

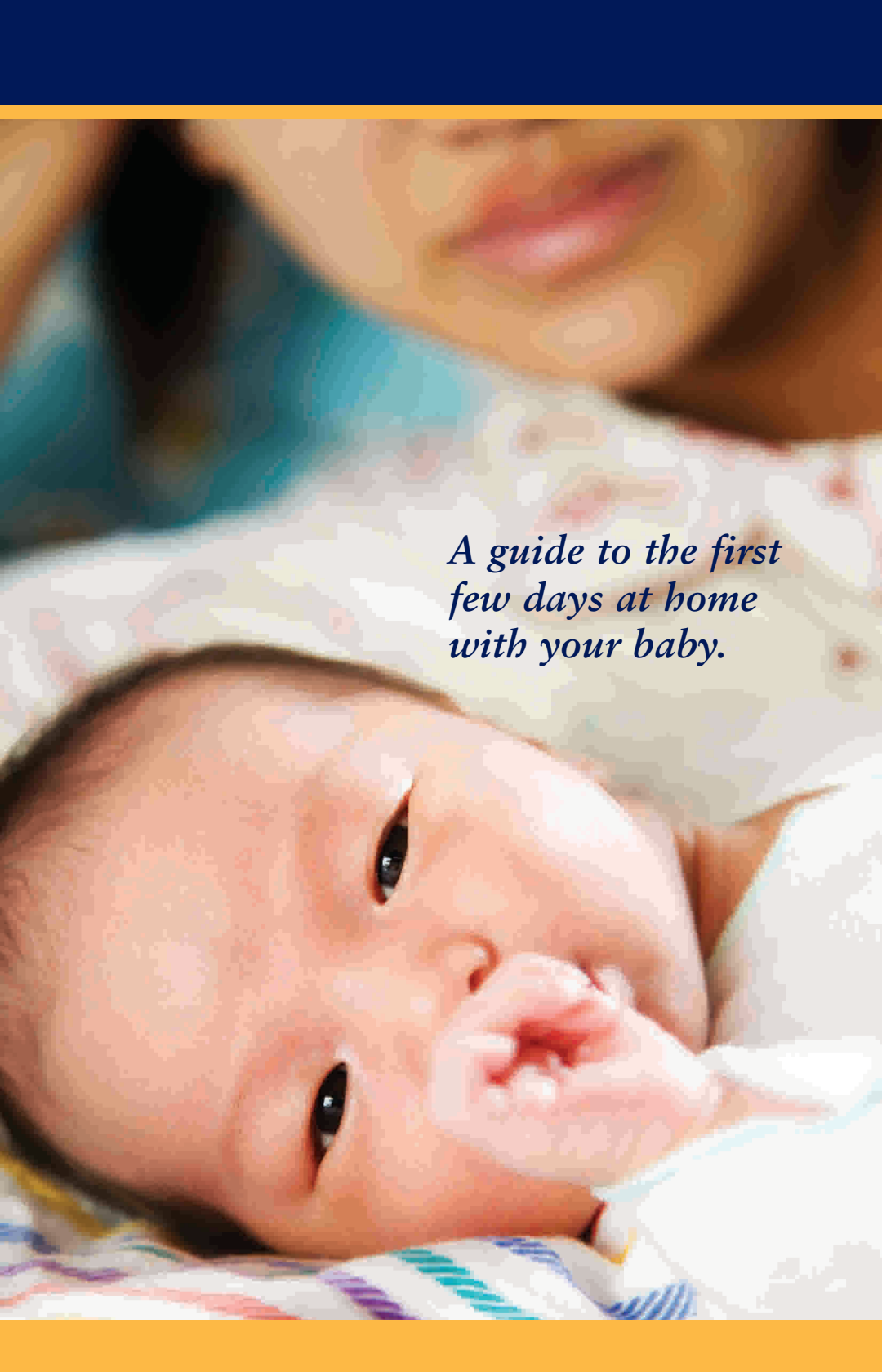


University of Michigan
Health System

PARENT SURVIVAL GUIDE AND NEWBORN BOOK



THE MICHIGAN DIFFERENCE®



*A guide to the first
few days at home
with your baby.*

Congratulations on the birth of your child! Whether this child is your first or your fifth, you may have questions that cannot wait until you and your baby see the doctor. This booklet has been designed to help you get through those first few days of parenthood. If you still have questions after reading this, please call your baby's doctor.

