Care of You and Your Baby
8th Edition

Christiana Care Parent Education
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You and your family are part of the team. A nurturing family is vital for a healthy baby. That’s why we stress the partnership between your family and health care experts to make certain you and your baby get the best possible care. We serve our neighbors as respectful, expert, caring partners in their health.

Please tell us who you want involved in your care and your baby’s care while you are in the hospital.

Our doctors and nurses will talk with you clearly and help you every step of the way, to help with understanding how your baby connects, and all of the little things that make the first days and weeks of being a parent so challenging and rewarding. If you have questions, please ask. If you would like parents, grandparents or other family members or friends present to learn how to care for your baby, tell your nurse and they will do their best to make it happen.

Our program combines medical quality and exceptional support before and after you leave our hospital. An experienced maternal/child nurse will care for you and your baby and deliver one-on-one education for you and your family. The nurses will partner with your obstetrician and your baby’s doctor to care for your family while you are in the hospital. Our goal is to provide the best possible care and to make your experience happy, relaxed and unforgettable.
Welcome

We are here for you

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

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

Our goal is to make sure you feel confident caring for your baby when you leave the hospital. Our experts are here if you have any problems.

Your nurse will come to your bedside to assist with feeding your baby, with diaper changing and bathing. We will also help you learn about umbilical cord care and circumcision care. Our nurses are trained in lactation and can help with breastfeeding. In addition, certified lactation consultants are available to offer additional support for breastfeeding.

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

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

If you need help in any way, please contact our Nurse Manager, Mona Liza Hamlin, at 302-733-5028.

Recommended Hours to Visit
9 a.m. – 9 p.m.
One support person over the age of 16 can spend the night. Children are not allowed to spend the night.
If you have questions about the visiting policy please ask a staff member.

Au Bon Pain Café Bakeries (Lobby Level)
Mon. – Fri. 6 a.m. – 9 p.m.
Sat. – Sun. 6 a.m. – 8 p.m.

West End Café Hours (Lobby Level)
6:30 a.m. – 10 a.m.
10:30 a.m. – 1:30 p.m.
4 p.m. – 7 p.m.
11 p.m. – 3 a.m.

Complimentary coffee, tea, ice & vending machines are available in our Day Rooms located at 3B09/3C26/4B13

Brew Ha Ha! (Main Lobby)
Mon. – Fri. 6 a.m. – 9 p.m.
Sat. – Sun. 6:30 a.m. – 6 p.m.

Glass Box Gift Shop (Main Lobby)
Mon. – Fri. 9 a.m. – 7 p.m.
Sat. – Sun. 11 a.m. – 4 p.m.

Car Seat Class
Learn how to properly place and secure your newborn in their car seat. Please bring your baby in his/her bassinet, your car seat, and three of your own receiving blankets.
This class is offered Monday through Saturday at 10 a.m.

Locations:
Please visit the car seat class located closest to your room
Families on 3B -> 3B09
Families on 3C -> 3C26
Families on 4B -> 4B13
Caring For Yourself
Cuidando de usted misma
After Delivery

You will bleed after giving birth, similar to having your period; this vaginal bleeding after you have a baby is called **lochia**. You may notice more bleeding when you stand up after you have been lying down or when you are nursing your baby. Sometime after the first week, the bleeding will become thinner and turn light red to dark pink. By the second week, it will turn thicker and look yellow in color.

About four weeks after birth, the lochia will almost disappear. Lochia has a slight smell but should never smell foul or go back to a bright red color once it has turned lighter. If this happens or if you bleed and fill more than one pad an hour, call your health care provider. If you do too much activity, you may see more bleeding.

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

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

Perineal Care

The **perineum** is the area between your vagina and rectum. You may have stitches and/or hemorrhoids in this area after you give birth. Hemorrhoids are caused by the weight of the baby’s head coming through the birth canal. You can ease your discomfort and allow faster healing from stitches or hemorrhoids by keeping the perineum clean.

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

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

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

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

Kegel Exercises

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

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

Bladder

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

Bowels

It typically takes two to three days for your bowel movements to return to normal. Some mothers have short-term constipation and a full feeling or “gas.” You can help yourself by:
- Drinking plenty of fluids - especially water. You need to drink at least eight to 10 glasses of water or fluid a day.
- Eating fruits, vegetables and high-fiber cereals.
- Emptying your bowels when you have the urge.

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

Swelling

You can anticipate that your body will hold some fluid after you give birth. Your body carried extra fluid during your pregnancy. You most likely had IV fluids during your labor and birth as well. You may see some swelling in your legs. It is important to move around after birth and you should put your feet up whenever you are sitting. Drinking enough water will help your body to get rid of the extra fluid.

After Cesarean Birth

After your Cesarean birth or surgery (birth of the baby via an incision in your belly and uterus), you will have an incision (a cut) in the lower part of your belly. Some health care providers use staples to close the incision, others use stitches. If you have staples, make sure to call your health care provider for an appointment to have the staples taken out soon after you go home. If your health care provider used stitches, they will go away on their own. Sometimes small narrow strips of tape, Steri-Stripes may be put on the incision. If you have steri-strips, they may be removed if they are falling off; you should remove them after 1 week.
if they have not come off on their own when you shower. As your skin around the incision heals, your incision may feel numb and itch, this is normal.

**Incision Care:**

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

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

- Redness, swelling and/or notice the skin is warmer around the incision than other parts of your belly.
- You have a fever.
- More pain or tenderness around the area.
- Severe pain in your belly.
- Any drainage from the incision.
- Opening of the incision.

**Feelings About Cesarean Birth**

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

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

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

Going Home

Bathing
You should use showers during your recovery period. You may soak in a clean tub of warm, clear water, no bubble baths. Do not douche. Do not use tampons.

Diet
After you go home you should stay on your usual nutritious diet. Breastfeeding mothers should drink enough fluids to satisfy thirst. Do not diet or eat less than 1800 calories each day. A breastfeeding mother should have 500 more calories a day in her diet while breastfeeding.

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

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

Elevated Blood Pressure
Sometimes women experience elevated blood pressure related to pregnancy. Symptoms can appear during pregnancy and following delivery.

