

# Naval Hospital Camp Pendleton

A close-up photograph of a person's hand holding a small, light-colored teddy bear. The bear has a brown circular patch on its forehead. The background is a white, wrinkled fabric. The text 'Naval Hospital Camp Pendleton' is overlaid at the top in white, and 'Postpartum Information Packet.' is overlaid in the middle in white.

Postpartum Information Packet.

# Patient teaching for Mom's health

Postpartum Information Packet.



# Welcome

After you give birth there are milestone and health care issues, we want to make sure you know about.

1. Please call your Nurse the first time you get out of bed after having your baby- we will help you walk.
  2. Walking is important for recovery.
  3. Please tell the nurse if you are in pain.
  4. Please tell the nurse if you have any shortness of breath, headache, or severe abdominal/ vaginal pain.
  5. Please tell the nurse if you need help feeding your infant or have questions about baby care.
- Your Nurse will talk to you about many topics please let your nurse know if you have any questions about your care or symptoms you are experiencing





## RAPID RESPONSE TEAM ADULT, PEDIATRIC & NEONATAL



### PARTNER IN PATIENT CARE

*The Rapid Response Team is committed to providing quality patient care in a safe and compassionate environment. The Rapid Response Team can be called for Adult, Pediatric & Neonatal patients in the in-patient hospital setting.*

We hope you never need the assistance of the Rapid Response Team. However, this valuable resource is another way that Naval Hospital Camp Pendleton is partnering with patients and families to provide the highest quality and safest care possible.

### What is a Rapid Response Team?

The Rapid Response Team is a group of clinicians who bring critical care expertise to the bedside and are available at any time.

### When can a patient, family member or visitor activate the Rapid Response Team?

You may call the Rapid Response Team whenever there is a change in a patient's condition or you are concerned that something is not quite right and the patient may need immediate or extra attention.

### How do I call the Rapid Response Team?

Talk to the nurse caring for the patient about your concerns. The nurse will notify the Charge Nurse who will call the Rapid Response Team. The Rapid Response Team will respond to the patient's bedside.

### Why have a Rapid Response Team?

Naval Hospital Camp Pendleton is committed to excellence in the delivery of safe and quality patient care. We care about our patients and their families. It is important that you be our partner in patient care and feel comfortable to have any concerns you may have addressed.

# Rapid Response

- Prior to calling a Rapid response we ask that you or your family member speak with your assigned RN or the Charge Nurse to address concerns about your health care.
- If you feel they are not adequately addressed, please request or call a rapid response.

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby
- Bleeding (soaking through one pad//hour or blood clots bigger than an egg)
- Incision that is not healing
- Red or Swollen leg, that is painful and warm to touch
- Temperature of 100.4 F or Higher
- Headache that does not get better after taking medicine.

# SAVE YOUR LIFE:

## Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p><b>Call 911</b> if you have:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>P</b>ain in chest</li> <li><input type="checkbox"/> <b>O</b>bstructed breathing or shortness of breath</li> <li><input type="checkbox"/> <b>S</b>eizures</li> <li><input type="checkbox"/> <b>T</b>houghts of hurting yourself or your baby</li> </ul>
<p><b>Call your healthcare provider</b> if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>B</b>leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger</li> <li><input type="checkbox"/> <b>I</b>ncision that is not healing</li> <li><input type="checkbox"/> <b>R</b>ed or swollen leg, that is painful or warm to touch</li> <li><input type="checkbox"/> <b>T</b>emperature of 100.4°F or higher</li> <li><input type="checkbox"/> <b>H</b>eadache that does not get better, even after taking medicine, or bad headache with vision changes</li> </ul>



**Tell 911 or your healthcare provider:**

"I had a baby on \_\_\_\_\_ and  
(Date)  
I am having \_\_\_\_\_."  
(Specific warning signs)

**These post-birth warning signs can become life-threatening if you don't receive medical care right away because:**

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or your baby** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

**GET HELP**

My Healthcare Provider/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital Closest To Me: \_\_\_\_\_

# Resources for Parents

WIC

Pink Clinic  
(Birth control)

Breastfeeding  
resources

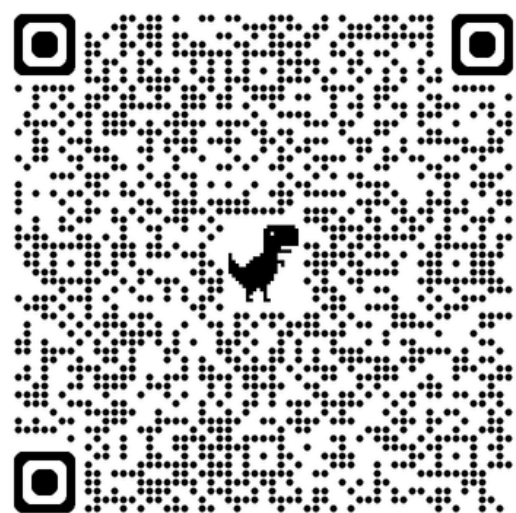
Social work  
resources

Postpartum  
Support

Mental health  
resources

# Scan the QR code to see if you qualify

\*Not all income is counted i.e. BAH or OCONUS COLA.



## WIC GUIDELINES & QUALIFICATIONS

WIC is a special supplemental program for women, infants and children. The guidelines listed will help determine if an applicant is eligible.



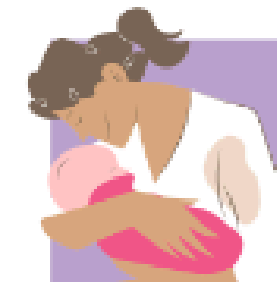
### Pregnant Women

Throughout the duration of your pregnancy



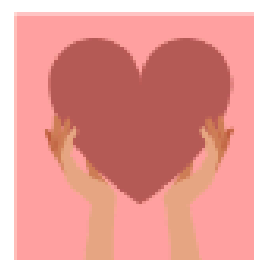
### Breastfeeding Women

Until your baby is one year old



### Non-Breastfeeding Women

Until your baby is six months old



### Postpartum Women Regardless of Pregnancy Outcome

For six months after a pregnancy ends.



### Infants and Children

From birth until your child's fifth birthday



### Fathers

With a child under five years old



### Caretakers

Legal & non legal guardians caring for a child under five years old



### Foster Families

With a child under five years old



### Military Families

With a child under five years old

## FOR CALIFORNIA WIC

Household Size	Annual	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	\$37,814	\$3,152	\$728
3	\$47,767	\$3,981	\$919
4	\$57,720	\$4,810	\$1,110
5	\$67,673	\$5,640	\$1,302
6	\$77,626	\$6,469	\$1,493
7	\$87,579	\$7,299	\$1,685
8	\$97,532	\$8,128	\$1,876

To qualify for WIC, you must meet the income guidelines and be in any of the categories listed. Apply for WIC today or contact your local WIC office for more information.



# PINC Clinic

## Process Improvement for Non-delayed Contraception

A **SAME DAY** walk-in birth control clinic. No appointment necessary.

Open to all female active-duty service members

\*Wait times may vary\*

- ✓ Contraceptive Counseling
- ✓ Birth control pill prescriptions & refills
- ✓ Intrauterine Device (IUD) Insertions & Removals
- ✓ Depo-Provera
- ✓ NEXPLANON® Insertions and Removals
- ✓ Emergency Contraception  
(ParaGard® Copper IUD, ella®, & Plan B One-Step®)

# Every

TUESDAY & FRIDAY  
8:30 A.M. - 11:30 A.M.  
1:00 P.M. - 3:30 P.M.

NavHospCampPen  
Instagram: [NavalHospitalCampPendleton](#)  
Facebook: [Facebook.com/NavalHospitalCampPendleton](#)





# MILK GUIDE

A cheat sheet to help you successfully feed your baby with CONFIDENCE!

[www.MilkGuide.com](http://www.MilkGuide.com)

(574) 334 - 7294

[hello@MilkGuide.com](mailto:hello@MilkGuide.com)

## Breastfeeding Simplified

- Follow baby's lead & feed when they show you early cues
- Focus on good latch & positioning
- Monitor signs baby is getting enough
- Reach out for help if needed!



## Diaper Count Expectations



Baby should be stooling & having wet diapers daily!

**WET** 1 per day of life, after day 5 always 6-8 per day

**STOOL** 1 per day of life, after day 3 always 3-4 per day

\*1 per day of life means 1 on day 1, 2 on day 2, 3 on day 3, etc.

