

# BRINGING BABY HOME





**CONGRATULATIONS** on the birth of your new baby! We have created this book of instructions for you to look at when you're home. It will help answer many of your questions as you learn to care for your baby and yourself after delivery.

These are recommendations only. This information is not meant to replace your doctor's orders. Please feel free to call your provider if you have any questions.



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# POSTPARTUM CARE

## Postpartum Care

- The uterus contracts and shrinks after delivery, and should feel round and firm. By two weeks after your baby is born you probably won't be able to feel it anymore. You may experience cramping as the uterus contracts. This will lessen and disappear. Nursing moms may notice increased cramping with each baby. Try a heating pad and/or oral pain medication for relief.

## Vaginal Care

- Always wash your hands before and after changing your pads and before holding baby.
- Keep pad clean and dry. Change when moderately soiled.
- Always wipe from front to back to prevent infection.
- If you have stitches, they will dissolve in a few weeks.
- To ease episiotomy (a surgical cut made to ease childbirth) discomfort and promote healing, sit in tub of warm water several times daily. This also helps relieve itching as it heals.
- Apply Dermoplast spray as needed.
- No tampons, douching or intercourse for six weeks.

## Vaginal Flow

- Will last two to six weeks.
- Changes from bright red to pinkish brown to almost whitish in color.
- May be heavier when first at home due to increased activity.
- If bleeding seems excessive (more than one pad per hour for two hours in a row or passing a clot greater than the size of a plum), check with your doctor.
- Foul odor, fever or increased pelvic pain could indicate an infection — contact your doctor. Odor is usually described as fleshy, musty or earthy.

## Hemorrhoids

- These are blood vessels from the rectum that become filled with blood. They usually improve and disappear after delivery. For comfort:
  - Apply ice pack to rectum
  - Apply topical anesthetic ointment or over-the-counter hemorrhoid pads
  - Increase fluid intake
  - Take stool softeners if ordered by doctor

## Bowel Function

- Regular bowel function usually resumes within three days after delivery.
- Proper fluid intake (eight to ten glasses per day).
- Increase fiber in diet such as fresh fruits and vegetables, bran, whole wheat breads, prunes or prune juice.
- Mild laxative or stool softener may be used
- Light activity such as walking.

## Nutrition

- A well balanced diet will help your body replenish nutrients used during pregnancy and give you the energy you need to care for your new baby. Continue to take prenatal vitamins while nursing. If you're not nursing, go ahead and finish your supply.
- Weight loss is most successful if done slowly (1/2 to 1 lb. per week), and is acceptable during nursing if maintaining proper nutrition for your needs and milk supply. It may take six to 12 months to lose the weight gained during pregnancy.

## Baby Blues

Baby blues are caused by mild depression soon after babies are born and attributed to hormonal changes, interrupted sleep and the personal challenges of childbirth. Baby blues usually happens within the first two weeks of delivery.

### Signs of baby blues:

- Weepiness or crying for no apparent reason
- Impatience
- Irritability
- Restlessness
- Anxiety
- Fatigue
- Insomnia (even when the baby is sleeping)
- Sadness
- Mood changes
- Poor concentration

### What to do:

- Talk with someone you trust about how you are feeling.
- Keep a well-balanced diet. Having a new baby may cause you to eat unhealthy foods. Too many simple carbohydrates can make mood swings more pronounced.
- Keep a journal of all your thoughts and feelings.
- Get outside to enjoy fresh air and life outside the world of diapers, feedings and spit up. Sometimes just a different view for a few moments can make a huge difference.
- Ask for help with meals, other children, getting into a routine, or anything that allows you to focus on the joy of having a new baby and not just the pressure of juggling it all.
- Don't expect perfection in the first few weeks. Give yourself time to heal from birth, to adjust to your new baby, and for feeding and sleeping routines to settle in.

Learn more at [americanpregnancy.org/first-year-of-life/baby-blues/](http://americanpregnancy.org/first-year-of-life/baby-blues/)

## Postpartum Depression

Postpartum depression is a mood disorder that can affect women after childbirth. Mothers with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult to complete daily care activities for themselves or for others.