Call your doctor if you have any of the following symptoms: persistent headache (unrelieved by Tylenol® or Ibuprofen, such as Advil® or Motrin®), blurred vision and/or spots before your eyes, or pain in the upper right quadrant of your abdomen.

If you have been prescribed blood pressure medication, take your medication as prescribed. Taking your medication as directed will prevent very serious complications and re-hospitalization.
Preeclampsia

What Is It?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of her pregnancy, or up to 6 weeks after delivery.

Risks to You

• Seizures
• Stroke
• Organ damage
• Death

Risks to Your Baby

• Premature birth
• Death

Signs of Preeclampsia

Stomach pain  Feeling nauseous; throwing up  Headaches

Seeing spots  Swelling in your hands and face  Gaining more than 5 pounds (2.3 kg) in a week

What Should You Do?

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

For more information go to www.preeclampsia.org

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Caring for Yourself

Stop the Clot, Spread the Word™

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

ON AVERAGE, ONE AMERICAN DIES OF A BLOOD CLOT EVERY 6 MINUTES.

UNDERSTANDING BLOOD CLOTS

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

If a DVT is not treated, it can move or break off and travel to the lungs.

A blood clot in the lung is called a pulmonary embolism or PE, and can cause death and requires immediate medical attention.

KNOW THE RISKS

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

Cancer
Hospitalization & Surgery
Pregnancy

Other Risk Factors Include:

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

Blood clots can be safely treated.

DVT (Arm or Leg) – if you experience any of these, call your doctor as soon as possible.
- Swelling of your leg or arm
- Pain or tenderness not caused by an injury
- Skin that is warm to the touch, with swelling or pain
- Redness of the skin, with swelling or pain

PE (Lung) – if you experience any of these, seek medical attention immediately.
- Difficulty breathing
- Chest pain that worsens with a deep breath
- Coughing up blood
- Faster than normal or irregular heartbeat

BLOOD CLOTS CAN BE PREVENTED

- Know your risks and recognize signs and symptoms.
- Tell your doctor if you have risk factors for blood clots.
- Before any surgery, talk with your doctor about blood clots.
- See your doctor as soon as you can if you do have any symptoms.

To learn more about blood clots and to spread the word visit: stoptheclot.org/spreadtheword

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

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# Caring for Yourself

## Birth Control Methods

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

*Shaded area above identifies birth control methods which contain hormones.
<table>
<thead>
<tr>
<th>How often do you need to take it?</th>
<th>How well does it work?</th>
<th>Side effects</th>
<th>Ok with breastfeeding?</th>
</tr>
</thead>
</table>
| Only once, it is permanent        | Greater than 99%       | - Very difficult to reverse  
- Possible regret  
- Higher risk of pregnancy outside the uterus (ectopic) IF you get pregnant | Yes |
| **Paragard**  
Can be used for up to 10 years   | Greater than 99%       | - May change periods  
*Paragard* – may lead to heavier periods  
*Mirena* – may lead to little/no periods  
- Small risk of coming out | 1. Yes  
2. Discuss with doctor or lactation consultant |
| **Mirena**  
Can be used for up to 5 years     | Greater than 99%       | - May change periods – may increase spotting between periods | Discuss with doctor or lactation consultant |
| Can be used for up to 3 years     | Greater than 99%       | - May change periods  
- Possible weight gain  
- May decrease bone density with long term use | Discuss with doctor or lactation consultant |
| Every 3 months                    | 94%                    | - Less bleeding, cramping, PMS with periods  
- Possible headaches, acne, breast tenderness, mood swings (less than with “the pill”) | Discuss with doctor or lactation consultant |
| Every day, same time!            | 91%                    | - Less bleeding, cramping, PMS with periods  
- Possible headaches, acne, breast tenderness, mood swings | Discuss with doctor or lactation consultant |
| Every day                         | 91%                    | - Less bleeding, cramping, PMS with periods  
- Possible headaches, acne, breast tenderness, mood swings | Discuss with doctor or lactation consultant |
| Every week                        | 91%                    | - Less bleeding, cramping, PMS with periods  
- Possible headaches, acne, breast tenderness, mood swings  
- May be less effective if you weigh more than 198 pounds  
- May cause skin irritation | Discuss with doctor or lactation consultant |
| Every month                       | 91%                    | - Less bleeding, cramping, PMS with periods  
- Possible headaches, acne, breast tenderness, mood swings, change in vaginal discharge | Discuss with doctor or lactation consultant |
| With every act of sexual intercourse. | 80%                    | - Protects against sexually transmitted diseases  
- May have vaginal irritation to latex (non-latex condom does not protect against STD)  
- May be uncomfortable | Yes |
| With every act of sexual intercourse; can be placed up to 6 hours before, must leave in vagina for 6 hours after sex | 88%                    | - May have vaginal irritation to latex or spermicide  
- Not recommended for use during your period  
- May get more urinary tract infections | Yes |

*Shaded area above identifies birth control methods which contain hormones.*
Baby Blues, Depression and Anxiety

You are Not Alone

Some women have feelings of sadness during and after pregnancy.

While You are Pregnant or After Your Baby is Born

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

When it is More Than Baby Blues

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

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

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

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

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

Do You Suffer from Postpartum Psychosis?

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

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

The Facts

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

Center for Women’s Emotional Wellness

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

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

Where to Find Help

Christiana Care Center for Women’s Emotional Wellness
302-733-6662
Email: cwew@christianacare.org

National Suicide Prevention Lifeline
800-273-TALK (English)
888-628-9454 (Español)

Postpartum Support International 24-Hour Helpline
800-944-4PPD
302-294-2365

Websites
christianacare.org/momsemotionalwellness
www.postpartum.net
womenmentalhealth.org
www.motherisk.org

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

Domestic Violence

Are you in a relationship in which you have been hurt or threatened?
Is your partner jealous? Are you afraid of your partner?
Have you ever been hit, punched, or kicked by someone you know?
Do you feel unsafe in your relationship?