## Stool Color

Day 1-2	Day 2-3	Day 3-4
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## Appropriate Feeding Volumes



**Day 1** 5 - 7 ml per feed  
1 - 1.5 tsp per feed

**Day 3** 22 - 27 ml per feed  
0.75 - 1 oz per feed

**Week 1** 45 - 60 ml per feed  
1.5 - 2 oz per feed

**Week 4** 80 - 120 ml per feed  
2.5 - 5 oz per feed



## Weight Gain Expectations

4 - 7 oz per week is normal

We expect baby to get back to birth weight by 2 weeks of age



## Signs That Your Baby Is Getting Enough Milk



## Breastmilk Storage Guidelines

Storage Location & Temperatures	Type of Breastmilk		
	Freshly Expressed	Thawed, Previously Expressed	Leftover From a Feeding
<b>Room Temperature</b> 77°F or Colder	<b>Up to 4 hours</b>	<b>1 - 2 hours</b>	<b>Use within 2 hours after the baby is finished feeding</b>
<b>Refrigerator</b> 40°F or Colder	<b>Up to 4 days</b>	<b>Up to 24 hours</b>	
<b>Freezer</b> 0°F or Colder	<b>- Best -</b> Within 6 months <b>- Acceptable -</b> Within 12 months	<b>NEVER REFREEZE</b>	

## When to See an LC

- 3-5 days postpartum to make sure everything is off to a good start
- When introducing bottles
- For help beginning a pumping routine
- Troubleshooting any issues that arise
- Any infant feeding related reason!

## Helpful Resources



[www.postpartum.net](http://www.postpartum.net)  
[www.infantrisk.com](http://www.infantrisk.com)  
βΩΩβ U Lactation Education

Scan for FREE access



# Lactation Assistance

## Milky Way

Oceanside, CA

[www.whitehouseibclc.com](http://www.whitehouseibclc.com)

229-292-9119

## Babies in Bloom

Vista, CA

[www.babies-in-bloom.com](http://www.babies-in-bloom.com)

760-940-2229

## The Nursing Nest

Murrieta, CA

(Can see Temecula, Wildomar, Menifee, and surrounding areas)

[www.thenursingnestlc.com](http://www.thenursingnestlc.com)

951-594-8361

\*Tricare covers 6 free lactation visits, no referral needed!

# Social resources for you



## NAVY-MARINE CORPS RELIEF SOCIETY

### VISTING NURSE PROGRAM

The NMCR.S Visiting Nurse Program provides FREE home visits by Registered users for the purpose of health education, support, and resource referral.

- Prenatal and Postpartum Support
- Newborn Care
- Breastfeeding Education
- Infant Weight Checks
- New Diagnosis Information
- New Medication Education



Scan here for self-referral

### CAMP PENDLETON VISITING NURSE

Domica Thomas, BSN RN

Office: 760-763-5506 | Cell: 425-214-3924

Email: [domica.thomas@nmcrs.org](mailto:domica.thomas@nmcrs.org)



## NAVIGATING CHALLENGES BY GETTING CONNECTED

HOSTED BY: GWENDY KELLER, LCSW, PMH-C

EVERY FRIDAY @ 10:30 AM

GROUP WILL BE HELD IN THE OBGYN CLINIC, 2ND FLOOR, AT NAVAL HOSPITAL CAMP PENDLETON

Please join our support group for new or expecting moms! (Active duty and/or spouses of active duty are welcome.) This group is offered to support moms dealing with anxiety, depression, and stress during their pregnancy and after delivery.

Please call 760-725-1318 to register.  
We look forward to seeing you!



WELCOME TO PARENTHOOD!

## STORK CLUB

MONTHLY GROUP  
HOSTED BY  
GWENDOLYN KELLER,  
LCSW

LAST THURSDAY OF EVERY  
MONTH

10:30 AM

OB Clinic Centering Room  
200 Mercy Circle, Camp Pendleton,  
CA 92055

Resources to be presented may include:

- WIC
- Moms In Transition
- Parenting Class
- Baby Boot Camp
- Daycare & Fee Assistance
- And so much more!

Please join us for the Stork Club located in the OB Centering Room!

Please call to register for monthly meetings to receive information on resources, support, and meetup with fellow parents-to-be!

760-725-1318

We would love to see you there!

If you are a new parent, we understand how challenging this time can be. There are many resources available to you at no cost. You do not have to suffer in silence.

## CONTACT

NAVAL HOSPITAL CAMP  
PENDLETON  
DEPARTMENT OF SOCIAL WORK  
📞 760-725-1318

Perinatal Mood and Anxiety Disorders (PMADs) impact 1 in 5 moms and 1 in 10 dads.

National Maternal Mental Health Hotline  
Call or text 833-943-5746  
(24/7 free and confidential)

# Postpartum Support

**YOU ARE NOT ALONE!**

## Overwhelmed? Exhausted?

- **New Parent Support Program (NPSP):** provides assistance, education, and support to military families by offering in-home visits, parenting education classes, and support groups. NPSP can help families adjust to having a new baby and coping with the stress and isolation that you may be experiencing. Call 760-725-3884 to learn more and sign up for support.
  - **Mothers In Transition (MIT):** a support group for new or expecting parents to prevent and heal from postpartum depression and anxiety. Group is held on Camp Pendleton Tuesdays from 10:00-11:30am. Call 760-725-3884 to register.
  - **Fussy Baby Network:** helps families struggling with their infants' crying, sleeping, or feeding. Serves any family caring for their fussy baby through a free warmline where you will be connected with an infant specialist. Call 888-431-BABY (2229). May require you to leave a message and wait for a call back.
  - **Postpartum Health Alliance:** provides perinatal mental health resources and specialized treatment referrals to San Diego parents. Call 619-254-0023.
  - **Postpartum Support International (PSI):** dedicated to helping families recover from postpartum depression, anxiety, and distress. Offers a wide variety of online support groups to include a group exclusively for military families. Call or text 800-944-4773 to access the helpline or go to [www.postpartum.net](http://www.postpartum.net)
- If you are in need of immediate support, please call the San Diego Access and Crisis Line at 888-724-7240. If you are in feeling unsafe or at risk of harming yourself or your baby call 911 immediately

# Mother and Family well being

## Additional Resources for Service Members & Their Families

### COMMUNITY COUNSELING CENTER

The Community Counseling Center (CCC) offers many different services to Service Members and their families.

Available services include the following:

- Individual Counseling
- Couples Counseling
- Family Counseling
- Child and Teen Counseling
- Care Management

The CCC services assist with issues or needs such as:

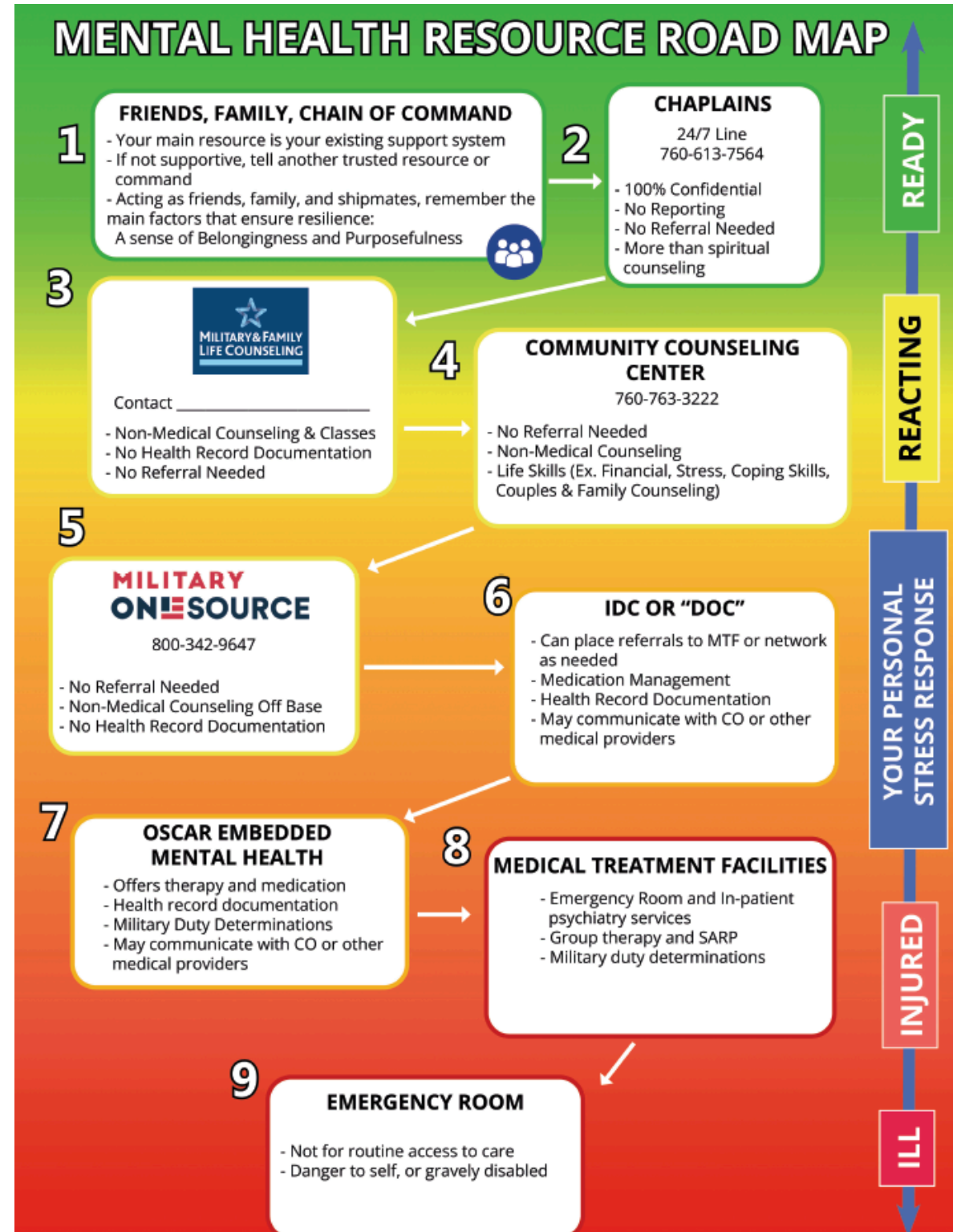
- Parent-Child Relationships
- Occupational Problems
- Anger/Anxiety Issues
- Stress/Adjustment Issues
- Grief and Loss