Some of the more common symptoms include:

- Feeling sad, hopeless, empty or overwhelmed
- Crying more often than usual or for no apparent reason
- Worrying or feeling overly anxious
- Feeling moody, irritable or restless
- Oversleeping, or being unable to sleep even when baby is asleep
- Having trouble concentrating, remembering details and making decisions
- Experiencing anger or rage
- Losing interest in activities that are usually enjoyable
- Suffering from physical aches and pains, including frequent headaches, stomach problems and muscle pain
- Eating too little or too much
- Withdrawing from or avoiding friends and family
- Having trouble bonding or forming an emotional attachment with baby
- Persistently doubting the ability to care for baby
- Thinking about harming yourself or your baby

### How to help postpartum depression:

There are effective treatments for postpartum depression. A woman's health care provider can help choose the best treatment, which may include:

- Counseling/talk therapy: This treatment involves talking one-on-one with a mental health professional (counselor, therapist, psychologist, psychiatrist or social worker). Two types of counseling shown to be particularly effective in treating postpartum depression are:
  - Cognitive behavioral therapy (CBT), which helps people recognize and change their negative thoughts and behaviors
  - Interpersonal therapy (IPT), which helps people understand and work through problematic personal relationships

## The New Father

Becoming a new dad is exciting! Sometimes, however, fathers may experience feelings of neglect or loneliness upon the arrival of the new baby. It may seem that all the attention is focused on the mother and baby. Remember to share your feelings and communicate. It is important to plan time together as a couple and family. Healthy adult relationships are important to baby's emotional well-being as well as your own. After you leave the hospital, please do not hesitate to call your doctor if you have any questions or concerns. Being aware of your own physical and emotional well-being as you take your new infant home can be very helpful at this special time in your life.

- Medication: Antidepressant medications act on the brain chemicals that are involved in mood regulation. Many antidepressants take a few weeks to be most effective. While these medications are generally considered safe to use during breastfeeding, a woman should talk to her health care provider about the risks and benefits to both herself and her baby.

These treatment methods can be used alone or together.

Learn more at [nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml](http://nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml)

## Breasts

Your breasts will fill 3-5 days following delivery. Use nursing pads for leaking whether or not you are breastfeeding. Engorgement will diminish within 10-14 days after delivery. If you experience sore nipples with breastfeeding, apply Lanolin cream for comfort. This product is safe for baby and does not need to be removed prior to feeding. Wear a good bra for support. If breastfeeding, waking the baby to nurse or using a breast pump helps to relieve fullness if you are engorged. If you are bottle feeding, ice packs and analgesics such as acetaminophen or ibuprofen may help relieve the discomfort. Contact the Floyd Valley OB department at 712-546-7871 with any concerns related to nursing your infant.

## Breast Care for Bottle-Feeding Women

- Wear a supportive bra day and night.
- Do not stimulate breasts by pumping or expressing milk.
- Keep your back to the shower.
- For comfort with engorgement:
  - Apply ice packs under arms and above areola four times a day for 20 minutes.
  - Make green cabbage leaf compresses (Remove large leaves from cabbage head and rinse with water, pat dry. Place in plastic bag to cool in refrigerator. Tuck cool leaf inside bra on each breast - change every two hours or when limp. DO NOT use if allergic to cabbage!)

## Starting Sex

- Healing takes about six weeks, so it's best to wait that long before starting intercourse. It is normal to not be interested in sex for several weeks because of being tired, the stress of caring for a new baby and fear of pain from stitches.
- Be patient and gentle, as sex may be uncomfortable at first. Water-soluble lubricating jellies can be very helpful. This is especially true for breastfeeding women who may not produce as much vaginal lubrication.

## Family Planning

Ovulation and menstruation usually resume two to six weeks after delivery for non-breastfeeding women. It may occur soon after that for breastfeeding women as well. Breastfeeding is NOT a means of preventing pregnancy. For further information, contact your provider or other appropriate professional.