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

CALL: Emergency Hotline - 24 hours a day

<table>
<thead>
<tr>
<th>Area</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle County</td>
<td>302-762-6110</td>
</tr>
<tr>
<td>Kent/Sussex County</td>
<td>302-422-8058</td>
</tr>
<tr>
<td>Delaware Coalition</td>
<td>1-800-701-0456</td>
</tr>
</tbody>
</table>
Discuss and share:

- Adjustment challenges, depression, or anxiety during pregnancy and after your baby is born.
- Coping methods and concerns during the adjustment period and challenges of new motherhood.

Every Thursday 6 - 7 p.m.
Christiania Hospital Maternity Building Room 1900 (Women’s Health Practice)
4755 Ogletown-Stanton Road,
Newark, DE 19718

FREE Support Group
No registration required

Center for Women’s Emotional Wellness
For more information call: 302-733-6662, or email: cwew@christianacare.org.
Visit our webpage at christianacare.org/women/momsemotionalwellness, or go to events.christianacare.org/moms-heal to find the next available support group.

PUMPING GROUP

A free class for all moms who want or plan to use a breast pump following delivery

Last Monday of the month
3:15 - 4 p.m.
Immediately following the 2 p.m. breastfeeding support group.

Christiana Hospital Maternity Building
Room 1932
4755 Ogletown-Stanton Road
Newark, DE 19718

Please bring your breast pump, tubing and flanges with you.
Babies are welcome.
The Health Ambassador program was founded by Christiana Care’s Department of Family & Community Medicine, Center for Community Health and the Wilmington Consortium, with funding from the Delaware Division of Public Health.

Please visit the following helpful website: dethrives.com

**Health Ambassadors**

Connecting you and your family to information and resources before, during and after pregnancy.

**Do you need...**

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

**Call your Health Ambassador today!**

**302-320-6862**

---

**Mother Baby Support Group**

Meet other mothers and share the joys and challenges of this exciting time in your life. Parent Education/Lactation consultant will attend to answer any questions.

**Every Monday**

(Except Holidays)

10 – 11:30 a.m.

Christiana Hospital
Maternity Building
Room 1932
4755 Ogletown-Stanton Road
Newark, DE 19718

**Healthy Babies, Healthy Communities**

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

Please visit the following helpful website: dethrives.com
Your baby’s appearance will change every day during the early weeks of life. Here are some things that you may see in newborns:

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

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

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

**Fontanels (soft spots):** Babies have two areas on their head called soft spots. These make it possible for a baby to fit through the birth canal. One is on the top near the front, and the other is on the lower back of the head. These spots slowly close until they close completely by 18 months old. You may notice when your baby cries the spots move up and down. This is normal.

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

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

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

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

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

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

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

Bulb Aspirator

A bulb aspirator is used to take mucus, breast milk or formula out of your baby’s mouth. Don’t overuse the bulb aspirator in the baby’s nose. To use it:
• Squeeze the bulb half way.
• Gently put the tip in the side of your baby’s mouth and release. As you release the bulb, the mucus and/or milk will be sucked into the bulb.
• Squeeze the mucus out of the bulb into a tissue or trash can. Avoid excessive use.
• Rinse the bulb aspirator out with hot water after each use. Squeeze the bulb to suck up the water. Remove from the water and shake it. Then, squeeze the bulb into the sink to get the water out. Repeat this until the bulb is clean. Be sure to get all the water out before you use it again.

Delayed Pacifier Use

It’s important to delay pacifier use until your baby is about 3 to 4 weeks old. Using pacifiers before then can make it difficult for you to learn your baby’s feeding cues, make it harder for your baby to latch to your breast, and may decrease the amount of milk you make.

Crying

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

There are many ways to soothe a crying baby. Dr. Harvey Karp who wrote “Happiest Baby on the Block” lists five simple steps that you can take to help comfort your baby. These steps are also known as the 5 S’s:
• Swaddling.
• Side/Stomach.
• Shhhhhing.
• Swinging.
• Sucking.

For more information about these five Steps you can watch the “Happiest Babies” video on the GetWell Network, talk to your nurse, call Christiana Care Health System Parent Education and Lactation Services at 302-733-3360, or register for the “Happiest Baby on the Block” class at 302-733-2472.

If your baby is still crying try the following:
• Rock your baby in a rocking chair.
• Gently stroke the back of your baby’s head.
• Talk or sing to your baby.
• Play soft music.
• Walk your baby in your arms or in a stroller.
• Go for a ride in the car.
• Play rhythmic noise.
• Burp your baby.

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

Remember to never shake your baby.

If you feel overwhelmed because your baby is crying, place your baby in a safe place and call for help.
Newborn babies who are placed on their mom’s chest (skin-to-skin) shortly after birth form a life-long bond.

Skin-to-skin benefits include:

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

Proper positioning is important. Proper positioning means:

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

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

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

Basic Things Needed for Bathing

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

Steps for the Bath

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

Umbilical Cord Care

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

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

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

Diapering Baby Girls

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

Circumcision

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

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

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

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

- Bleeding at the circumcision site.
- Swelling of the circumcision site.
- The baby does not have a wet diaper within 8 hours after the circumcision was completed.
- Signs of infection (yellow drainage, excessive redness, foul odor, fever).
- The ring has not fallen off within 10 days.
- The ring slips onto the shaft of the penis.

Caring for Your Uncircumcised Baby

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

Dressing Your Baby

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

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

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

Rectal Temperature

A fever is a rectal temperature at 100.4 degrees Fahrenheit (38 degrees Celsius) or greater.

- Turn on the digital thermometer and place a small amount of petroleum jelly on the end of the thermometer. (If your thermometer came with plastic throwaway covers, place the cover on before applying petroleum jelly).
- Place your child on his back and bend his legs up as if you were wiping his bottom. You can also place him on his belly with his legs tucked under his body.
- Gently insert the small end of the thermometer in your child’s bottom (or rectum), putting it in about ½ inch to 1 inch. Hold the thermometer in place until the device signals that’s it’s done by beeping or lighting up.
• Remove the thermometer, read the number and write it down.
• Don’t be surprised if your baby has a bowel movement while taking his temperature.
• Label the thermometer, so you remember to only use the thermometer for rectal use. Clean the thermometer when you are done using it.