The CCC is located at  
130193T A St., Mainside (Corner of Rattlesnake Canyon and A Street)  
Phone: 760-763-3222

Hours: Monday through Friday 0730-1700

Walk-In Hours: Monday through Friday 0800-1500

*(If availability is too far out, they are able to refer you to network/out in town providers)*



## Additional Resources for Service Members & Their Families

### MILITARY ONESOURCE

Military OneSource is a counseling service offered for short-term non-medical counseling such as:

- Relationships at home and/or work
- Stress Management
- Marital and Communication Issues
- Adjustment to Military Culture
- Phases of Deployment
- Parenting Skills
- Grief or Loss

Each mental health concern is eligible for up to 12 sessions.

If it is determined you need a higher level of care other than non-medical counseling, you will be referred to the appropriate resource. Some situations such as those listed below are not suitable for non-medical counseling:

- Long-Term Counseling
- Post-Traumatic Stress Disorder (PTSD)
- Fitness for Duty Evaluation
- Addiction
- Mental Health Diagnoses Where Medication is Indicated
- Crisis Situation

Contact Military OneSource

800-342-9647

[militaryonesource.mil](http://militaryonesource.mil)



### CHAPLAINS

To speak with any chaplain or to request information for your unit's chaplain, call:

Chaplain 24/7 Line: 760-613-7564

# Patient teaching for Baby's health

Postpartum Information Packet.



# Resources for Parents

Infant Security

Newborn  
screening

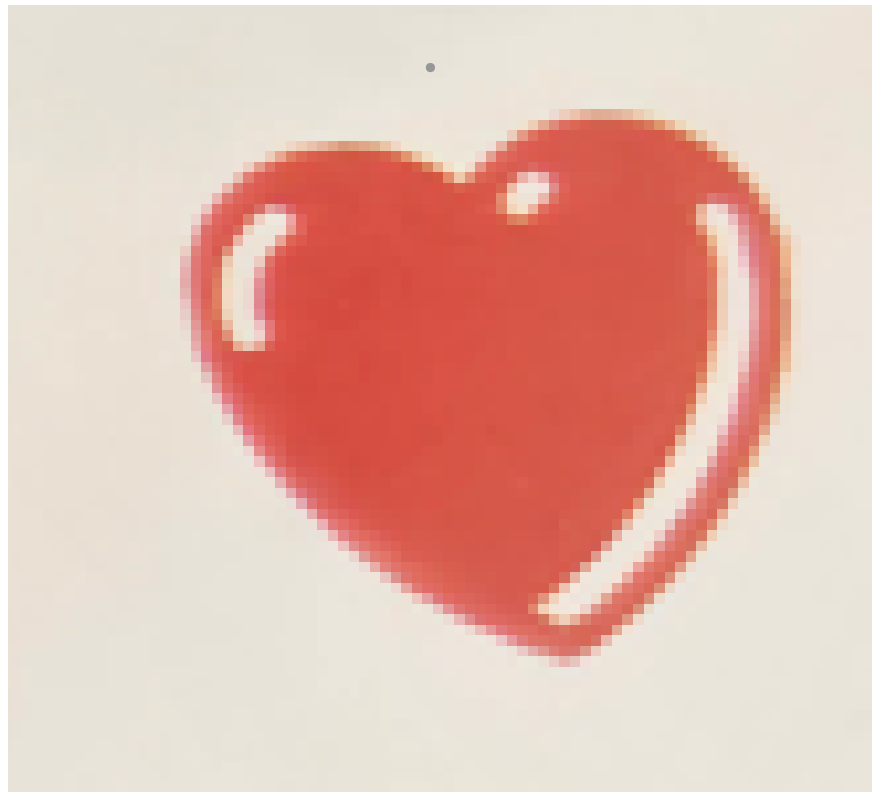
Hearing screening

Infant Care

Preparing for  
Discharge home &  
Follow up  
appointments

Registering in  
DEERS, Birth  
certificate, social  
security number.

Additional  
Resources



# 5 Ways to keep baby safe and secure.

PRECISION DYNAMICS CORPORATION  
SAN FERNANDO, CALIFORNIA 91343-3000-11 U.S.A. FORM NO. 2010 PRINTED IN U.S.A.

MOTHER - NAME		HOSPITAL NO.	INFANT - NAME		HOSPITAL NO.
Prudencia Lopez		407630			
SIGNATURE, PERSON APPLYING		INFANT'S BIRTH DATE	TIME	SEX	
[Signature]		11/19/18	0530	SR	
PRINTS		COLOR OR RACE	WEIGHT	LENGTH	
[Signature]					
No. 13627		INFANT'S LEFT FOOTPRINT (or Palmprint)		INFANT'S RIGHT FOOTPRINT (or Palmprint)	
TO BE COMPLETED IN DELIVERY ROOM		[Footprint]		[Footprint]	
SIGNATURE, PERSONS CONFIRMING SEX AND IDENTIFICATION		PHYSICIAN	DELIVERY ROOM NURSE	NURSERY NURSE	
[Signature]		[Signature]	[Signature]		
UPON DISCHARGE - ATTACH INFANT'S BRACELET BELOW (Optional) AND HAVE STATEMENT SIGNED AND WITNESSED.					
[Signature]					
I HEREBY CERTIFY that on being discharged I examined my baby and					



# 1. Authorized Staff Badges

- **Parents- hospital staff authorized to care and transport your infant will be wearing unique badges with a Red heart symbol letting you know they are authorized to take your baby out of your room .**
- **All NHCP staff wear a photo identification badge which should be above their waist, easily visible and has the person's name and title large enough to be readily identifiable.**
- **You, a Family member or support person are always welcome to accompany your baby to other treatment areas within the hospital.**
- **If you don't see the specialized ID badge with a Red Heart Symbol – DO NOT Hand Your Baby over and CALL the Nurses Station.**
- **If you have any questions or concerns, ask to speak to the Charge Nurse.**







## Infant security system

- NHCP utilized the HUGS infant security system. A sensor is placed on your infant's ankle. The sensor sends signals to antenna located throughout the unit.
- If the sensor is cut or removed an alarm signals at the nurse's station. If an infant gets too close to the doors an alarm goes off Alerting the staff.
- Prior to discharged home the sensor will be removed by staff.
- If you have any questions about the Hugs band, please ask your nurse.

# ID bands and Security Footprints. (Part 1)

- After your baby is born the staff completed 2 tasks for this security measure:
- Task 1. At birth prior to the infant leaving your sight for any reason, we write out bands that are placed on you and your infant. The bands have your identification information and a serialized number that is unique to the bands set.
- This band allows you and the support person of your choice to have access to your infant. In the event you are not able to care for your infant the person who has the second band will be the care giver for your infant.
- If you do not have the support person you want to have access to your infant with you at the time of birth the staff will keep the band in your chart for designation at a later time.



FORM NO. 2010  
PRINTED IN U.S.A.  
HOSPITAL NO. \_\_\_\_\_

TIME	SEX
5:30	girl
LENGTH _____	

RIGHT FOOTPRINT  
Palmprint

TO BE COMPLETED IN DELIVERY ROOM

SIGNATURE, PERSONS CONFIRMING SEX AND IDENTIFICATION	PHYSICIAN <i>Dr. Condy</i>	DELIVERY ROOM NURSE <i>[Signature]</i>	NURSERY NURSE
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UPON DISCHARGE — ATTACH INFANT'S BRACELET BELOW (optional) AND HAVE STATEMENT SIGNED AND WITNESSED.

I HEREBY CERTIFY that on being discharged I examined my baby and

# ID bands and Security Footprints. (Part 2)

- After your baby is born the staff completed 2 tasks for this security measure:
- Task 2. The information from the security band is placed on the Infant Security Footprint Sheet.
- Mothers index fingerprint is collected
- Infants' footprints are collected, and the sheet is placed in your medical record.
- This is a hospital security form and may not be taken home. If you would like footprints for a memento, please let your nurse know.