## Cesarean Section Care

- Shower for two weeks, after which tub baths are OK.
- Do not submerge surgical cut for two weeks (no swimming pools, tubs, etc.)
- Steri-strips should be left on until you see the surgeon.
- Cotton panties are best as they allow good air circulation.
- Don't lift anything heavier than your baby.
- Listen to your body - if something hurts your surgical cut, don't do it.
- No driving a car for the first week while taking prescribed pain medications.

## Exercise

Exercise promotes the return of good muscle tone after childbirth. Walking can be started soon after delivery. More intense activities, like jogging and aerobics, should be delayed until after your postpartum doctor's visit.

## Body Changes

- **Fatigue** - After going home you may experience muscle aches and fatigue. Try to sleep when your baby sleeps and accept or ask for any help you may need during this transition period. Allow family and friends to cook, clean and do laundry. It is a nice treat for you and the baby if your partner is able to take paternity leave at this time.
- **Activity** - Try to rest every day after you get home from the hospital. Nap when your baby does if possible. Gradually increase your activity as you feel your strength returning. No heavy lifting or housework like vacuuming for 2 weeks after delivery. Recovery time varies after a C-section delivery. Several weeks is normal. Avoid lifting anything heavier than the baby for the first 2 weeks.
- **Hair Loss** - You may notice in the weeks following delivery that you are losing large amounts of hair. This is normal and is related to the hormone shift occurring within your body. Your hair will soon return to its normal growth cycle.



# NEWBORN CARE

## Bathing Baby

Give sponge baths until the umbilical cord of the belly button dries and falls off. After that tub baths can be started. Use mild soap and water, and work in a warm, draft-free area. Keep one hand on baby at all times and never leave unattended, even for a few seconds to answer the phone. If your baby's skin is very dry, you may apply a small amount of lotion or cream such as CeraVe, Eucerin or Vanicream after 2 weeks of age.

## Laundry

Use a mild detergent for baby's clothing and blankets. Do not use a fabric softener, as it is irritating to baby's skin.

## Bulb Syringe/Aspirator

Use this to remove mucus from baby's nose or mouth. Squeeze air out before inserting tip in nostril, then release. Squeeze contents out onto tissue or cloth. Rinse well between uses. Replace if baby has frequent colds and you are using often.

## Diaper Rash

Usually caused by irritants in baby's stool or urine, improperly laundered diapers or baby wipes. Prevent by keeping bottom clean and dry. You may use petroleum jelly to keep moisture away. Leaving diaper off allows air to heal irritated skin. Try diaper rash creams. If you don't notice an improvement, call baby's doctor. Change baby's diapers for urine or stool as soon as they are dirty. Change at each feeding time if needed. On girls, clean genitalia by wiping from front to back. For boys, remember to clean under the scrotum.

## Cord Care

You may occasionally clean around the area with soap and water but must also keep it dry. Otherwise there is no need to touch the cord. It usually takes one to three weeks to fall off. Call baby's doctor if there is redness of the skin surrounding the umbilical cord. Fold diaper below the cord to help keep the cord dry. Notify your doctor if there is redness, smelly, thick yellow or green discharge, or a lot of bleeding from the navel area.

## Nail Care: Fingers and Toes

Baby's fingernails may be long at birth, and if left uncovered and uncut, will scratch baby's face. It is easiest to trim nails when baby is sleeping. Baby nail cutters are available. Rounding edges with a soft nail file is useful.

Baby's toenails grow slower than fingernails and don't need to be kept as short. It may only be necessary to trim them twice a month.

## Jaundice

Jaundice is a common and normal finding in newborns. More than half of newborns within the first week of life become jaundiced. Sometimes, baby is born with extra red blood cells. As the red blood cells break down, a yellow substance called bilirubin is released. At this age, the baby's liver is not able to work fast enough to get rid of the extra bilirubin. Jaundice happens when too much bilirubin builds up in the blood and is stored in the skin, muscles and other places in the body, causing the skin to take on a yellowish color. The baby's body gets rid of the extra bilirubin in the bowel movements. It slowly takes care of itself within a few days to a few weeks.