Axillary (underarm) Temperature
The normal underarm temperature ranges between 97.7–99.5 degrees Fahrenheit or 36.5 – 37.45 degrees Celsius.
• Turn the thermometer on and wait until it reads zero.
• Put the small end under your baby’s armpit and hold the thermometer flat against your baby’s body.
• Hold your baby’s arm against the side of their body, making sure the thermometer doesn’t slip out of the armpit.
• When the thermometer beeps, remove the thermometer, read the number and write it down.

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

Call your Health Care Provider if your baby gets any of these signs of jaundice:
• Skin color seems to be quickly becoming more yellow. Often yellow is seen first in the face and white part of the eyes, then spreads to chest, tummy and legs.
• Once you go home, it is important to continue watching for jaundice. Pay attention to skin color, overly sleepy baby, missing feedings and few or no bowel movements.

When to Call Your Health Care Provider
It is hard, as a new parent, to know your baby’s habits, needs, and personality right away. Most often, you will sense that your baby is sick when they are ill. Refer to discharge instructions for specific signs and symptoms to look for. If you have any concerns about your baby, call your health care provider as soon as possible. Trust your instincts.

Call your baby’s health care provider if:
• You have any questions about how to care for your baby.
• Your baby is having less than 3-4 wet diapers per day.

OR fewer diapers than listed on your feeding log.
• Your baby has not had a bowel movement in 24 hours.
• Your baby has a temperature higher than 99.5 degrees Fahrenheit or lower than 97.7 degrees Fahrenheit.
• Your son had a circumcision and there is bleeding that will not stop after you use a cool cloth or gently press on the bleeding area.
• Your baby is too sleepy to stay awake to feed 8 or more times in 24 hours.
• Your baby has trouble feeding.
• You see redness, drainage, swelling or a bad smell from eyes, circumcision, or cord area.

Call 911
For any emergency such as:
• Blue color to your baby’s skin.
• Trouble breathing.
• Not breathing.
• Not moving and not waking up.
Car Seat Safety

We highly recommend that you bring your car and car seat to have someone check the installation at a fitting station. See the inside back page for the telephone number. Certified technicians at these locations can teach you about correct installation. Most car seats are used incorrectly. Without correct installation, the car seat will not be able to protect your baby properly in the event of a crash.

Helpful tips:

• The American Academy of Pediatrics currently recommends keeping children rear facing until age two.
• The safest spot for your car seat is the rear center seat.
• Infants should be at a 30- to 45-degree angle.
• Do not add anything to your car seat unless it came with it.
• Be careful when using a used car seat. Make certain that it has not been in a crash and has not expired. Ask the previous owner for the owner’s manual and be sure that all the pieces are there.

Car Seat Safety Inspections

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

New Castle County:

Christiana Hospital
Women’s Health Building
4755 Ogletown-Stanton Road
Newark, DE 19718
Call 302-733-3360 for an appointment

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

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

Kent County:

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

Sussex County:

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

Everything you need to know to keep your kids safe from heatstroke.

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

Reduce the number of deaths from heatstroke by remembering to ACT

A: Avoid heatstroke-related injury and death by never leaving your child alone in a car, not even for a minute. And make sure to keep your car locked when you’re not in it so kids don’t get in on their own.

C: Create reminders by putting something in the back of your car next to your child such as a briefcase, a purse or a cell phone that is needed at your final destination. This is especially important if you’re not following your normal routine.

T: Take action. If you see a child alone in a car, call 911. Emergency personnel want you to call. They are trained to respond to these situations. One call could save a life.

Go a step further: Create extra reminders and communicate with daycare

• Create a calendar reminder for your electronic devices to make sure you dropped your child off at daycare.

• Develop a plan with your daycare so that if your child is late, you’ll be called within a few minutes. Be especially careful if you change your routine for dropping off children at daycare.

Teach Kids Not to Play in Cars

• Make sure to lock your vehicle, including doors and trunk, when you’re not using it. Keep keys and remote entry devices away from children.

• Teach kids that trunks are for transporting cargo and are not safe places to play.

• If your child is missing, get help and check swimming pools, vehicles and trunks. If your children are locked in a car, get them out as quickly as possible and dial 911 immediately. Emergency personnel are trained to evaluate and check for signs of heatstroke.

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

For more information visit www.safekids.org. © 2016 Safe Kids Worldwide®
Babies should never sleep in bed with anyone or anything, not even for naps.

**Sleep Alone**
Babies should NEVER sleep in a bed with anyone.

**On Back**
Babies should ALWAYS sleep on their backs.

**Empty Crib**
There should be NOTHING in the crib with your baby.

**Smoke Free**
Keep baby’s environment SMOKE-FREE.
Sleeping Recommendations

DO NOT EVER SLEEP WITH YOUR BABY

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

The AAP recommends that your baby’s crib or bassinet be placed in your room with you for the first, 6 – 12 months. A separate but close sleep setting is best. Use a crib or bassinet that follows safety standards of the Consumer Product Safety Commission in the mother’s room. A portable crib can also be used.

Falls

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

A few safety tips:

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

Sudden Infant Death (SIDS) Prevention

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

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

Early detection of a disorder can mean a better chance of treating it. The newborn metabolic screening is a two part test. The first part of the test is done while you are still in the hospital. A small amount of blood is taken from your baby’s heel and put on a special test paper. The hospital sends this test paper to the Perkin Elmer Genetic Laboratory for testing. The test paper is kept in the laboratory for up to 3 years and is then destroyed. The lab sends the results of the test to your health care provider and the Delaware Newborn Screening Program. If the baby has a suspicious result the health care provider will be notified immediately and will contact you to make necessary arrangements. It is important that the hospital and your health care provider have the correct address and phone number so that you may be reached.

Check with your health care provider if you have any questions or you may call the Delaware Newborn Screening Program at 302-651-5079.

The second part of the newborn screen will need to be done after you go home when the baby is 7 to 28 days old.
Newborn Screening Locations
For the second screening you may take your baby to any lab of your choice or to any of these locations, no appointment necessary.

Medical Arts Pavilion MAP 1 – Suite 100
4745 Ogletown-Stanton Road
Newark, DE 19718
302-733-6244
Monday- Friday: 6 a.m. – 5 p.m.