PRECISION DYNAMICS CORPORATION  
SAN FERNANDO, CALIFORNIA 91140-3090 - U.S.A. **NEWBORN IDENTIFICATION** FORM NO. 2010  
PRINTED IN U.S.A.

MOTHER - NAME <i>Budreau, Joanne</i>	HOSPITAL NO. <i>404638</i>	INFANT - NAME	HOSPITAL NO.
BRACELET		INFANT'S BIRTH DATE <i>11/19/20</i>	TIME <i>10:58</i>
SIGNATURE, PERSON APPLYING <i>[Signature]</i>		SEX <i>girl</i>	
PRINTS TAKING		COLOR OR RACE	WEIGHT
No. 13627			LENGTH

TO BE COMPLETED IN DELIVERY ROOM

INFANT'S LEFT FOOTPRINT (or Palmprint)

INFANT'S RIGHT FOOTPRINT (or Palmprint)

SIGNATURE, PERSONS CONFIRMING SEX AND IDENTIFICATION

PHYSICIAN  
*Dr. Cordy*

DELIVERY ROOM NURSE  
*[Signature]*

NURSERY NURSE

UPON DISCHARGE — ATTACH INFANT'S BRACELET BELOW (optional) AND HAVE STATEMENT SIGNED AND WITNESSED.

I HEREBY CERTIFY that on being discharged I examined my baby and



# Transportation and line of sight

- When taking your infant out of your room we request the infant be in our hospital provided bassinet. This reduces chance of infant being knocked out of your arms and hurt should a slip and fall occur.
- Your infant should always be in your line of sight or the support persons line of sight. If you want to shower or have a test that you must leave the unit for, and your banded support person is not available. The infant will be taken to the nurse's station for staff to watch.



# 24 hour Newborns Screening

- Your baby will be taken to the treatment room at 24 hours of life for mandated screening, all infants are screened for:
- Hearing Screen
- California metabolic screen (see pamphlet provided)
- Bilirubin Screening (Ensures liver is functioning properly to remove toxins from infant's body)
- Cardiac Screening
- During this time, the infant can be bathed if you would like please let your Nurse know.



# Getting ready to go home

- Please talk to your nurse about the needed Car seat screening prior to going home.
- Be ready to go to Discharge teaching class.
- Fill out all paperwork requested for your birth certificate and social security number. The packet must be turned in prior to you going home. You will have appointments for your infant scheduled around 2 days old and 2 weeks old these appointments will be booked for you prior to you going home.



# Birth certificate & Social Security card.

- If you need a form to give your Command or your spouses Command immediately (to process leave). The nurses can provide you with a Memorandum of Birth.
- Upon completing the Birth Certificate packet- Please give it to your nurse who will turn it into Patent Administration Department (PAD) they will call you and set an appointment to receive your "Temporary Birth Certificate" **THIS IS NOT AN OFFICIAL DOCUMENT.** It can be utilized for WIC and other programs.
- The Temporary Birth Certificate does **NOT** replace the **Official Birth Certificate** you will need to; travel, get benefits, and enroll your child in school with.
- Your child's OFFICIAL BIRTH CERTIFICATE will come in the mail or you can request a copy through the office of Vital Records.
- When you complete the Birth Certificate registration with PAD they will also send out the request for a **social security number** as long as you have requested it in the birth certificate packet "Newborn Automatic Number Assignment" NANA this will also be mailed to your home address once process by the state of California.



**CERTIFICATE OF LIVE BIRTH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THE CHILD	1A. NAME OF CHILD - FIRST		1B. MIDDLE	1C. LAST	
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/YYYY	4B. HOUR - 24 CLOCK TIME
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	5C. CITY		5D. COUNTY		
PARENT	6A. LAST NAME	6B. MIDDLE NAME	6C. FIRST NAME	6D. RELATION TO CHILD <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	7A. LAST NAME	7B. MIDDLE NAME	7C. FIRST NAME	7D. RELATION TO CHILD <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE TIME, HOUR, AND PLACE LISTED.					
13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B. LICENSE NUMBER		13C. DATE SIGNED - MM/DD/YYYY	

# IMPORTANT REMINDER

## COMPLETE DEERS AND TRICARE PRIME ENROLLMENT AS SOON AS POSSIBLE

1. To obtain an official birth certificate:
  - a. Complete the Birth Certificate Packet at the hospital where your baby was born and submit to the hospital birth certificate office. Please complete this packet **as soon as possible**.
  - b. The phone number for NHCP Birth Certificate office is 760-719-3687. The phone number for NMCSD Birth Certificate office is 619-532-6280.
2. Approximately two weeks after your birth certificate application is completed at the hospital, it should be available at a county office of *Vital* Records. There are several locations throughout San Diego Co to obtain a birth certificate. However, the office that will have the birth certificate first available is the **Office of Vital Records located at 5570 Overland Avenue, Ste 101 San Diego 92123, 619-692-5733**.
  - a. At any office location, you can walk-in between the hours of 0900- 1600, you can make an appointment online for pick-up, or you can order online (for an additional fee).
  - b. Birth Certificates currently cost \$32 per certified copy.
3. To enroll in DEERS the Sponsor must go to any **Pass & I.D. Office** and take the official birth certificate and social security card (mailed to your home) . To avoid the wait, go to <https://idco.dmdc.osd.mil/idco/locator> to schedule an appointment.
4. After DEERS is completed please enroll your baby in TRICARE. To enroll in TRICARE the Sponsor/parent can enroll online at <https://www.tricarewest.com>. You may also call Health Net Federal Services at 1-844-866-9378.

**\*\*\*You have 60 days to enroll your newborn into DEERS. Please complete this task ASAP\*\*\***

- If you have questions, contact your NHCP Social Worker (760)725-1318



# Additional Resources

## Websites

- [WWW.healthychildren.org](http://WWW.healthychildren.org)
- [WWW.cdc.gov](http://WWW.cdc.gov)
- [WWW.nhtsa.gov/parents-and-caregivers](http://WWW.nhtsa.gov/parents-and-caregivers)
- [Cert.safekids.org](http://Cert.safekids.org)
- [WWW.poison.org](http://WWW.poison.org)

## Phone numbers

- Poison Control 1 800 222 1222
- Tricare Nurse advise line 1 800 874 2273
- NHCP appointment line 760 725 4357
  - Ask for pediatrics or Family medicine

FOR all life-threatening emergencies in the United States call 911.

# Newborn care

Important Phone  
Numbers

Babies Skin and  
Nails

Bathing  
Care of Genitalia

Taking  
temperature

Bonding  
Crying  
Swaddling

Bowel movements  
& Burping  
Diaper changing

Shaken Baby  
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Feeding baby

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NAVAL HOSPITAL CAMP PENDLETON

# Newborn Care Guide

MATERNAL INFANT UNIT





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# Important Phone Numbers

## NHCP/ TRICARE NUMBERS



**Tricare Nurse Advice Line**

1-800-TRICARE



**NHCP Quarterdeck**

760-725-1288



**Appointment Line Pediatrics**

760-725-HELP & Ask for  
Pediatrics



**Appointment Line Family Practice**

760-725-HELP & Ask for Family  
Practice



**Breastfeeding or Lactation Concerns:**

Please Call your PCM who can schedule a telephone conference with a lactation consultant.



# Introduction

Congratulations on the birth of your child! Thank you for choosing the Naval Hospital Camp Pendleton as the place to start this exciting life journey. We are proud to be part of this special time in your life and to provide you and your growing family with the support you need to ensure a healthy, loving, and joyous experience in the delivery and care of your newborn.

Please use this reference as a guide to help answer commonly encountered questions regarding the care of an infant in the first months of life. This guide is not comprehensive. If you have additional questions or concerns, there is a reference list in the appendix for more information. Additionally, feel free to ask your child's doctor for more information regarding the care of your newborn.



## Baby's Skin and Nails

Your new baby's skin is very sensitive and may become irritated from contact with chemicals in new clothing or soap residue from laundry detergents. Make sure you wash and **double-rinse** all clothing and bedding before your child wears them or comes into contact with them. Additionally, your baby doesn't need a lot of lotion or powder for their skin. *Do not use skincare products on your baby that are not specifically made for babies, as those products can contain chemicals and/or perfume that may irritate newborn skin.*

Your baby's fingernails may be quite long when they are born. To trim the nails, you can use a soft emery board, baby nail clippers, or blunt-nosed toenail scissors. Be careful when using clippers or scissors, as it can be easy to accidentally cut too short and cause bleeding and pain. Make sure to keep your baby's nails short and smoothly trimmed to prevent them from scratching themselves or you.

The best time to trim the nails is when your baby is relaxed after a bath, or even when your baby is sleeping. **Do NOT bite your baby's fingernails.** Fingernails will need to be trimmed more frequently than toenails.



# Bathing



It is very exciting to give your baby their first bath! Typically, a newborn baby only needs a bath two or three times per week during the first year of life. Bathing too frequently can dry and irritate the skin.