BEFORE LEAVING THE HOSPITAL

Before leaving the hospital, please make sure that you choose a doctor for your baby. If you do not have one, we can help you choose one. The health care team taking care of your baby in the hospital will determine when you need to schedule your baby's first appointment. Most babies are seen 1-3 days after discharge. Your baby should receive a vitamin K injection, eye treatment, Hepatitis B vaccine, pulse oximetry test, bilirubin test, hearing test, and newborn screening test before you leave the hospital.

FATIGUE

So you and your new baby are home and happy, but he feeds frequently. You find that the dishes and the laundry are piling up and you wonder why you cannot seem to get dressed before late afternoon. What is going on? Your life is a lot different now. Your job for the next few weeks is to get to know your child and to keep yourself well. You need to care for yourself and your baby first and foremost. Do not forget to eat and drink and to sleep when the baby sleeps, even if it is at 2 o'clock in the afternoon. Do not hesitate to ask for help, even if you have previously prided yourself in your efficiency at work and at home. This is a special time for you and your child. Let family members and friends do as much for you as they can.

THE BLUES

About half of all new mothers will experience postpartum "blues" 3 to 4 days after delivery.

It is caused by sleep deprivation and hormones. Symptoms include tiredness, sadness, difficulty thinking, and crying. Many moms feel guilty about these thoughts and feelings, but these feelings are common and will pass in about 1 to 3 weeks.

What to do about the blues? Talk about your feelings with your partner, your own parent, or a friend. Get enough sleep. Get help for the chores at home. Do not isolate yourself — get out of the house and see other adults. If things seem increasingly overwhelming, or you begin having thoughts about hurting yourself or your child, you could have postpartum depression and should talk to your physician.



CAN I COME SEE THE BABY?

Once you are home, the phone calls will start. "When can we come over to see the baby?" Only healthy people should be allowed to visit and hold the baby. Make sure they wash their hands before holding the baby and do not sneeze or cough on the baby. Do not let people smoke around your baby. Limit the visits to 1 or 2 hours or less; most visitors are unaware you need to sleep during the day. If you do not want visitors, tell them you are getting acquainted with your new child and are not ready for visitors.

FEEDING

You will need to decide whether to breast or bottle feed your baby. We recommend breastfeeding, as breast milk is specially made for human babies. Other benefits of breastfeeding include protection against illness, an enhanced mother-child bond, maternal weight loss and financial savings. Some mothers, however, would prefer not to breastfeed, and some babies will not breastfeed, even with perfect technique on the part of the mother. Newborns only need breast milk or formula. They do not need and should not be given water, juice, tea, honey or solid foods (such as rice cereal).

BREASTFEEDING:

Initially, your breasts will make colostrum, a clear or yellow liquid that is extra rich in nutrients, until your milk comes in. Even though there may not be a lot of colostrum, for the vast majority of babies, colostrum is enough to meet their needs the first few days. Your breast milk will likely come in around the 4th day after the baby is born. Breast milk is light on the stomach and easily digested by the baby. You should expect to breastfeed your newborn about every 1 1/2 to 3 hours, day and night. Do not let your baby sleep more than 4 hours between feedings until your milk is in and her doctor says you can let her sleep longer. Set an alarm clock to make certain you wake up. You should try to drink a lot of liquids, eat a well balanced diet, and sleep as much as you can. If you take any medications, check with a doctor first. Some medications can pass in the breast milk and may be harmful to your baby.