Christiana Hospital – Room 1E92D E Tower
Entrance at Center for Heart & Vascular Health
Newark, DE 19718
302-733-1558
Monday- Friday: 7:30 a.m. – 4 p.m.

Health Care Center at Christiana HCCC
200 Hygeia Drive
4755 Ogletown-Stanton Road
Newark, DE 19718
302-623-0151
Monday- Thursday: 7 a.m. – 8 p.m.
Friday: 7 a.m. – 6 p.m.
Saturday: 7 a.m. – Noon

Wilmington Hospital
Patient Testing and Registration, Main Lobby
501 West 14th Street
Wilmington, DE 19899
302-320-6801
Monday- Friday: 7 a.m. – 4:45 p.m.
Saturday: 8 a.m. – Noon

Christiana Care Foulkstone Plaza
1401 Foulk Road, Suite 100 D
Wilmington, DE 19803
302-477-4510
Monday- Friday: 7 a.m. – 4:30 p.m.
Saturday: 8 a.m. – Noon

Christiana Care Middletown Emergency
621 Middletown Odessa Road
Middletown, DE 19709
302-203-1121
Monday- Friday: 7:30 a.m. – 4 p.m.
Saturday: 8 a.m. – Noon
(Use Lab phone to the right of the reception desk for service).

Christiana Care Concord Health Center
161 Wilmington-West Chester Pike (Route 202)
Chadds Ford, PA 19317
610-361-1270
Monday- Friday: 7 a.m. - 3:30 p.m.

Hearing Test
It is recommended that all babies have their hearing tested after birth. Christiana Care uses an automated auditory brainstem response (AABR) screening which provides information about the inner ear (cochlea) and brain pathways for hearing. The AABR is performed by placing three small electrodes (stickers) on the head and neck. Small earphones send soft clicking sounds to their ears and a computer records the response. The computer determines if the baby has passed the assessment. Since no response is necessary, the baby can be restful or sleeping while it is performed.

Most babies pass their screening test before discharge from the hospital. If your baby fails their hearing test, there is a possibility of hearing loss. Your health care provider will help you arrange a repeat test 2-3 weeks after going home. If you have any questions please call: The Delaware Division of Public Health at 302-744-4544/1-800-262-3030 or Christiana Care Health System Rehabilitation Services at 302-623-4050.
Caring for Your Baby

Congenital Heart Disease Screening Program – Frequently Asked Questions

What is pulse oximetry?

Pulse oximetry (ox-eh-mah-tree) is a simple and painless test that measures how much oxygen is in the blood. Another term for pulse oximetry is “pulse ox.”

How is pulse ox performed?

The pulse ox is placed by a sticky strip, like a Band-Aid®, with a small red light, or “probe,” on the baby’s hand or foot. The probe is attached to a wire, which is attached to a special monitor that shows the pulse ox reading. The pulse ox test takes just a few minutes to perform when a baby is still, quiet, and warm. If a baby is crying, squirming, or cold it may take longer or not be possible. You can help comfort your baby and keep him or her warm, calm, and quiet while the test is being performed.

Why is pulse oximetry used?

Pulse ox is used to measure how much oxygen is in the blood. Pulse ox is routinely used and can be used to monitor an infant’s oxygen level during a procedure or treatment. It can also be helpful in determining if an infant’s heart and lungs are healthy. Pulse ox can also help to identify babies with low levels of oxygen in their blood that may have serious heart problems. A doctor or nurse practitioner may ask for more testing such as an ultrasound of the heart, or echocardiogram (or “echo”) when a low pulse ox reading is identified. The echo will screen for a serious problem in the structure of the heart or the blood flow through the heart. Pulse ox can identify a baby with serious CHD before he or she leaves the newborn nursery.

Can the pulse ox test hurt my child?

The pulse ox test is non-invasive and painless. It usually does not hurt the child.

What is congenital heart disease (CHD)?

CHD is a problem in the structure of the heart or the blood flow through the heart. CHD is the most common birth defect and the cause is not really known.

When will the pulse ox test be performed?

The pulse ox test will be done after the baby is 24 hours old.

What is a normal reading?

Pulse ox readings in the hand and foot that are 95 to 100 percent and equal to or less than 3% different from each other are normal in healthy children. Children with heart or lung problems may have lower readings. A low pulse oximetry reading can be normal in newborns whose lungs and heart are adjusting after birth. If your child has a problem with his or her heart or lungs, your doctor or nurse will tell you what a normal pulse ox range is for your child. It is possible that your baby’s doctor will order additional tests.

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

It is possible that the pulse ox test will not detect all forms of problems in the baby’s heart. Your baby should continue to have normal visits with his or her primary care doctor. If a problem with the heart is suspected, your primary care doctor will advise you.

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

If you have questions about pulse ox or CHD, you should ask the doctor or nurse practitioner that is providing your prenatal care or the doctor or nurse caring for your baby after he or she is born. If you do not want your baby screened for serious heart problems you should tell your doctor or nurse when you are in the hospital to deliver your baby.

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Several medications are routinely given to all newborns. These are strongly recommended by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Christiana Care Health System. They include:

- **One injection of vitamin K given shortly after delivery.** This helps the blood to be able to clot normally and protects the baby against serious and potentially life-threatening bleeding (e.g., bruising, bleeding from the circumcision site, and more serious hemorrhage in the gastrointestinal tract or brain).

- **Erythromycin ointment applied to the eyes shortly after delivery.** This protects the baby against certain eye infections which can occur in the newborn period. It is also required by Delaware law.

- **The initial dose of hepatitis B vaccine.** All newborns should receive it prior to discharge from the hospital and some may require it soon after delivery. In the past, many newborns whose birth dose of hepatitis B vaccine was delayed have developed chronic hepatitis B, which causes serious health problems later in childhood and adulthood.

### Immunizations

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

### A Few More Tips:

- Vaccine schedules especially for RV (rotavirus) and Hib (haemophilus influenzae type b) may vary depending on the brand your pediatrician uses in their office.
- Also, some vaccinations can be combined and given in one dose. Ask your pediatrician if they use combination vaccines.
- The influenza vaccine is given once annually just before or during flu season to all children aged 6 months to 5 years.
- For more information, visit cdc.gov/vaccines.

