down below the cord to keep it clean and dry. If there is an increase in redness around the skin of your baby's cord, a bad smell, some yellow/green discharge or more than a little smear of blood, call your baby's doctor. These could be signs of an infection.

BULB SYRINGE

You'll take the bulb syringe home with you when you are discharged from the hospital. This tool is used to clear your baby's nose and mouth of any mucus or secretions, helping him or her breathe and eat more comfortably. Use this tool only when necessary.

To use on baby's mouth:

- Always suction the mouth before the nose.
- Press the bulb firmly to push the air out.
- Gently turn baby's head toward the side. Place the pressed bulb into the baby's mouth, against the check picket, and slowly release the bulb. This will gather the secretions into the bulb.
- Gently remove the bulb and squeeze the secretions into a tissue. Always remember to press the bulb first before placing in baby's mouth.
- Do not insert the bulb deeply into the mouth as this may choke your baby.

To use on baby's nose:

- Press the bulb firmly to push the air out.
- Gently turn baby's head toward the side. Place the pressed bulb gently into one side of baby's nose and slowly release the bulb. This will gather the secretions into the bulb.
- Gently remove the bulb and squeeze the secretions into a tissue. Always remember to press the bulb first before placing in baby's nose.
- Do not insert the bulb deeply into the nose as this may harm your baby.

To clean the bulb syringe after use:

- Wash in warm, soapy water.
- Rinse.
- Air dry.
- Do not share with other babies.



TAKING BABY'S TEMPERATURE

There are many reasons for taking your baby's temperature. Your baby could be very fussy, seems very sleepy, feels hot or cold to you or baby was born a little early (between 34-37 weeks).

General guidelines for taking baby's temperature:

- Use an electronic digital thermometer that is approved by the manufacturer for rectal and underarm (axillary) temperature for an infant. Follow the package directions.
- Use a plastic cover over the thermometer.
- After use, clean the thermometer according to the package directions.
- Ear thermometers, temperature patches or forehead strips are not recommended for babies. Check with your baby's doctor. A pacifier thermometer is useful only if baby can hold the pacifier in his or her mouth.

Underarm Temperature (use this method first):

- Place the plastic cover over the thermometer and turn it on.
- Place the tip of the thermometer in the center of baby's armpit, directly against the skin.
- Hold baby's arm securely at their side over the thermometer.
- Remove the thermometer when you hear the signal.
- If the temperature is **less than 97.7°F** or **above 99.3°F**, take a rectal temperature.



Rectal Temperature (after taking underarm temperature):

- Place the plastic cover over the thermometer and turn it on.
- Lubricate the end of the thermometer with water-based lubricant (such as K-Y Jelly®)
- Securely hold baby with their tummy on your lap and gently spread the buttocks so you can see the baby's rectum (opening where stool leaves the body) OR lay baby down on their back on a flat surface and grasp baby's ankles with one hand and raise their legs so the rectum can be seen.
- Gently insert the lubricated tip of the thermometer 1/4 to 1/2 inch into the baby's rectum. Hold the thermometer securely in place.
- Remove the thermometer when you hear the signal.
- If the temperature is **less than 98°F**, add a layer or more of clothes to baby or do skin-to-skin warming and recheck the temperature in 30 minutes.
- If the temperature is **between 99.5-100.4°F**, remove one or more layers of baby's clothes and recheck the temperature within 30 minutes.

MEDICATIONS

Never medicate your baby without the doctor's advice.

If your baby develops a cold, **do not** use cough or cold medicines that can be purchased over-the-counter or without a prescription. These medicines can have serious side effects in children less than two years of age. Always talk with your baby's doctor before giving your baby any medicine.

IMMUNIZATIONS

Having your baby properly immunized helps prevent serious disease. Your baby's doctor will explain the immunizations your baby will receive. These immunizations are needed to enroll your child in any nursery, day care, preschool, Head Start program or public or non-public school. Discuss any concerns you have with your baby's doctor. More information about immunizations can be found on the American Academy of Pediatrics website: www.aap.org.

WHEN TO CALL YOUR BABY'S DOCTOR

- When baby's temperature is not within normal limits
 - The rectal temperature is 98°F or less, after 30 minutes of warming up your baby with an added layer of clothing
 - If the rectal temperature is below 97°F
 - The rectal temperature is over 100.4°F
- Unusual rash
- High-pitched cry
- Constant crying or extreme fussiness
- Constant cough
- Drainage from eyes, nose, umbilical cord or circumcision area
- Redness or heat around the umbilical cord or circumcised penis
- Baby is sleepy or not waking up for feedings normally
- Baby is not eating
- Baby spits up a lot or has forceful vomiting
- Baby has a more yellow coloring to their skin or whites of their eyes
- Baby's urine is dark or has a strong odor
- Baby has less than six to eight wet diapers in a 24-hour period after 1 week of age
- Baby's stools have not yellow by day five of breastfeeding
- Baby has bright green or watery stools
- Baby has a significant change in urine or bowel movements or if baby is straining like he or she is constipated
- Baby does not urinate within 24 hours after being circumcised
- Any time you have a feeling or concern that something doesn't seem quite right



TAKING CARE OF YOUR LATE PRETERM INFANT

A baby born between 34 and 37 weeks of pregnancy is a late preterm infant. A late preterm baby is a preemie, having their own set of needs and challenges. In order to take good care of your preterm baby, you should know about his or her special health needs.