**Floyd Valley Community Health** staff will come to your home when baby is 4-5 days old for a weight and color check. If Community Health staff is unable to come to your home, we will have you return to FVH. We will be checking to see if baby is jaundiced (yellow). If you notice baby has yellow skin and/or yellow eyes before Community Health visits for the weight and color check, please call FVH or your doctor.

Changes you should look for in your baby include if your baby is not eating every two to four hours or doesn't want to eat; sleeps more than four or five hours at a time; seems less active than usual; or has an increase in the yellow color of skin and/or whites of the eyes.

# CIRCUMCISION

Circumcision is the removal of some or all of the extra skin at the end of the penis. There are a couple of different methods to do this procedure. These methods are plastibell, mogen and gomco. Your baby's doctor will discuss this with you.

## Care of the Circumcised Penis

- Cleanliness is very important. Keep the penis clean and dry. Be sure to change the diapers often. There may be a small amount of blood-tinged drainage from the incision and the area may have some swelling.
- Apply Vaseline ointment to the tip of the penis for seven days with each diaper change.
- Yellow crusting over the head of the penis is normal. Do not wash off this yellow substance, it is part of the healing process.
- When the circumcision is healed you need to keep the foreskin mobile to prevent problems. Gently pull the foreskin all the way back so the rim of the glans (head) can be seen.

## Call your baby's doctor if:

- There is fresh bright red bleeding from the surgical cut.
- There is foul smelling odor from the incision.
- There is an extreme amount of swelling to the penis or swelling continues for more than two to three days.
- Your child doesn't urinate within 12 hours after his procedure.
- You have questions or concerns regarding your child's circumcision.

## Care for the Uncircumcised Penis

- Use only gentle soaps to clean the foreskin and head of the penis.
- Wash the outside of your child's penis with soap and water every day.
- DO NOT pull back the foreskin to clean the penis. Wash any discharge off with soap and water. As your child gets older, talk to your baby's doctor about how to clean under the foreskin.



# CRYING AND COMFORT TECHNIQUES

## Crying

- Crying is an important communication tool for baby.
- Cries may mean baby is hungry, needs to be changed, is sick or in pain, tired, bored, lonely, or over-stimulated.
- Many babies have a predictable fussy time each day. This peaks at around 6 weeks of age, and then gradually decreases.
- Don't be afraid to respond when baby cries – it won't spoil him/her. When you respond promptly, baby learns to trust you to meet his/her needs. Babies who are picked up promptly when they cry during the first 6 months cry less the second 6 months.

## Comforting Techniques

Try only one or two techniques at a time to avoid over-stimulating baby. You will learn what helps calm your baby the best.

- Hold baby, keeping arms and legs close to his/her body with your hand or by swaddling, and walk or rock while talking or singing softly.
- Try walking with a slight bounce in your step.
- Carry baby in a front carrier.
- Sit and hold baby face down on your lap, or with your hand under baby's tummy. Lie on your back with your baby face down on top of you.
- Gently massage baby's back.
- Put baby in wind-up swing; be sure head is supported.
- Take baby out of house for fresh air and a walk.
- Take baby for a ride in a car in an approved car seat.
- Give baby a bath. Many babies enjoy a warm (not hot) bath.
- If you are frustrated, lay baby in the crib and let him/her cry for about 15 minutes before picking up again.

## Coping With Crying

- Realize that these crying periods will decrease.
- Don't take the crying personally. It is frustrating to be unable to calm baby, but baby is not rejecting you.
- Take a break from baby. Find a good caregiver and do something for yourself outside of the home.
- Accept help from friends and family who offer to provide a meal or watch your baby for a while.
- Talk with other parents who have had the same experience.

## Abusive Head Trauma/Shaken Baby Syndrome

- Prolonged crying in infants is a major trigger for Abusive Head Trauma, formerly known as Shaken Baby Syndrome.
- Remember, **never** shake, hit or handle baby roughly. This can cause permanent damage.
- If parents feel frustrated with crying, place baby in a crib or another safe place, call a caregiver to relieve you and do something to calm yourself.
- Choose a good caregiver carefully. Let them know what techniques work best to calm your baby.
- If your baby cries a lot, refer to the video "Period of Purple Crying" given at discharge or visit [dontshake.com](http://dontshake.com).