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**After Delivery of Your Baby**

Several medications are routinely given to all newborns. These are strongly recommended by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Christiana Care Health System. They include:

- **One injection of vitamin K given shortly after delivery.** This helps the blood to be able to clot normally and protects the baby against serious and potentially life-threatening bleeding (e.g., bruising, bleeding from the circumcision site, and more serious hemorrhage in the gastrointestinal tract or brain).

- **Erythromycin ointment applied to the eyes shortly after delivery.** This protects the baby against certain eye infections which can occur in the newborn period. It is also required by Delaware law.

- **The initial dose of hepatitis B vaccine.** All newborns should receive it prior to discharge from the hospital and some may require it soon after delivery. In the past, many newborns whose birth dose of hepatitis B vaccine was delayed have developed chronic hepatitis B, which causes serious health problems later in childhood and adulthood.
## Immunizations Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunizations*</th>
<th>Age Range</th>
<th>Date Given</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>HepB #1</td>
<td>Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td>HepB#2</td>
<td>1-2 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RV #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DTaP #1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Hib #1</td>
<td></td>
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<tr>
<td></td>
<td>PCV #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPV #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>RV #2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>DTaP #2</td>
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<tr>
<td></td>
<td>Hib #2</td>
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<td></td>
<td>PCV #2</td>
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<td></td>
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<tr>
<td></td>
<td>IPV #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>HepB #3</td>
<td>6-18 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RV #3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>DTaP #3</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Hib #3</td>
<td></td>
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<tr>
<td></td>
<td>PCV #3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPV #3</td>
<td>6-18 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
<td>6-59 months, Recommended yearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td>Hib #4</td>
<td>12-15 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCV #4</td>
<td>12-15 months</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>MMR #1</td>
<td>12-15 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varicella #1</td>
<td>12-15 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HepA**</td>
<td>12-23 months; second dose at least 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 months</td>
<td>DTaP #4</td>
<td>15-18 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Immunizations listed above: Hepatitis B (HepB), Rotavirus (RV), Diphtheria/Tetanus/Pertussis Combination Vaccine (DTaP), Haemophilus influenzae Type b (Hib), Pneumococcal Vaccine (PCV), Inactivated Polio Vaccine (IPV), Measles/Mumps/Rubella Combination Vaccine (MMR), Hepatitis A (HepA).

** Two doses of HepA vaccine are needed for lasting protection. The first dose should be given between 12 and 23 months of age. The second dose should be given six to 18 months later. HepA vaccination may be given to any child 12 months and older. Children and adolescents who did not receive the HepA vaccine and are at a high risk should be vaccinated against HepA.
Feeding Your Baby
Alimentando a su bebé
Feeding Your Baby

Breastfeeding is important for moms, babies and the community. Christiana Care is proud to provide lactation support before the baby arrives, while mom is in the hospital, and long after going home.

Early breastfeeding is a time for learning. All of our nurses are trained to help you start your breast feeding journey. They will help you learn effective positioning techniques, solve problems and guide you over the bumps in the road to breastfeeding success. However, if you need additional support, our certified lactation Consultants and specially trained staff are available for assistance.

**Breast Milk**
- Some substances can pass from you to your baby through breast milk. Please check with your provider/lactation supporter if you are taking medication while breast feeding. Using alcohol, tobacco, or other drugs including marijuana are discouraged.
- Is the perfect food for your baby.
- It changes as your baby grows.
- Contains antibodies to protect your baby from certain illnesses.
- Is easily digested.
- Has many health benefits for your baby (and you, too).
- Any amount of breast milk is a gift for your baby.

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

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

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

**Feeding Cues**
- Waking up.
- Licking lips, sticking tongue out.
- Turning his or her head when the cheek is touched (rooting).
- Hand-to-mouth activity, such as sucking fingers or hand.
- Crying is a late feeding cue. Feed your baby when he or she first shows feeding cues.

**Risks of Formula**
Formula is harder for your baby’s tummy to digest and can also increase your baby’s risk of:
- Allergies.
- Infection.
- Obesity.
- Trouble breastfeeding.

Feeding your baby formula may also decrease your milk supply.
Your Baby’s Belly

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

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

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

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

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

- **15-30 mL**
  - about ½ – 1 oz.

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

- **30-60 mL**
  - about 1 – 2 oz.

Helpful Hints

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

How Do I Get My Baby to Latch?

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

Signs of a Good Latch

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

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

Football Hold

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

Cross Cradle

Place your baby at breast level with your baby’s chest and belly against your body. With the same hand as the side you are nursing on, sandwich your breast so that your thumb is across from your baby’s nose. Your other hand will support your baby’s head, neck and shoulders.
Burping helps to get rid of air your baby may have swallowed during a feeding or when crying. Some babies need to burp more than others do. To burp your baby, put a receiving blanket or cloth on your shoulder. Gently pick up your baby and put his or her head over your shoulder. Gently rub or pat the baby’s back. It may take a few minutes for you to burp your baby. Some babies spit up when they burp. This is normal. You can also lay your baby across your lap on the belly and gently rub the back.

Hiccups

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

Engorgement of Breasts (Swelling)

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

If you are breastfeeding:
- Try to feed your baby at least eight times in 24 hours.
- Pump or hand-express your milk only enough to soften your breast so your baby can latch on to feed.
- Wear a good supportive bra.
- Put ice packs wrapped in a towel over your breasts. You may do this for 20 minutes after you feed your baby or pump.
- If ice packs do not stop the pain, talk with your Health Care Provider about taking pain medicine.
- Call your health care provider if you have or feel:
  - A fever higher than 100.2 degrees by mouth.
  - Chills.
  - Flu type feelings.
  - Red painful lump(s) in your breast that do not go away in 1-2 days.

Sore Nipples

- Be sure that the baby is latched onto the breast correctly.
- Use only a mild soap and water to wash your nipples.
- Apply breast milk to your nipples after each feeding and allow them to dry.
- Avoid nursing pads with plastic liners.
- Massage a small amount of purified lanolin to the nipple.
- The most frequent cause of sore nipples is improper latch. For help, you may want to contact the Breastfeeding Resource Center at 302-733-3360, 8:30 a.m. to 4 p.m., Monday through Friday.