Engorgement: Many women feel that their breasts are firmer, heavier, and swollen in the

first few days of producing mature milk. These breast changes are normal and will usually go away quickly, but may lead to engorgement. Engorgement occurs when breasts start to fill with a larger volume of milk. When engorgement occurs, you should feed the baby often (even every hour if baby is rooting). Never skip feedings. You may want to apply cold compresses after feeding.



Some mothers will use warm, wet washcloths and gently massage their breasts right before feeding to promote milk let down. Massage any lumpy areas toward the nipple during a feeding. Sometimes babies have trouble attaching, especially during the initial period of engorgement. Manual expression or pumping before a feeding can make it easier for the baby to attach. Use different feeding positions to more fully empty the breast.

Sore nipples: This is a common problem for nursing mothers. Nipple soreness is usually a sign of a poor latch. Position your baby so that she directly faces the nipple without needing to turn her neck. Make certain that she opens her mouth widely and gets a large mouthful, not only of the nipple but also the areola (the dark part around the nipple). Hold your breast from below during the feeding so that the nipple and areola are not pulled out of her mouth due to the weight of the breast. If your nipples are very sore, limit the feeding to 10 minutes on the sore breast. You may need to pump your breasts following the feeding to keep your milk supply adequate. If you and your baby are having problems with feedings, talk to your baby's doctor or a lactation consultant. Do not give up on breastfeeding before you talk with a doctor or consultant. The solution to a breastfeeding problem may be quick and easy.

FORMULA FEEDING: If you choose to formula feed, we recommend that you start with a cow's milk based formula that has iron. All formula fed babies need the iron that is put into formula. Read the formula package carefully and mix it exactly as instructed. Make sure you use clean, safe water to prepare formula. Do not add too much or too little water which can be harmful.

When you are ready to feed your baby, do not warm the formula in the microwave. Microwaves cause hot spots in the formula which can burn your baby's mouth. Throw away any formula left in the bottle after you have fed your baby because bacteria can grow in the leftover formula. Do not prop the bottle in your baby's mouth because this can cause choking. Make sure your baby does not sleep with a bottle in her mouth as this can cause severe tooth decay.

After the first couple of days, most newborns will take 1/2 - 3 ounces each feeding and will usually feed about every 3 hours. Do not let your baby sleep more than 4 hours between feedings until her doctor says you can let her sleep longer.

BURPING: Burping your baby helps to remove any swallowed air from his stomach. You can burp your baby in the middle of the feeding or at the end, depending on how he is doing with the feeding. To burp your baby you can put his head on your shoulder. Then rub or pat his back. It is not unusual to see a small amount of spitting up when the baby burps. Babies may not always need to burp.

URINATION: Since it is impossible to know

exactly how much your child is eating, you need to monitor the number of wet diapers. A one day old should have at least one wet diaper that day and a two day old should have at least two wet diapers per day. Each day, the number of wet diapers should increase by one until the baby is 7 days old; after that the baby will have around

7-8 wet diapers per day. If your child is not meeting this expectation, call your baby's doctor.

STOOLING: Your baby's bowel movements the first day or two are called meconium. These stools are thick and greenish/black. As your baby begins to feed more, his stools will become yellow, seedy, and loose. He will probably stool with each feeding. It is normal for babies to grunt, strain, turn red, and cry with bowel movements. This does not mean he is constipated. If his stools

are hard or contain blood, call his doctor.

WEIGHT: All babies will lose some weight after birth. Talk with your baby's doctor if you are worried your baby has lost too much weight. We expect babies to be back to their birth weight by 10 days of age. Most babies will gain about an ounce (or 30 grams) per day for the first month - that's about a half a pound per week!

JAUNDICE: Jaundice is when your new baby has yellow looking skin. The whites of your baby's eyes may be yellow. Although jaundice is very common, in some babies it can require treatment to prevent serious problems. You can help your baby avoid jaundice by feeding frequently. If you think your baby looks yellow or orange, talk with your baby's doctor.