## SLEEP SAFETY

- Always place baby flat on their back for all sleep, naps and nighttime.
- Use a safety approved crib, firm mattress, and tight fitting sheet ONLY!
- Keep all soft bedding, including blankets, pillows and bumper pads out of the crib.
- Instead of blankets, dress baby in layers or use a wearable blanket to keep baby warm. Keep baby's face uncovered at all times.
- Share a room, NOT a bed with baby! Avoid sleeping with baby on a couch, bed, or other adult sleep surfaces.
- Keep baby's room temperature comfortable for a lightly clothed adult.
- Pacifier use at naps and nighttime is recommended. Delay pacifier use until breastfeeding is established.

*Based on recommendations of the American Academy of Pediatrics, 2016*

### Other Factors to consider

- Do not smoke during pregnancy and avoid exposing baby to second hand smoke to help reduce the risk of SIDS.
- Car seats, swings, bouncy chairs, slings, and boppy pillows should NOT be used for routine sleep.
- Expecting moms should:
  - Visit their healthcare provider for regular prenatal care and well baby exams.
  - Avoid nicotine, alcohol, and illicit drugs during pregnancy.
  - Follow their provider's guidance for immunizations.
- Avoid products and positioners that claim to prevent SIDS and other accidental sleep related deaths.
- Provide supervised tummy time when baby is awake. Regular tummy time helps strengthen baby's head, neck, and shoulder muscles and aids in minimizing flat spots on the back of baby's head.
- Educate others caring for your baby about the risk of reduction recommendations.

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### What is SIDS?

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an apparently healthy infant younger than one year of age that remains unexplained after an autopsy, thorough death scene investigation, and medical health history review.

SIDS is one of the leading causes of death among US infants one month to one year of age.

SIDS can happen to any family, regardless of age, ethnicity, religion or economic status.

SIDS cannot be predicted or 100% prevented at this time, but research shows a baby's risk can be reduced by following the safe sleep recommendations.



# IMMUNIZATIONS

Vaccines teach the immune system how to recognize and fight bacteria and viruses before an infection can happen. Vaccines provide protection without a child actually getting and suffering the complications of a disease. Some vaccines require only one dose, while others require several doses to provide complete protection.

Many childhood diseases may have been forgotten, but they still exist. If your child gets sick from one of these diseases, it could be serious. They could suffer from blindness, brain damage, deafness, deformities, kidney damage, paralysis and even death

Getting your child vaccinated on time will protect against the following diseases and bacteria:

- Diphtheria
- Tetanus (lockjaw)
- Pertussis (whooping cough)
- Hepatitis A
- Hepatitis B
- Haemophilus Influenzae Type b (Hib)
- Influenza (flu)
- Measles
- Mumps
- Rotavirus
- Rubella
- Pneumococcal
- Polio
- Varicella (chicken pox)

## When Children Should Receive Vaccines

Children are immunized early because they are at risk for diseases at a young age, and these diseases can be very serious and even life-threatening. Children should receive a basic series of vaccines during the first two years of life and then again before school entry. It is important to follow the recommended immunization schedule and vaccinate your child on time. Following a different schedule, or delaying vaccines, leaves your child at risk of developing diseases while the vaccines are delayed.

Vaccines are routinely recommended at the following ages:

Birth	4 months	12-24 months
2 months	6 months	4-6 years

## Are Vaccines Safe?

Vaccines are safe and effective. Vaccines are held to the highest standard of safety. The United States currently has the safest, most effective vaccine supply in history. Years of testing are required by law before a vaccine can be licensed. Once in use, vaccines are continually monitored for safety and effectiveness. However, like any medication, vaccines can cause side effects. Most side effects from vaccines are minor and include soreness where the vaccine was given or a low-grade fever. Such minor symptoms are normal and should be expected as the body builds immunity. Serious reactions are very rare. Anyone who receives a vaccine should be fully informed about both the benefits and the risks. Any questions or concerns should be discussed with your child's health care provider.