Call Your Doctor or Health Care Provider If:

- Your baby is not breastfeeding at least eight times in 24 hours.
- You think your baby is not having enough wet or dirty diapers.
- You do not hear swallows and do not feel strong tugging when your baby feeds.
- You have concerns about your baby’s feedings.
Hand Expression
Hand expression offers mothers the ability to express milk for their babies and can help your milk “come in.”
• Stimulate the breast with massage and nipple rolling.
• Gently grasp the breast with thumb and forefinger at the approximate location of where the baby’s lips would be during a correct latch.
• Pull the breast back toward the chest wall.
• Using the forefinger and thumb gently compress and roll towards the nipple in a steady rhythm without sliding fingers along skin – Important Note: Milk may take a few minutes to flow.
• Rotate fingers around the breast to express all areas of the breast.

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

Breast Milk Storage Information
Use this chart as a basic guide for storing your milk.

<table>
<thead>
<tr>
<th>STORAGE TIME FOR HUMAN MILK*</th>
<th>DEEP FREEZE (0°F/-18°C)</th>
<th>REFRIGERATOR FREEZER (VARIABLE 0°F/-18°C)</th>
<th>REFRIGERATOR (39°F/4°C)</th>
<th>COOLER WITH ICE PACKS FROZEN (59°F/15°C)</th>
<th>ROOM TEMPERATURE (66°F-72°F) (19°C-22°C)</th>
<th>ROOM TEMPERATURE (72°F-79°F) (22°C-26°C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh</td>
<td>Up to 12 Months</td>
<td>3-4 Months</td>
<td>8 Days</td>
<td>24 Hours</td>
<td>6-10 Hours</td>
<td>4 Hours</td>
</tr>
<tr>
<td>Frozen, Thawed, Fridge</td>
<td>Do Not Refreeze</td>
<td>Do Not Refreeze</td>
<td>24 Hours</td>
<td>Do Not Store</td>
<td>4 Hours</td>
<td>4 Hours</td>
</tr>
<tr>
<td>Thawed, Warmed, Not Fed</td>
<td>Do Not Refreeze</td>
<td>Do Not Refreeze</td>
<td>4 Hours</td>
<td>Do Not Store</td>
<td>Until Feeding Ends</td>
<td>Until Feeding Ends</td>
</tr>
<tr>
<td>Warmed, Fed</td>
<td>Discard</td>
<td>Discard</td>
<td>Discard</td>
<td>Discard</td>
<td>Until Feeding Ends</td>
<td>Until Feeding Ends</td>
</tr>
</tbody>
</table>

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

Feeding Your Baby

Christiana Care Breastfeeding Support Resources

For breastfeeding support, questions or to schedule a consult please call the Breastfeeding Warm Line at 302-733-3360. Messages will be returned within 24 hours between 8:30 a.m. - 4 p.m., Monday through Friday. For questions outside of these hours, please call your infant’s pediatrician.

Free Breastfeeding Support Groups

Moms help other moms with the guidance of a lactation consultant. Held every week (except holidays) in the Women’s Health Building at Christiana Hospital:

- **Monday afternoon**, room 1932, 2-3 p.m.
- **Wednesday evening**, room 1927, 6 -7 p.m.
- **Pumping support group** – last Monday of every month, room 1932, 3:15 – 4 p.m.

Mother Baby Support Group

Meet other mothers and share the joys and challenges of this exciting time in your life. Parent Education/Lactation consultant will attend to answer any questions.

- **Every Monday** (Except Holidays) 10 – 11:30 a.m.
- Christiana Hospital Maternity building, Room 1932

Additional Breastfeeding Support Resources

Breastfeeding Coalition of Delaware
www.delawarebreastfeeding.org

La Leche League International
800-525-3243

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

Westside Breastfeeding Counselor
302-655-5822

WIC Breastfeeding Peer Counselor
302-733-4151

Breastfeeding Peer Counselors are available 24 hours a day 7 days a week for WIC.
Watching Your Baby Grow
Observando el crecimiento de su bebé
Newborn

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

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

To learn more about how I grow, ask for the Just in Time Parenting newsletter. Each month it explains how I grow, games we can play, and ideas for dealing with trouble I get into. To subscribe, call:
New Castle County: 302-831-8867
Kent County: 302-730-4000
Sussex County: 302-856-2585
You can also subscribe at: www.jitp.extension.org.

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

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

Help me be healthy.

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

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

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

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

Feed Me When I Am Hungry

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

Feeding Cues:

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

I Talk by Crying

If I am crying, it could mean that I:

- Am wet.
- Am too hot or too cold.
- Am sleepy.
- Am hungry.
- Want to change position.
- Want to be held.
- Need to be burped.
- Have colic.

- If nothing seems to help me calm down, check with my doctor to see if something is wrong.
- Soon you will be able to tell the difference between my cry that says, feed me, and the one that says, pick me up and hold me.
- Remember, it is common for babies to have a fussy time each day.
1-2 Months

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

Watch for me to:

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

You may notice that I also:

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

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

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

Help me be safe.

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

Help me be healthy.

At this check-up, I will:

- Be weighed and measured.
- Have several immunizations. These immunizations help my body to build defenses against disease. I will need to have these immunizations if I am going to be in child care or preschool and before I go to school. Take my Immunization Record with me so we can write down the date that I had these immunizations.
I May Still be Eating 8 or More Times Every 24 Hours

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

Being a Parent Is Hard Work

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

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

Also check their website at delaware211.org
3-4 Months

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

Watch for me to:

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

Each child grows and changes at a different rate.

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

New Castle County: 800-671-0050 or 302-283-7240
Kent & Sussex County: 800-752-9393 or 302-424-7300

Play with me. It helps me learn.

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

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

Help me be healthy.

At this check-up, I will:

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

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

New Things are Happening To Me.

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

What I really need is for you:

- To be patient.
- To show me new things, new people, and new situations very slowly.
- To let me try 3 or 4 times to get used to something new. I might like it better the second and third time I try it than the first time.
5-6 Months

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

Watch for me to:

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

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

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

New Castle County: 800-671-0050 or 302-283-7240
Kent & Sussex County: 800-752-9393 or 302-424-7300.
**Help me be safe.**

Teach me to use the high chair safely.