At first, you will only be able to give your baby sponge baths until their umbilical cord separates (which usually happens between 10 to 14 days of life) and, if you have a little boy, after his circumcision has healed. Be careful during sponge baths not to get the umbilical cord wet. If it does get wet, wipe it down with rubbing alcohol and let it air dry.

For a sponge bath, in a warm room, lay the infant on a flat, comfortable surface (pad a hard countertop with a fluffy towel or blanket). Make sure you use a safety strap or keep your hand on your baby at all times to ensure they don't fall. First, prepare all the items you need to bathe your infant before you get started. Make sure you have everything you need because you should never leave your infant unattended during a bath. If you have started a bath and need to step away for any reason (e.g., you've forgotten something, you need to answer the door), take the baby with you!

Items You Will Need:

- Basin of warm water
- Damp, double-rinsed washcloths (no soap residue—it's good to have a couple on hand)
- Mild baby soap
- Towel

Keep your baby wrapped in a towel and only expose the areas you are washing. Use the damp washcloth first to wash their face so soap doesn't get in their eyes or mouth. Then, you can dip the washcloth in the basin of soapy water as you wash the rest of their body, saving the diaper area for last. Make sure to pay special attention to skin creases in the arms, legs, behind the ears, around the neck, and in the genital area.

Once the umbilical cord has separated and the area has healed, you can put your baby directly into the bath. You can use a baby bath, sink, or plastic tub lined with a clean towel. Fill the tub with approximately two inches of warm water (test the temperature with the inside of your wrist or elbow). In addition to the supplies above, you may need baby shampoo if your baby has hair. Once your baby is undressed, place them in the water immediately so they don't get cold. Support their head with one hand.

You will need to pour water over your baby frequently to keep them warm because most of their body will be above the surface of the water. Use a soft cloth to wash their face first and their hair, using shampoo once or twice per week. Be careful when rinsing to keep soap out of their eyes. If it does get in, you can gently wipe it away with a damp washcloth without soap. Then, wash the rest of their body from the top down, saving the diaper area for last.



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# Bonding

Bonding is the intense attachment that develops between parents and their baby. It makes parents want to shower their baby with love and affection and to protect their little one. It is why parents get up during the night to feed their baby and why they are attentive to their baby's different cries. Your response to your baby's cries will affect their social and cognitive development and foster a sense of security and positive self-esteem.

Most babies are ready to bond immediately, but parents may have a mixture of feelings about it. Many parents feel an intense attachment within minutes or days of their baby's birth. Others, especially if an infant has been adopted or had to stay in intensive care, may need more time before that bond forms.

Bonding is a process and does not have to be limited to a specific time period after birth. Much of it will take place during your daily routine as you care for your baby. You may not even realize it's happening until you see your baby's first smile and suddenly feel filled with love and joy.

Babies can bond through touch, which is soothing for them and promotes healthy growth and development. At close range, your baby will be able to see your face and connect with you through eye-to-eye contact. As their vision improves, and the more they watch your face, your baby will try to imitate your facial expressions and gestures. Babies love the sound of human voices and can even recognize your voice from the time of birth. They will soon respond to you with their own vocalizations as they learn to communicate.



# Bowel Movements

The first bowel movements your infant will have are thick and sticky and will be black or dark green in color. This is called meconium. Once the meconium is cleared, your baby's stools will transition to a yellow or yellow-green color. Breastfed babies tend to have runny yellow stools with small curd-like particles. Formula-fed infants will have thicker stools, more like the consistency of peanut butter, that are tan or yellow in color. Occasional changes in frequency and consistency are common.

Regardless of your baby's nutrition, the stools should never be dry or hard. (*The consistency of your baby's stools will change once they start solid foods, no sooner than four months of age.*) Hard stools can suggest that an infant is not getting enough fluid or that they are losing too much fluid because of illness, fever, or heat. Call your pediatrician if your child is having painful stools.

In infants, especially those who are exclusively breastfed, it can be difficult to tell if they have diarrhea because their stools are normally runny. The most likely signs of diarrhea would be a sudden increase in the frequency of bowel movements and a very high liquid component in the stool. This can be due to infections or changes in the infant's diet or the diet of the breastfeeding mother.

**The main concern with diarrhea is the possibility of dehydration due to the loss of extra fluids.**

## **When to Call Your Baby's Doctor:**

- If your baby has a fever with diarrhea and is less than two months old or unvaccinated, call your pediatrician immediately.
- If your baby is older than two months of age, is vaccinated, and the fever lasts more than one day, keep track of how many wet diapers your baby is making, as well as their temperature, and call your pediatrician.

Stooling frequency can vary significantly between babies. Some infants will have a bowel movement after each feeding in the first weeks after birth. Others (more commonly breastfed infants) may only stool every several days. Formula-fed babies tend to have a bowel movement at least once a day. As babies get older—usually by six weeks of age—their stooling frequency will decrease. As long as your baby has a soft tummy, is drinking their milk normally, and is not vomiting, this decrease in bowel movements is nothing to worry about.

# Burping



Infants commonly swallow air while eating and crying. Air in their stomachs can make them cranky and uncomfortable. Frequent burping helps your baby feel more comfortable, prevents fussiness or crying, and reduces the chance of swallowing more air. If your baby is bottle-feeding, burp them every 2–3 ounces. If they are breastfeeding, allow them to burp between switching breasts.

## Here are a few positions to burp your baby:

1. Upright on your shoulder: Hold your baby upright with their head resting on your shoulder. Support their head and neck while gently patting their back.
2. Sitting on your lap: Sit your baby on your lap, supporting their head and chest with one hand while gently patting their back with the other.
3. Lying across your lap: Lay your baby on their stomach across your lap. Support their head so it is higher than their chest, then pat or rub their back gently.

# Car Seats

When traveling in a car with your infant, always secure them in an appropriate car seat. According to AAP guidelines, your baby should be in a **rear-facing seat until their second birthday**. Check your car seat's recommendations for maximum height and weight. If your baby exceeds these measurements before their second birthday (which is likely), you will need to upgrade to a convertible car seat that can accommodate a larger child.

The car seat should *always* be placed in the *back seat* of the car. Read the installation instructions carefully. *Do not discard the car seat instructions*; keep them with the seat if possible.

## Do not use a car seat that:

- Is more than 5 years old
- Has been in an automobile crash
- Doesn't come with instructions
- Has any cracks in the frame or missing parts
- Has been recalled (you can find a list of recalled seats at [www.safercar.gov](http://www.safercar.gov))



Before you are discharged from NHCP, the staff on the MIU will help you place your baby in their car seat and adjust the straps properly. The straps may need to be continually adjusted as your baby grows. If you need installation help, you can visit the following websites:

- <https://www.nhtsa.gov/parents-and-caregiver>
- <http://cert.safekids.org>

# Care of Genitalia

## Baby Boys

**Circumcised penis** - At NHCP, we use the Gomco clamp to perform circumcisions. It takes approximately one week for the circumcision to heal. You will notice that the head of the penis is very red for a few days, and it will develop some yellow residue as it heals. This is normal and will resolve over several days. To take care of the circumcised area, keep it clean. If stool gets on the penis, gently wipe it away with soap and water during diaper changes. **Make sure to apply Vaseline to the head of the penis and/or in the diaper to prevent the diaper from rubbing or sticking to the healing area, which could cause damage during diaper changes.** There may be a small amount of foreskin left—you should gently pull this back during bath time to clean it. Be sure to visualize the groove around the head of the penis to ensure it is clean.

These are signs that the circumcision may be developing an infection, and you should seek medical care immediately. Once the circumcision has healed, the penis requires no additional care.

### **Uncircumcised Penis:**

During bath time, you should clean the penis with soap and water, just like the rest of the diaper area. Initially, the foreskin will be connected to the glans penis, so do not try to pull the foreskin back. The foreskin may not retract for months or even years, and you should not attempt to force it back before it has naturally separated, as this can cause bleeding and tears in the skin.

### **Signs of infection:**

- If you see that the redness on your baby's penis is increasing or worsening
- If you see that there is pus
- If your child develops a fever

## Baby Girl

After birth, you may notice that your baby girl has large or swollen genitalia. This is likely due to hormones as well as bruising or swelling related to birth and will resolve with time. It is also normal to see a small piece of pink tissue protruding from between the labia, which should recede over time. Hormonal influence can cause a whitish or clear vaginal discharge, which is a normal finding. The hormones may even cause a small amount of blood to be present in the mucus, lasting for a few days, similar to a "period" or menstrual cycle. This is normal as long as the blood is coming from the vaginal area and is a small amount. However, if you notice blood coming from the anus or large amounts of bright red blood, you should consult a medical professional. Baby girls should always be gently wiped from front to back during diaper changes, using a clean portion of the wipe each time to prevent introducing bacteria into the urinary tract.