Is there help available with the cost of vaccines?

Check to see if your health insurance covers vaccines. If your child does not have health insurance or does not have insurance that covers vaccines, ask your health care provider or local public health agency about the Vaccines for Children (VFC) program. The VFC program provides vaccines to eligible children from birth through 18 years of age. Ask your health care provider if they participate in the VFC program or visit the Immunization Program website at <https://idph.iowa.gov/immtb/immunization> for a list of participating VFC program providers.

## Your Child's Immunization Record

It is important to maintain immunization records in a safe place. Proof of immunizations may be necessary throughout life. The Iowa Department of Public Health does not maintain historical paper immunization records. However, immunization records can be entered into a permanent statewide electronic database called Iowa's Immunization Registry Information System (IRIS), IRIS contains a public record access feature that allows parents or adults to search for their own or their child's immunization record at <https://iris.iowa.gov>. If records are not found, talk with your health care provider about entering your child's immunization record into IRIS.

# NEWBORN SCREENINGS

Newborn screening is a way to identify babies who may have serious medical conditions. These conditions are often treatable, but may not be visible at birth. Early treatment of these conditions can prevent against more serious illness, disability or death. Newborn screening tests include:

- Dried Blood Spot Screening (Genetic or Congenital Disorders)
- Hearing Screening
- Pulse Oximetry Screening (Critical Congenital Heart Disease)

Due to the importance of catching these conditions early, state law requires that newborns receive the screens listed above. If you have questions, please refer to the appropriate contact information.

If your baby does not pass a newborn screen, it is crucial that you follow up as recommended. Early detection and intervention will result in the best possible outcome for your baby.

## Dried Blood Spot Screening

### *What is the screen looking for?*

The dried blood spot screening looks for a variety of genetic and inherited disorders. A list can be seen on page 13.

### *How is the screen done?*

A few drops of blood are taken from your baby's heel and put on special paper. The state public health laboratory then does the testing.

### *How will I find our the results?*

The Newborn Screening Program will notify your baby's health care provider. If there is an abnormal result, you will get a call letting you know the next steps. Ask about your baby's dried blood spot results at your first well child check.

### *What if my baby does not pass?*

Don't Panic! If you get a call from your baby's health care provider, it does not always mean your baby has one of these conditions. It is important to take your baby for repeat testing as soon as possible.

### *What happens to the blood after the screening?*

Left-over blood specimens may be available for additional testing, if your baby should need it. It may be used to ensure quality testing results and to improve newborn screening.

With consent from a parent or legal guardian, the blood specimen may also be used for research purposes. If you

do not want your baby's leftover blood spots stored after the screening is done, please contact the Iowa Department of Public Health at the phone number or address below for assistance.

Contact:

Iowa Newborn Screening Programs  
Bureau of Family Health  
Iowa Department of Public Health  
321 East 12th Street  
Des Moines, IA 50319  
Phone: 1-800-383-3826

## Hearing Screening

### *What is the screen for?*

The hearing screen is a quick and effective way to determine if your baby can hear sounds needed to learn language.

### *How is the screen done?*

Hearing screening is safe and will not hurt. It can be done in about 10 minutes. There are two types of screens done for hearing loss depending on the equipment available to the hospital or audiologist, AABR and OAE. Neither test will make your baby uncomfortable, and they are often done while your baby sleeps.

### *How will I find out the results?*

A healthcare provider/audiologist will talk with you about the results of your baby's screening. Please make sure you tell your provider the name of your baby's primary care provider so they can send them the results. If your baby passed the hearing screen, you should continue to look for signs of late onset hearing loss.

### *What if my baby does not pass?*

If your baby does not pass or is missed at the birth screen, make sure he or she is screened as soon as possible. Please take you baby back to the birth hospital or audiologist for a hearing screen within two weeks. It is important to find hearing loss quickly, because babies whose hearing loss is nor found early may have a hard time learning language. Simply watching your baby startling or responding to sound is not a substitute for a formal hearing screen.