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

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

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

**Help me be healthy.**

At this check-up, I will:

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

I may:

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

Ask:

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

**Starting Me on Solid Foods**

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

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

- New Castle County: 302-831-8867
- Kent County: 302-730-4000
- Sussex County: 302-856-2585

You can also read it at: [http://www.extension.org/parenting](http://www.extension.org/parenting).
Helpful Telephone Numbers

For information and referrals to health and human services

Delaware 2-1-1 including information about services for children and families, such as subsidized childcare, Public Assistance and Medicaid; Help Me Grow is part of 2-1-1.
Monday-Friday 8 a.m. - 8 p.m. ................................................................. 2-1-1

For support and information about parenting challenges

Child, Inc. provides direct services such as shelters, domestic violence treatment programs, and specialized foster care, prevention programs such as parenting classes and assistance, and community advocacy for children and their families: ................................................................. 800-874-2070
New Castle County ................................................................. 302-762-8989

Domestic Violence Hotline ................................................................. 302-762-6110
National Child Abuse Hotline ................................................................. 800-4-A-CHILD
Runaway Youth Hotline ................................................................. 302-762-6373

Contact - 24-hour helpline for anyone under stress. Trained listeners can offer support and make referrals to community agencies.
New Castle County ................................................................. 302-761-9100
Kent and Sussex Counties ................................................................. 800-262-9800
TDD ................................................................. 302-761-9700

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

Parent Information Center of Delaware identifies community services, helps families solve problems, and offers emotional support. PIC has a library of resources and offers informational workshops.
Toll Free ................................................................. 888-547-4412
New Castle County ................................................................. 302-999-7394

Delaware Family Voices Family to Family Health Information Center provides families with children with special health care needs tools to make informed decisions, advocate for improved policies, build partnerships, and serve as a resource on health care.
Toll Free ................................................................. 877-235-3588
New Castle County ................................................................. 302-669-3030

For information on children’s evaluations or services related to a developmental delay or disability

Child Development Watch evaluates and coordinates services to young children, birth to age 3.
Toll Free ................................................................. 800-671-0050
New Castle County ................................................................. 302-283-7240
Toll Free ................................................................. 800-752-9393
Kent and Sussex Counties ................................................................. 302-424-7300
Child Find is a program, available in all school districts which identifies children three and older who are in need of special services. Visit their web page for the phone number of the Child Find Coordinator or Special Education Supervisor in your District. ........................................................www.dmpkids.com/delaware-child-find-services

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

For help in finding a doctor
Medical Society of Delaware
For people with insurance .....................................................................................................................302-366-1400
For people with NO insurance ........................................................................................................302-224-5190

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

For legal assistance
Community Legal Aid Society, Inc. provides free legal assistance to disabled, low-income, and elderly citizens in civil areas of law. Voice/TTY available in each office.
New Castle County..........................................................................................................................302-575-0660
Kent County ......................................................................................................................................302-674-8500
Sussex County ....................................................................................................................................302-856-0038

For help in finding and using child care
Children and Families First
New Castle County ..........................................................................................................................302-658-5177
Kent and Sussex Counties (Toll Free) ..............................................................................................800-220-3092

For information about the Women, Infant and Children (WIC) Nutrition Program
WIC Nutrition Program provides participants with nutritious foods and nutrition education. Pregnant, post-partum and breastfeeding women, infants and children up to their fifth birthday are eligible if they qualify.
Toll Free ...........................................................................................................................................800-222-2189

For information about obtaining a library card please visit:
delawarelibraries.org/librarycardcampaign

Content in this section was provided by Delaware Health and Social Services
Birth to Three Early Intervention System and University of Delaware Cooperative Extension.
<table>
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<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Christiana Care Billing Dept. (Patient Financial Services)</td>
<td>302-623-7440</td>
</tr>
<tr>
<td>Christiana Care Birth Records</td>
<td>302-733-2391</td>
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<tr>
<td>Christiana Care Breastfeeding Support Center</td>
<td>302-733-3360</td>
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<td>Christiana Care Outpatient Lab (E tower)</td>
<td>302-733-1558</td>
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<tr>
<td>Christiana Care Outpatient Lab (MAP 1, Suite 100)</td>
<td>302-733-6244</td>
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<tr>
<td>Christiana Care Outpatient Pharmacy</td>
<td>302-733-2182</td>
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<tr>
<td>Christiana Care Parent Education and Car Seat Fitting Station</td>
<td>302-733-2472</td>
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<tr>
<td>Christiana Care Center for Women’s Emotional Wellness</td>
<td>302-733-6662</td>
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<tr>
<td>Christiana Care Psychiatric Crisis Help Line</td>
<td>302-320-2118</td>
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<tr>
<td>Delaware Motor Vehicle (DMV) for Car Seat Fitting Stations</td>
<td>302-434-3234</td>
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<td>Domestic Violence Hotline</td>
<td>302-762-6110</td>
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<td>Hudson State Services Center</td>
<td>302-283-7500</td>
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<tr>
<td>Office of Child Advocate</td>
<td>302-255-1730</td>
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<tr>
<td>Paternity Testing – Kent Family Court</td>
<td>302-672-1000</td>
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<tr>
<td>Paternity Testing – New Castle Family Court</td>
<td>302-255-0300</td>
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<td>Paternity Testing – Sussex Family Court</td>
<td>302-855-7400</td>
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<tr>
<td>Poison Control</td>
<td>800-222-1222</td>
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<tr>
<td>Smoking Cessation – Delaware Quit Line</td>
<td>866-409-1858</td>
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<tr>
<td>Social Security Administration</td>
<td>866-667-7221</td>
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<tr>
<td>Women Infants and Children (WIC)</td>
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For more information, visit christianacare.org/baby.

Telephone numbers may change without notice.
Christiana Care is a private, not-for-profit regional health care system that relies in part on the generosity of individuals, foundations and corporations to fulfill its mission. To learn more about our mission, please visit christianacare.org/donors.