# Clothing Your Baby

A good rule of thumb for dressing your baby is to use one more layer of clothing than you would wear to feel comfortable in the same environment.

Unless the weather is hot, you can dress your baby in a couple of layers. For example, you can use a diaper with or without an undershirt, a playsuit or pajamas, and then wrap your baby in a receiving blanket.

If your baby is premature or small for their gestational age, you should provide an additional layer of clothing or another blanket until they reach the weight of a full-term baby.

In hot weather (*above 75 degrees Fahrenheit*), you can dress your baby in just a single layer of clothing. However, make sure to have a blanket on hand if you're going into an air-conditioned or drafty area.

Be patient while dressing your newborn. They may not enjoy the experience of getting dressed and may cry or protest. The sensation of air against their skin and having their arms and legs pulled through clothing can be unpleasant.

## Tips for dressing a baby:

- When putting on a one-piece suit put the legs on first, followed by the arms.
- When putting on a shirt pull it over his or her head before coaxing the arms into the sleeves.
- Some clothes that are easier to use for newborns include those that snap or zip in front (instead of the back), zips or snaps down both legs for easier diaper changes, loose-fitting sleeves, don't have ribbons or strings and are made of stretchy fabrics.

## Swaddling

During the first few weeks of life, your baby may enjoy being wrapped or swaddled in a blanket. Swaddling can keep your baby warm and make them feel secure.

How to swaddle:

- Lay the blanket flat with one corner folded down.
- Place your baby face-up with their head above the folded corner.
- Take one side of the blanket and wrap it across your baby, tucking it securely under the opposite side.
- Repeat with the other side of the blanket.
- Fold the bottom of the blanket up and tuck it under one side of your baby.

The swaddle should not be too tight. Make sure there is enough room to fit 2-3 fingers between the blanket and your baby. Do not swaddle with the legs straight and fully extended, as this can affect hip development. Stop swaddling around 2 months of age or when your baby starts to roll over.

# Crying

At first, hearing your infant cry may be distressing, and you may have difficulty understanding why your baby is crying. Crying is a normal part of infant development, and newborns can cry between one and four hours per day. Crying is how babies call for help if they're tired, hungry, or uncomfortable. It is also how they express overwhelming sensations, such as sights and sounds they haven't encountered before. In time, you will start to recognize the differences in how your baby cries depending on whether they are hungry, tired, or uncomfortable. It is best, in the first few months of life, to respond quickly when your infant starts crying. You cannot hold your baby "too much"—you will not spoil your baby by giving them too much attention. Remember, the more you hold your child, the less they will cry overall.

## When you respond to your baby's cry, try to see what is upsetting them:

- Does the diaper need to be changed?
- Did your infant just wake up from a nap and are they hungry?
- Do they seem to be in pain?
- Is a strand of hair wrapped around a finger or toe?
- Are they cold or hot?
- Are they overstimulated?
- Maybe they are bored.

Sometimes your baby will cry even though they are warm, dry, well-fed, and have a clean diaper, and nothing you are doing seems to help. Some of the following techniques can help soothe your infant:

- Swaddle snugly in either a swaddling blanket or a receiving blanket.
- Provide a pacifier or a finger for your infant to suck on. (For breastfeeding babies, we recommend waiting until 2–4 weeks of life to introduce a pacifier to avoid interrupting breastfeeding patterns.)
- Walking or rocking—swaying back and forth while you walk, rocking in a rocking chair, or walking in a stroller.
- Singing or talking to your infant.
- Riding in the car (secured safely in a rear-facing infant car seat).
- Burping to relieve gas bubbles.
- Warm baths.
- Turn on a calming sound like a white noise recording or a fan.

If your baby continues to cry consider if he or she may be sick. Check his or her temperature and if it is over 100.4 degrees Fahrenheit (38 Celsius) your baby may have an infection and you should contact your child's health care provider immediately.

Keep in mind that all babies cry, sometimes without any apparent reason. Do not take it personally; it is not because your baby is upset with you or because you are making a mistake. *If you feel yourself getting frustrated, ask your spouse or another adult to hold the baby while you take a few minutes to calm down.* If no one is available to help, it's okay to set your baby down in their crib, bassinet, or another safe place, even though they are crying. This allows you to take a deep breath and calm down. **Do not pick your baby back up until you feel you have calmed down.**

**No matter how upset you are, do NOT shake the baby!** Shaking an infant can cause blindness, brain damage, and even death. No parent is able to console their child every time they cry. Be patient with your baby and yourself, ask for help, and know that the crying will pass.

# Shaken Baby Syndrome

**NEVER SHAKE YOUR BABY AND NEVER SHAKE OR TOSS YOUR BABY INTO THE AIR.**

Always support your baby's head and neck when you are moving his or her body.

Shaken Baby Syndrome is a serious form of child abuse that occurs most often in babies during their first year of life. The act of violently shaking an infant (*usually due to a caregiver's frustration or anger over a baby's crying*) can cause severe physical and mental damage and may even result in death. When a young child is shaken, their brain moves back and forth within the skull. **Injuries from this shaking can include:**

- Blindness and eye injuries
- Brain damage and bleeding in the brain
- Damage to the spinal cord
- Developmental problems

**Symptoms of shaken baby syndrome include:**

- Irritability
- Lethargy (difficulty staying awake)
- Tremors
- Vomiting
- Seizures
- Difficulty breathing
- Coma

**If you feel as though you are getting angry or might lose control of your anger while caring for your baby:**

- Take a deep breath and count to 10.
- Put your baby down in a safe place, such as a crib, and leave the room. It is okay for your baby to cry alone.
- Call a friend or relative for help or emotional support.
- Call your pediatrician if you suspect there is a medical reason why your baby is crying.

**Postpartum Blues and Depression**

It is normal to experience fluctuations in mood after delivery. Postpartum blues are temporary and usually last a few days to a few weeks. You may experience mood swings, sadness, anxiety, or feelings of being overwhelmed. You might cry more often or notice changes in your eating or sleeping habits. These symptoms are usually not severe.

To help with these symptoms:

- Try to get as much sleep and rest as possible.
- Don't be afraid to ask for help and support to ease some of the pressure on yourself.
- Consider getting some exercise or joining a support group.

Postpartum depression occurs in about one out of every 7-8 women and can develop anytime within the first year after delivery. These symptoms are usually more severe than postpartum blues. Symptoms may include sleeping too much or having trouble sleeping, difficulty concentrating or making decisions, loss of interest in taking care of yourself or completing daily tasks, loss of concern for your baby or excessive concern for the baby, and loss of pleasure in activities you used to enjoy.

These symptoms can progress to include thoughts of harming yourself or your baby. If you feel like you are developing postpartum depression, do not suffer alone. Reach out to your doctor for help and support. **If you have feelings of self-harm or harming your baby, go to the emergency room immediately.** Remember, all children deserve a healthy mom. 11 | NHCP MIU

# Deployments



Deployments can be especially challenging during pregnancy and after the delivery of your baby. For the non-deployed parent, it is difficult because your loved one is far away while you are experiencing major life changes without them. For the deployed parent, it is hard not to be able to share in the experiences of pregnancy or childbirth.

One way to keep a deployed parent involved is to keep a record of what is happening at home, including pictures, a journal, or a baby book.

This can include the baby's weight, measurements, and new developmental milestones as he or she grows.

We encourage you to explore the resources available to support military families, especially during deployments. One of the best resources is the New Parent Support Program, which can be found at [www.mccscp.com/newparent](http://www.mccscp.com/newparent). Additional resources and tips are available at [HealthyChildren.org](http://HealthyChildren.org) (search "deployment").



## Diaper Changing



The most important thing to remember when changing your baby's diaper is to never leave him or her unattended on a changing table, bed, or other elevated surface.

To change a disposable diaper,

1. **Place your baby on his or her back on a pad or cloth.**
2. Remove the soiled diaper and set it aside.
3. Use baby wipes or a soft cloth dampened with water to gently clean the diaper area. Remember to wipe from front to back, and don't forget to clean the creases.
4. Allow the area to dry.
5. Place a clean diaper underneath your baby's hips. Bring the front of the diaper between your baby's legs and fasten the tabs on either side of the diaper in front.
6. Dispose of the soiled diaper and baby wipes.
7. Remember to wash or sanitize your hands after each diaper change.



# Diaper Rash

This is an irritation of the skin in the diaper area. It usually appears as redness or small bumps on the buttocks, genitals, and thighs in areas that have been in contact with the diaper. The most common cause of diaper rash is leaving a wet or soiled diaper on too long. The irritation can cause breaks in the skin, which makes it even more vulnerable to further irritation from urine and stool.