Contact for assistance locating providers:

Iowa Family Support Network  
1-888-425-4371  
Iowa Department of Public Health  
1-800-383-3826

# NEWBORN SCREENINGS

## Pulse Oximetry Screening

### *What is the screen looking for?*

The pulse oximetry screen looks for low levels of oxygen in the blood that may indicate a problem with the heart or lungs. Critical congenital heart disease occurs when a baby's heart does not develop normally.

### *How is the screen done?*

Pulse oximetry is fast, simple and accurate. It can be used on babies soon after they are born. Hospital nursery staff will do the screening when the baby is at least 24 hours old. A small sensor is placed on the baby's right hand and left foot, allowing a connected device to measure the baby's oxygen level.

### *How will I find out the results?*

Your baby's doctor or a nurse will tell you the results of the pulse oximetry newborn screen.

### *What if my baby does not pass?*

Your baby will not pass if:

- Your baby has a low level of oxygen.
- There is a 3 percent difference between the reading in your baby's hand and foot.

At this point, a complete physical examination will be completed to determine why your baby did not pass the screen. There may be several reasons, including respiratory problems or infections.

Contact:

Iowa Department of Public Health  
1-800-383-3826

## What Will My Baby be Screened For?

### Amino Acidemias

- Argininosuccinic aciduria (ASA)\*
- Citrullinemia, type 1 (CIT)\*
- Homocystinuria (HCY)\*
- Maple syrup urine disease (MSUD)\*
- Classic phenylketonuria (PKU)\*

### Organic Acidemias

- Glutaric acidemia type 1 (GA-1)\*
- 3-Hydroxy 3-methylglutaric aciduria (HMG)\*
- Isovaleric acidemia (IVA)\*
- 3-Methylcrotonyl-CoA carboxylase (3-MCC)\*
- Methylmalonic acidemia - cobalamin disorders (Cbl-A, B) & methylmalonyl-CoA mutase deficiency (MUT)\*
- Beta-Ketothiolase (BKT)\*
- Propionic acidemia (PROP)\*
- Holocarboxylase synthetase deficiency (MCD)\*

### Endocrine

- Congenital adrenal hyperplasia (CAH)
- Primary congenital hypothyroidism (CH)\*

### Fatty Acid Oxidation Disorders

- Carnitine uptake defect & Carnitine transport defect (CUD)\*
- Long-chain L-3 hydroxyacyl-CoA dehydrogenase (LCHAD)\*
- Medium chain acyl-CoA dehydrogenase deficiency (MCAD)\*
- Trifunctional protein deficiency (TFP)\*
- Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)\*

### Hemoglobinopathies

- Sickle cell anemia (Hb SS)\*
- Hemoglobin SC disease (Hb SC)\*
- Sickle beta-thalassemia (Hb SB)\*

### Other

- Biotinidase deficiency (BIOT)\*
- Cystic fibrosis (CF)\*
- Classic galactosemia (GALT)\*
- Severe combined immunodeficiencies (SCID)\*

\*Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC) Recommended Uniform Screening Panel - Core Panel

For more disorder specific information go to:  
<http://www.shl.uiowa.edu/screening/newborn/disorderslist.xml>

# CAR SEATS AND BOOSTER SEATS

## Overview

Car seats and boosters provide protection for infants and children in a crash, yet car crashes are a leading cause of death for children ages 1 to 13. That's why it's so important to choose and use the right car seat correctly every time your child is in the car. Follow these important steps to choose the right seat, install it correctly, and keep your child safe.

## The Process

Follow these steps to help you through the process of finding the right car seat, installing it correctly, and keeping your child safe.

- Find the right car seat
  - Learn about the four car seat types.
  - Follow NHTSA's car seat recommendations based on your child's age and size.
  - Find and compare car seats and ease-of-use-ratings using NHTSA's Car Seat Finder.
- Install your car seat correctly
  - Understand the parts and tips used for installation.
  - Follow your detailed car seat installation instructions.
  - Get your car seat inspected at a station nearest you.
  - Keep your child safe in a car seat.
  - Register your car seat and sign up for recall notices to receive safety updates.