NORMAL NEWBORN BEHAVIOR

The first few days at home will be a great time of discovery. It can be difficult to understand what is concerning behavior and what is normal. A good rule of thumb is if the infant does not seem to mind the behavior, it is likely harmless. Here are some normal behaviors that can be seen in the first few weeks of life:

- chin trembling and lower lip quivering
- hiccups
- sneezing
- stuffy nose
- burping and spitting up
- passing gas
- straining with bowel movements
- yawning
- trembling or jitteriness of the arms and legs during crying or if he startles

NEWBORN CARE

BATH TIME: Some babies like baths, others hate them. It can be a relaxing experience for the child, so you may want to bathe him in the evening or during a “fussy” period. We recommend giving only a sponge bath until the umbilical stump falls off, usually between 1 - 4 weeks of age. Use a mild soap and be sure to rinse the child well with water when you are done. Baby powders, lotions, and oils are not recommended.

UMBILICAL CORD: Clean the umbilical stump with rubbing alcohol 2 - 3 times daily, more often if urine or stool gets on the area. A small amount of bleeding is not unusual. If there is bleeding, use a tissue and hold the area tightly for 10 minutes. If the bleeding continues, call the doctor’s office. If the umbilical stump has an odor or if the area is becoming red or has drainage, clean the area with alcohol and call the doctor’s office.

GENITALS, BOYS:

Not circumcised — A newborn’s foreskin should not be pulled back over the tip of the penis. Pushing your son’s foreskin back too early can cause scar tissue formation and damage. After the first few years of life, the foreskin will gradually become more retractable. Until this time, wash the outside of the penis with soap and water.

Circumcised — the area will look raw and sore. Keep a small amount of petroleum jelly (Vaseline) on the penis so that it will not stick to the diaper. Wash the area gently with water and do not immerse in water (no baths) until the area has healed. Within 1-2 days, you will notice a decrease in swelling and redness and see a yellow covering on the tip of the penis. This is normal, new tissue growth. After about 4-5 days, the skin will be completely healed. At this time, you can stop applying petroleum jelly.

GENITALS, GIRLS: A white, clear or even blood tinged vaginal discharge can be seen. This normal discharge will stop in a few weeks. You should wipe the genitals from front to back (from the clitoris area towards the anus) to help decrease the risk of bladder infections. You should also separate the labia and clean the area gently.

NAILS: Baby nails are soft and easily bent. They also happen to be very sharp. We recommend trimming the nails so that the baby does not scratch himself. You can accomplish this with a nail file, emery board, small clippers, or nail scissors. Usually the best time to do nail care is when the baby is asleep or feeding.

CLOTHING: Dress your baby as you would dress yourself. Babies do not need extra clothing while indoors. In cold weather, dress your baby appropriately when you go outside. Cover your baby’s head with a hat. During the summer months, limit exposure to sunlight since baby skin sunburns easily. Lightweight clothing and a hat will protect your baby’s skin. Prevent your baby’s skin from touching a car seat that has been in the sun since it can become hot enough to cause burns.

CRYING

Crying is normal. Crying may start or stop and you may not know why. Some babies may simply cry more than others and this does not necessarily mean something is wrong with your baby. Do not worry about spoiling your baby. When your baby cries, she needs to know that someone is there to comfort and take care of her. If your baby is in a safe environment, her crying in itself is not harmful. However, if your baby is ever inconsolable at any age but especially between the ages of birth to 2 months or you are concerned that your baby is sick, call her doctor.



What do you do if your baby is crying?

Make sure your baby is not hungry, gassy, tired, wet, hot or cold, and his clothing is not too tight. Some babies desire more sucking so a pacifier may help,

or try more cuddling and physical contact. Other babies are comforted by the rhythmic motion of walking, rocking, patting, car rides, stroller rides, baby swings, or being carried in a front carrier. Swaddling or frequent position changes sometimes help. Sometimes, the sounds of a soft radio or the loud ticking of a clock soothe babies. Even very young babies love social stimulation and may settle down when you smile, talk, and play with them.