To reduce your infant's risk of diaper rash, change the diaper as soon as possible after your infant stools or urinates. Allow the infant's skin to be exposed to air whenever feasible. If a diaper rash develops, you can use an over-the-counter, oil-based barrier ointment to protect the skin with each diaper change, and continue to change diapers frequently. **If there is no improvement in 48-72 hours, consult your child's health care provider.**



## Feeding Your Baby

Your baby's nutritional needs are at their greatest in the first year of life. This is a time of very rapid growth; your baby's weight will approximately triple by his or her first birthday. One of the most important decisions you can make at this time is how you are going to provide nourishment to your baby. You may choose to give either formula or breast milk. All of the major medical groups worldwide agree that breastfeeding is the most beneficial for both the mother and the infant. It is important that you weigh both options and make a decision that will be best for you and your baby.

Regardless of whether you choose to give your baby breast milk or formula, remember that your baby doesn't need anything else to eat or drink for the first four to six months of life. A baby gets all the calories and liquids they need from their milk, so do not give your baby water, juice, or any other foods until at least four months of age. You should talk to your baby's doctor for more information and recommendations on advancing your baby's diet when he or she is ready.



# Breastfeeding

Human milk is the best possible food for an infant. It is nutritionally well-balanced for your baby, easily digestible, and contains maternal antibodies that can protect your baby against childhood illnesses, including ear infections, allergies, vomiting, diarrhea, pneumonia, bronchiolitis, and meningitis.

There are many practical reasons to nurse your baby as well. It is less expensive, requires no preparation, helps the mother lose weight after giving birth, and helps the uterus shrink back to its normal size after the baby is born.

Rarely, for medical reasons, breastfeeding may be inadvisable. A mother who is very ill and does not have the physical resources to produce milk may not be able to breastfeed. Additionally, some medications can be passed through the milk and may be harmful to an infant. In reality, most medications are safe. If you have questions, you should talk to your doctor or your baby's doctor.

Breastfeeding can be uncomfortable at first but should improve over the first several days. Seek assistance from an experienced professional if you are having difficulty with latching or pain.

Breastfed babies eat more frequently than formula-fed babies. They typically feed between eight and twelve times per day during the newborn period. As they get older and gain weight, they will be able to lengthen the time between feedings. *We recommend that a breastfed infant nurse every 2–3 hours initially, but ultimately, your baby will design his or her own feeding schedule.* They will let you know they are hungry by putting their hands toward their mouth, opening their mouths, and rooting (*nuzzling*). It is best to start nursing before your baby cries, as this is a late sign of hunger. Allow your baby to stay latched on the first breast as long as desired; typically, a feed on one breast lasts around 15 minutes, but some babies eat faster, and some take a little more time. Once the first side is done, offer the second breast. With each feed, you should alternate the side you start on, so each breast gets the same amount of stimulation from the feeds.



You will know your baby is getting enough milk if he or she is making regular wet diapers (*between 6 and 8 per day*) and regular bowel movements (the frequency can vary). You will also know your baby is getting milk if you can see and hear your baby sucking and swallowing, and if your baby seems satisfied after a feeding. When you take your baby to the doctor, his or her weight will be checked to ensure that he or she is getting adequate calories and gaining weight.

From time to time, you may need to be separated from your baby. **In general, we don't recommend the introduction of a bottle or artificial nipple within the first 3–4 weeks after delivery.** However, once feeding is well established, you will be able to pump or express milk for your baby when you are away. Milk can be stored in clean containers (glass or plastic) or in milk-safe plastic storage bags. Milk can be kept in the refrigerator for up to two days. It should be used or frozen within this time. Milk can be kept in the freezer for up to four months. Once thawed, it must be **used within 24 hours**. Do not refreeze your milk. When you warm the milk to give to your baby, make sure you use a bottle warmer or put the bottle in a pan of warm water. Never microwave a bottle; the milk inside will not heat evenly and can cause serious burns to your baby. You can test the temperature of the milk you give to your baby by shaking a few drops on the inside of your wrist to make sure it is not too hot.

Typically, we recommend that breastfeeding infants start vitamin D supplementation once breastfeeding is well established. You can talk to your baby's doctor for a prescription and more information.

For more information and support, you're invited to join us at the **"Mom Connection," a breastfeeding support group held at the NHCP every Monday from 10 a.m. to 12 p.m. in the chapel on the second floor.**

## Formula Feeding

Bottle feeding can be advantageous because it gives mom more freedom and time for activities not related to baby care, and provides the opportunity for feeding to dads and other caregivers. Some parents feel more comfortable giving a bottle because they know how much their baby is eating, and there is no need to worry about what the mother is eating or medications she might be taking. Formula can provide the nutrients that an infant needs to grow and thrive; however, manufacturers have not yet been able to reproduce the antibodies and other components that are unique to breast milk. Formula is expensive and may be inconvenient because of the preparation time involved.

If you are going to formula-feed your infant, you will need to choose a formula. There are many choices of newborn formulas available; your baby's doctor can help you choose one that fits your baby's nutritional needs.

Cow's milk-based formula accounts for approximately 80 percent of formulas on the market. These formulas are based on cow's milk but have been extensively modified to make them safe and nutritious for the infant's digestive system. Babies cannot digest regular cow's milk as easily as they can formula. Additionally, cow's milk can irritate the infant's digestive tract and cause bleeding. **Your baby should not get cow's milk for the first twelve months of life.**

Soy formulas use soy as a protein source, rather than cow's milk. They are recommended for babies who have difficulty digesting the sugars or the proteins in cow's milk. Unfortunately, some babies with this difficulty will have problems digesting the soy protein as well and may need to be given a specialized or "hypoallergenic" formula.

Formula can come in a liquid "ready-to-feed" form, concentrate, or powder form. The ready-to-feed type is very convenient but the most expensive. The formula concentrates are prepared by mixing equal amounts of the concentrate with sterile water. The powder forms, which are the least expensive, will need to be mixed with water. Most formula is prepared with one scoop of powder for every 2 oz of water. **Make sure you mix it well to avoid any clumping.** Ensure you follow the directions for how much powder to mix, as a high concentration of the formula can cause diarrhea or dehydration.

If you use well water, you can boil the water for approximately one minute to make it safe for use for your baby. Additionally, you can use fluoridated bottled water to make formula. Make sure, also, that any bottles, nipples, or other containers you use to make your baby's formula are cleaned. **If you have non-chlorinated water, place the items in boiling water for 5-10 minutes to sterilize them.**

Store any formula you've prepared in advance in the refrigerator. **If it is not used within twenty-four hours, you should discard it.** When you warm the milk to give to your baby, make sure you use a bottle warmer or put the bottle in a pan of warm water. **Never microwave a bottle;** the milk inside will not heat evenly and can cause serious burns to your baby. You can test the temperature of the milk you give to your baby by shaking a few drops on the inside of your wrist to make sure it is not too hot.

Your baby will take between two and three ounces of formula per feeding and will eat every three to four hours during the first few weeks. If your baby sleeps for more than four hours, you should wake him or her up and offer a bottle. Babies may take more or less formula from one feed to another. Don't insist on your baby drinking a fixed amount at each feeding; let him or her tell you when the feed is over. If your baby is getting easily distracted or pulling away from the bottle, your baby is probably done eating. If your baby drains the bottle and continues to smack her lips or root, she may want some more. On average, once a feeding schedule is well established, a baby will take between 24 and 32 ounces per day.

# Spitting Up

Spitting up is very common in infancy. It can happen if a baby has eaten too much, or it can happen in association with a burp or drooling. Although it is messy, it is rarely a reason for concern. It should not involve choking, coughing, or pain, even if it happens when your baby is sleeping. Most babies will grow out of the spitting-up stage by their first birthday.

You will be able to tell the difference between spitting up and vomiting. Spitting up is not forceful, not painful, and most babies don't even seem to notice that they've done it. Vomiting is usually forceful and can cause a great deal of distress and discomfort for your child. If it often happens after a meal and is a much larger volume than spit-up, you should take your baby to see their doctor if your baby is having frequent vomiting.

**While you can't prevent spitting up, there are some steps you can take to reduce it.**

1. Keep feedings calm and quiet; do not rush.
2. Burp your infant frequently during feedings and thoroughly afterward.
3. Avoid feeding while lying down.
4. Hold your baby upright after a feeding is finished for about 20–30 minutes to allow his or her stomach to settle. Don't play vigorously with your baby after a feeding.
5. Try to feed your baby before they start crying from hunger to prevent them from swallowing extra air.
6. Elevate the head of the crib mattress (i.e., with blocks under the mattress; never put a pillow or positioner in the crib with your baby) to 30 degrees, which will keep your baby's head higher than his or her stomach when he or she is sleeping.



# Immunization

Currently, the American Academy of Pediatrics believes that the benefits of immunizations significantly outweigh the risks of the childhood diseases they prevent, as well as any risks potentially incurred by the vaccines themselves.