Feeding – Late preterm babies tire easily and may not be strong enough to drink enough breast milk or formula to gain weight. They may feed more slowly, and need fed more often than full-term babies. Late preterm babies don't breastfeed well, affecting the mother's milk supply. Mom may need some extra help from a nurse, doctor or lactation consultant. If you have concerns or questions about breastfeeding your preterm infant, ask for help. If your baby refuses to eat, even for less than a day, call your baby's doctor.

Sleeping – Late preterm babies may be sleepier than full-term babies and may sleep through feedings. You should wake your baby to eat after 2 to 3 hours of sleep. All babies, including those born early, should be placed on their back to sleep.

Breathing – Breathing problems occur more often in late preterm babies. If your baby is working hard to breathe or is breathing hard, [call your baby's doctor immediately or call 911](#).

Jaundice – Late preterm babies are more likely to develop jaundice in the first week of life than full-term babies. Your baby's doctor will check for jaundice in your baby before going home from the hospital. Your baby may need to be tested again after discharge. If you think your baby's skin look more yellow, call your baby's doctor.

Infections – Babies who are born early have a higher risk of developing infections because their ability to fight germs is not fully developed. Signs of infection can include a high or low temperature, breathing problems, being too fussy, crying and/or sleeping too much or simply not acting right. If you think your baby is getting sick, call your baby's doctor right away. Make sure anyone who touches your baby washes their hands first. Don't allow visitors who are sick to be around your baby. Immunizations help your baby stay healthy. You should not wait longer to get your baby immunized because he or she was born early.

Temperature – Preterm babies don't have as much stored fat as full-term babies and they get cold easily. Keep your baby away from drafts. Set your house temperature to 69-72 degrees and the thermostat should not be turned down at night. Dress your preterm baby in one more layer than you are wearing. If you undress your baby for nursing, clothe him or her right away after feeding. A sleep sack can help keep baby warm while sleeping. Your baby's doctor may instruct you to take your baby's temperature in the first couple of days at home. To know the right way to take your baby's temperature, read "Taking Your Baby's Temperature" on page 16. Your nurse will also go over this with you and make sure you know how to take your baby's temperature before you go home.

Although late preterm infants are at higher risk for health problems than full-term infants, most do very well. Following the advice in this book and following up closely with your baby's doctor will help your baby stay healthy.

AFTER HOURS PEDIATRIC TREATMENT

For most pediatric illnesses and injuries, call your baby's doctor first. If your doctor's office is closed, refer to the information below to know whether to take your baby to urgent care or to the emergency room.

Emergency room:

- Changes in mental status, confusion or decreased alertness
- Severe difficulty breathing or shortness of breath
- Severe or persistent vomiting or diarrhea
- Sudden dizziness, weakness or changes in vision
- Sudden or severe pain
- Uncontrolled bleeding

Urgent care:

- Back pain
- Bronchitis, upper respiratory and sinus infections
- Cuts requiring stitches
- Eye infections, pink eye or styes
- Fever or flu symptoms
- Headaches
- Illness with nausea, vomiting and/or diarrhea
- Mild to moderate allergic reactions
- Mild to moderate asthma
- Minor head injuries
- Seasonal allergies
- Skin rashes, sun burns or minor burns
- Sore throat/cough
- Sprains, strains and fractures
- Urinary tract infections (UTIs)



PREVENTIVE HEALTH VISITS AND IMMUNIZATIONS

Recommended Schedule

VACCINE/AGE	BIRTH	24-48 HRS	2 MTH	4 MTH	6 MTH	9 MTH	12 MTH	15 MTH	18 MTH	24 MTH	30 MTH	3-5 YRS	6+ YRS	11 YRS	16 YRS
Preventative Health Visit		X	X	X	X	X	X	X	X	X	X	X	X	X	X
DTaP Diphtheria, Tetanus, acellular Pertussis			X	X	X			X				X			
HIB Hoemophilus Influenza B			X	X	X			X							
HepA Hepatitis A							X		X						
HepB Hepatitis B	X		X			X									
HPV Human Papilloma Virus														X	
IPV Inactivated Polio Vaccine			X	X	X			X							
Meningococcal Vaccine Meningitis														X	X
MMR Measels, Mumps, Rubella							X					X			
PCV Pneumococcal			X	X	X			X							
RV Rotovirus			X	X	X										
Tdap Tetanus, Diphtheria, acellular Prtussis														X	
Varicella Chickenpox							X					X	X		

NOTES



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