Taking care of your baby can be enjoyable but, when your baby will not stop crying, caring for the baby can be very upsetting. Remember that you are not alone and non-stop crying is difficult for all caregivers to cope with. Parents and caregivers may become frustrated. Put the baby in his crib, sit down, close your eyes, and take 20 deep breaths. Think about how much you love your baby. To give yourself a needed break, call a trusted friend, relative, or neighbor to watch the baby. Call one of the crisis hotlines (1-800-4-A-CHILD). Share these suggestions with anyone who will be caring for your baby. No one thinks he or she will ever shake

an infant or that another caregiver will shake a baby, but research shows crying is the number one trigger leading caregivers to violently shake and injure babies.

TAKING YOUR BABY'S TEMPERATURE

It is not necessary to take your baby's temperature unless you think your baby is sick. The most accurate temperature is taken rectally. To take a rectal temperature, have your baby lie on his stomach. Put some petroleum jelly on the end of the rectal thermometer and on the rectum (the opening of the anus). Put the thermometer gently into the rectum about $\frac{1}{4}$ to $\frac{1}{2}$ inch. Hold your baby still until the thermometer signals that it is done.

If your baby's temperature is greater than 100.4 F (38.0 C), call the doctor. Do not give your baby medications until you speak with a nurse or doctor

CAR SEATS

Michigan state law requires that infants ride in a rear-facing car seat starting with their first ride home from the hospital. Using a car seat properly is one of the most important things you can do to keep your infant safe in the early years. Meeting with a certified Child Passenger Safety Technician provides valuable information about car seat safety and about the proper installation of an infant car seat in your own vehicle. The Buckle Up! Hotline (734-763-2251 or http://www.med.umich.edu/mott/pvguide/trans_car.html) is a resource provided by the University of Michigan Mott Children's Hospital to ensure car seat safety. The hotline can be used to find out dates and times for free community car seat inspections or to enroll in a short car seat class at the hospital. In the class, certified Child Passenger Safety Technicians verify that your car seat is appropriate for your child, is installed correctly in your vehicle, and secures the child safely. Car seat inspections and safety technicians can also be found at your local Fire Department, Police Department, and AAA.

SAFE SLEEP

Your baby will sleep for up to a total of 20 hours per day so making sure your baby has a safe place to sleep is crucial. Taking precautions to ensure safe sleep is important in preventing sudden infant death syndrome (SIDS) and death from unsafe sleep conditions. There are many things that you and others who care for your baby can do to reduce the risk of infant death. Please remember that safe-sleep practices should be followed at all times regardless of whether you are at home or are away and regardless of the time of day or night.

- 1. Always place your baby on her back to sleep.** Babies should NOT sleep on their stomachs or on their sides. Make sure grandparents, babysitters, childcare providers, and anyone else who may be caring for the baby are aware that she should always sleep on her back.
- 2. Place your baby on a firm surface, such as a safety-approved crib mattress, covered with a fitted sheet.** She should not sleep on soft materials like blankets or sheepskins.
- 3. Keep blankets, quilts, pillows, soft toys, and crib bumpers out of your baby's sleep area.** If necessary, your baby may be dressed in thin layers or a footed sleeper to keep warm in colder seasons.

During the immediate postpartum period, some babies may be comforted by being swaddled. If swaddling is used, please make sure your baby does not get overheated. Your baby's arms should not be across his chest and your baby should not be swaddled too tightly — both situations could interfere with your baby's breathing. The swaddling blanket should not be too close to the baby's face or head. Swaddling should be discontinued by 2 months of age when infants are more active and more likely to displace the swaddling blanket which can suffocate the baby.