Routine immunizations are available to protect your child from twelve major illnesses, including polio, measles, mumps, rubella, chickenpox, pertussis, diphtheria, tetanus, Haemophilus infections, pneumococcal infections, hepatitis B, and rotavirus. Additionally, available vaccines include the flu vaccine, the meningococcal vaccine, and the HPV vaccine. These immunizations are given according to a schedule specified by the Centers for Disease Control. A vaccine is a weakened or killed part of the infectious organism that is usually given by injection so that the body's immune system learns to recognize and fight the organism if your child should encounter it. Each vaccine has the potential for reactions or side effects, which are usually quite mild. Severe reactions are very rare but can include high fever, a rash, and swelling and pain at the site of injection. It is safe for several of these vaccines to be given together, and there are no additional side effects when multiple vaccines are administered at the same time.

The current immunization schedule recommends the administration of the first vaccine, the first dose of the Hepatitis B series, shortly after birth. The next set of vaccines is usually given at the 2-month checkup, in your child's doctor's office. The recommended vaccine schedule can be found in the welcome packet.

Additional steps you can take to protect your baby from communicable diseases include ensuring that your baby's caregivers (parents, grandparents, siblings) are up to date on their vaccines. Whooping cough (pertussis) is a highly contagious disease that spreads easily from person to person and can cause serious illness and death in newborns. Make sure both parents have received their Tdap vaccine, and ensure that any older siblings have updated their vaccines as well. You can get the Tdap vaccine, along with any other vaccines you or your child need, at your doctor's office.

**If you have questions you can talk to your child's doctor. For more information about vaccines and to read the vaccine schedule please reference:**

[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

[www.healthychildren.org\(searchimmunizations\)](http://www.healthychildren.org(searchimmunizations))

<http://www.chop.edu/service/vaccine-education-center/home.html>



# Jaundice

Jaundice, which is a yellow color of the skin and eyes, is a common occurrence in newborn babies. It is caused by a body chemical called bilirubin. Bilirubin is produced when red blood cells in the body are broken down. Newborn babies have an elevated rate of blood cell breakdown after birth. Because of this increased breakdown, some of the bilirubin, rather than leaving the body through the stool, can circulate and deposit in the skin, causing jaundice. This will start to show up after the first day of life. This process is usually not harmful and will resolve by itself within 1 to 2 weeks. If the bilirubin level becomes too high, however, it can circulate to the brain, and this can cause damage.

Your baby's jaundice level will be measured closely both in the hospital and after you go home during visits to the Postpartum Clinic. If your baby's jaundice level starts to rise to a concerning level, the doctor will recommend that your baby start treatment to help him or her clear the bilirubin faster, so it doesn't become dangerous. Usually, treatment of jaundice is done with phototherapy, a special light that changes the bilirubin in your baby's skin to a form that can be more easily excreted. Once the process of red blood cell breakdown has passed, usually after the first week of life, your baby's jaundice will resolve.

# Umbilical Cord

*The umbilical cord will usually fall off by 14 days of life, although a range of anywhere from 1 to 3 weeks can be normal.* You do not need to clean it with alcohol unless you are instructed to do so by your baby's doctor. Once the cord separates, you may notice a scant amount of discharge, and there may be a little bit of blood or a scab left behind. This is normal and will usually resolve within a week. If there is persistent discharge, you should call your baby's doctor. Additionally, you should seek care for your baby if there is redness or swelling on the abdomen around the umbilical cord, if you see pus, or if it develops a bad odor. You should also contact your doctor if the cord has not fallen off after one month.



## Visiting the Doctor

Once you have been discharged from the Maternal Infant Unit, you will leave with an appointment for your baby to be seen in the Postpartum Clinic (PPC) within 1 to 2 days for an initial check. During this visit, we will check your baby's weight, check if they are having any problems with jaundice, and assess how feedings are progressing at home. Additional checks may be scheduled in the PPC as needed. It is normal for your baby to lose 5 to 10% of their birth weight in their first few days of life.

Your baby will have their first visit with their doctor for a Well Baby Check (WBC) at two weeks of life. At this visit, the doctor will check their weight (your baby should have regained their birth weight by this time), perform a physical exam, assess how feedings are going at home, and inquire about how you are adjusting at home. Additional WBCs will be at 2, 4, 6, 9, 12, 15, 18, and 24 months, and annually thereafter.

# Sleep



Initially, you will find that your infant does not follow a routine day or night schedule. Many babies seem to be more awake at night and sleepier during the daytime! Also, because a baby eats such small volumes, he or she will need to eat every few hours, so feedings will have to happen around the clock. While your baby is following this schedule, it is best for you to try to take naps as well, sleeping when your baby is sleeping.

You can start to help your infant adjust to a day-night schedule from the time they are born. During the daytime, keep the lights on. When your baby is awake, interact and play with him or her, or go on an afternoon walk. At nighttime, keep the lights dim—even for feedings and diaper changes—and instead of playing, put your baby down to sleep afterward. Keep in mind that it can take weeks before your infant starts to develop a more regular day-night schedule. Be encouraged to know that more than 90 percent of infants will sleep through the night (6-8 hours without waking) by three months of age. It is common for children to vary between nights of sleeping well and some nights when they need to wake up and eat—often during growth spurts.

**The safest position for your infant to sleep is on his or her back.** Having your child sleep on their back will reduce the risk of **Sudden Infant Death Syndrome (SIDS)**. There is no evidence that choking is more frequent in infants that are allowed to sleep on their backs. The “Back to Sleep” recommendation applies for the first year of your infant's life and is most important during the first six months, when the risk of SIDS is the highest. **Additionally, do not allow your infant to sleep on or with soft materials such as pillows, stuffed animals, crib bumpers, sleep positioners, quilts, comforters, sheepskins, bean bags, or waterbeds;** all of which pose a suffocation risk. It is best that your infant sleep in a crib with a firm mattress and a snug fitted sheet. Keep the temperature of the room comfortable (not too warm), and put your baby to sleep in sleep clothes either without a blanket or with a thin receiving blanket. Keep the edges of the blanket reaching only to the infant’s chest to reduce the risk of it falling over his or her face. Although it is tempting, do NOT allow your baby to sleep in bed with you.

Especially in the first few months of your child’s life, you may need to help your baby fall asleep. Some infants are comforted to sleep by rocking, walking, patting on the back, or using a pacifier. At first, your infant will sleep about 16 hours per day, divided into three or four naps spaced around feedings. As they get older, your baby will spend more time awake and have a longer sleeping period at night.

# Taking Temperature

A fever is a sign of infection, and indicates that the immune system is fighting that infection (*either viral or bacterial*).

If you suspect your baby has a fever because he or she feels warm or is not acting well (e.g., decreased level of consciousness, poor feeding, or an abnormal change in coloring or breathing), you should check his or her temperature. In an infant or toddler who cannot hold a thermometer in their mouth, the most accurate way to check a temperature is by performing a rectal temperature check. Among your baby equipment, you should keep a rectal thermometer (*for use in children under 3 years of age*) for the most accurate results. However, if you wish, an ear (*tympanic*) thermometer can be used instead. Do not use a mercury thermometer; they can break easily and pose an exposure risk to mercury, which is a toxin.

## **To take a rectal temperature:**

1. Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse with cool (not hot) water.
2. Apply a disposable plastic sleeve to the thermometer.
3. Place a small amount of lubricant (petroleum jelly works fine) on the end of the thermometer.
4. Place your baby belly down on your lap or on a firm surface. Hold him or her steady with one hand on the lower back, just above the bottom.
5. With the other hand, turn on the thermometer and then insert the thermometer 1/2 to 1 inch into the anal opening. Do not insert it farther than this. Hold the thermometer loosely in place with two fingers while keeping your hand cupped on your child's bottom.
6. Hold the thermometer in place for about one minute or until the thermometer beeps to indicate it is complete.
7. Remove the thermometer and check the reading. Dispose of the plastic sleeve (you'll need a new one each time you check the temperature).

Temperature equal to or over 100.4 degrees Fahrenheit (38 degrees Celsius) is a fever. You may check it again in 30 minutes if you think the reading is elevated because your child has been very active or is too warmly dressed. If your baby is younger than 2 months of age, you should contact a pediatrician immediately if his or her temperature is 100.4 degrees Fahrenheit or higher (38 degrees Celsius) or less than 97.7 degrees Fahrenheit (36.5 degrees Celsius).

## **To use a tympanic (ear) thermometer for older babies and children:**

1. Cover the end of the thermometer with a plastic shield.
2. Gently insert the thermometer into the ear canal.
3. Press the start button.
4. Wait for the beep (second) that indicates the thermometer is done.



# Additional Resources



## Websites

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

[www.cdc.gov](http://www.cdc.gov)

[www.sandiegowic.com](http://www.sandiegowic.com)

<https://www.nhtsa.gov/parents-and-caregivers>

<http://cert.safekids.org/>



## Books



- **“The Complete and Authoritative Guide for Caring for Your Baby and Young Child, Birth to Age 5, Fourth Edition”**.  
Eds Shelov, Steven P and Hannemann, Robert E.
- **“The Womanly Art of Breastfeeding”**. La Leche League

This book was reviewed on 31 Jan 2025 by:

# Newborn Care Guide

MATERNAL INFANT UNIT



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