- 4. Do not allow smoking around your baby.**

DR SAFE SLEEP

- 5. The risk of SIDS has been shown to be less when babies sleep in the same room as a parent.** However, your baby should sleep in his own sleep space and not with you or any other person. The risk of suffocation is 40 times higher for infants in adult beds compared with those in cribs. Sleeping with an infant on a couch or armchair is even more dangerous.
- 6. Pacifier use during sleep decreases SIDS.** The pacifier should be used when placing your baby down for sleep and not be inserted once your baby has fallen asleep. If your baby refuses the pacifier, she should not be forced to take it. If your baby is breastfeeding, you can wait until the baby is feeding well (or 1 month) before introducing the pacifier.
- 7. Do not let your baby overheat during sleep.** Your baby should be lightly clothed for sleep and the room temperature should be kept comfortable for a lightly-clothed adult. Over-bundling can cause your baby to become too hot and also increases the risk for infant death.
- 8. Avoid products that claim to reduce the risk of SIDS.** None have been tested sufficiently to show that these products are effective or safe.
- 9. Reduce the chance that your baby's head will be misshapen or flat on one side.** Provide "tummy time" when your baby is awake and supervised. Change the direction that your baby lies in the crib from one week to the next. Avoid too much time in car seats, carriers, and bouncers.

WHEN SHOULD YOU CALL THE DOCTOR?

- Breathing difficulties or turning blue
- The baby's skin and eyes look yellow (jaundice)
- Not feeding well — this can be poor latching onto the breast, not nursing as long as before, falling asleep quickly at the breast, or not taking at least one ounce from the bottle at each feeding
- Too sleepy to feed or has not fed in more than 5 hours
- Not making the expected number of wet diapers. A one day old should have one wet diaper and a two day old should have two wet diapers. This continues to increase each day until the baby is 7 days old. After that the baby will have around 7-8 wet diapers per day.
- Not stooling at least once per day in the first 5 days of life
- Vomiting
- Sweating with feedings
- Fever over 100.4 F (38.0 C). The temperature should be taken rectally
- Inconsolable crying for an hour or more
- Oozing or a foul odor from the umbilical stump
- Your emotions are getting out of control or you are worried you may harm your baby
- Anytime you are worried about your child

University of Michigan Pediatrics, Adult Medicine/Pediatric and Family Medicine Clinics

GENERAL PEDIATRICS

Briarwood Center for Women, Children and Young Adults

Building 2
400 E Eisenhower Parkway,
Suite B
Ann Arbor, MI 48108

(734) 232-2600

Brighton Health Center

8001 Challis Road
Brighton, MI 48116

(810) 227-9510

Canton Health Center

1051 N. Canton Center Road
Canton, MI 48187

(734) 844-5400

Corner Health Center

47 N. Huron
Ypsilanti, MI 48197

(734) 484-3600

East Ann Arbor Health and Geriatrics Center

4260 Plymouth Road
Ann Arbor, MI 48109

(734) 647-5680

Howell Pediatrics

711 Byron Road
Howell, MI 48843

(517) 548-1020

Livonia Health Center

20321 Farmington Road
Livonia, MI 48152

(248) 888-9000

Saline Health Center

700 Woodland Drive East
Saline, MI 48176

(734) 429-2302

West Ann Arbor Health Center

4900 Jackson Road, Suite A
Ann Arbor, MI 48103

(734) 998-7380

Ypsilanti Health Center

200 Arnet Street, Suite 200
Ypsilanti, MI 48198

(734) 484-7288

ADULT MEDICINE AND PEDIATRICS

Canton Health Center

1051 North Canton Center
Canton, MI 48187

(734) 844-5400

East Ann Arbor Health and Geriatrics Center

4260 Plymouth Road
Ann Arbor, MI 48109

(734) 647-5670

FAMILY MEDICINE

Briarwood Family Medicine

Building 10
1801 Briarwood Circle
Ann Arbor, MI 48109

(734) 998-7390

Chelsea Health Center

14700 East Old U.S. Highway 12
Chelsea, MI 48118

(734) 475-1321

Dexter Family Medicine

7300 Dexter-Ann Arbor
Road, Suite 110
Dexter, MI 48130

(734) 426-2796

Family Medicine at Domino's Farms

24 Frank Lloyd Wright Drive
Ann Arbor, MI 48106

(734) 647-5640

Ypsilanti Health Center

200 Arnet Street, Suite 200
Ypsilanti, MI 48198

(734) 482-6221

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