## Birth-12 Months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and all-in-one car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

## 1 – 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

## Car Seat Types

### Rear-Facing Car Seat

The best seat for your young child to use. It has a harness and, in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.

#### Types

- Infant Car Seat (Rear-Facing only): Designed for newborns and small babies, the infant-only car seat is a small, portable seat that can only be used rear-facing. Babies usually outgrow their infant car seats by 8 or 9 months. When that happens, we recommend that parents purchase a convertible or all-in-one car seat and use it rear-facing.
- Convertible Seat: As a child grows, this seat can change from a rear-facing seat to a forward-facing seat with a harness and tether. Because it can be used with children of various sizes, it allows for children to stay in the rear-facing position longer.
- All-in-One Seat: This seat can change from a rear-facing seat to a forward-facing seat (with a harness and tether) and to a booster seat as a child grows. Because it can be used with children of various sizes, it allows for children to stay in the rear-facing position longer.

## Car Seat Installation Parts and Tips:

### Car Seat Installation Tips

Your child's safety could be in jeopardy if your car seat is not installed correctly. Before you install your car seat, make sure you're familiar with vehicle and car seat parts used in the installation process and these important installation safety tips. The safest place for baby is the back seat in the middle position.

### Vehicle and Car Seat Parts Explained

Be sure to read the instructions for your car seat and your vehicle's owner's manual. Not all car seats will work in all vehicles! Every car seat needs to be installed using either the lower anchors or a seat belt to secure it in place, never both. If you choose to use a seat belt to install your car seat, pay close attention to how to "lock" your seat belt according to the vehicle's owner manual. Before installing your car seat make sure you understand the function and location of the vehicle and car seat parts that are used in installation.



# BREASTFEEDING

After a baby is born, the child's mother begins to produce milk. Breastmilk contains a mix of fat, protein, carbohydrate, water and nutrients. The combination in breastmilk offers the best diet a baby could have. That is why giving a baby only breastmilk is recommended by the American Academy of Pediatrics. Avoiding the addition of formula or water to your baby's diet contributes to baby's health and helps your milk supply.

## Before Starting to Breastfeed

- Pay attention to the way your baby lets you know he or she is ready to breastfeed. Signs include waking up, making sucking motions with his/her mouth, or bringing hands to the mouth. The baby will cry if you have missed earlier signs.
- Wear a nursing bra that opens easily for feedings and provides good support, day and night, for the first few weeks.
- Keep water or juice at hand to drink while you're nursing. You will feel thirsty. Drinking enough fluids contributes to having enough milk supply. Limit beverages with caffeine.
- Wash your hands for at least 15 seconds before starting to nurse.

## How to Breastfeed

- Start with the opposite breast each feeding.
- There are three basic positions; cradle, side-lying and football hold. Use different positions for each feeding so that you change where the baby puts pressure on your nipples. This will help all the milk ducts in your breast empty.
- Your baby should be positioned so that the nose is at the level of your nipple. Try to keep your baby's head and chest facing the same direction.
- Be sure that you and your baby are comfortable and well supported. Use pillows or a nursing pillow to support the baby's weight.
- Brush the baby's lips with the nipple of your breast.
- When your baby's mouth opens wide, quickly bring your baby to your breast. The entire nipple and a large portion of the areola (the pink or dark colored flesh around the nipple) should be in the baby's mouth.
- The baby is latched and sucking correctly when his/her lips are curled outward from the breast.

- Listen for the sound of your baby swallowing, it will sound like a "ka ka" and should be heard every one to two sucks.
- When your baby nurses, they should have long drawn out sucks and you should be able to hear him or her suck. Most babies will nurse 10-20 minutes. If nursing goes longer than 30 minutes, he or she might not be nursing effectively.
- You shouldn't see dimpling or drawing in of the cheeks.
- If baby falls asleep after only a few minutes, stimulate gently to waken. Do this by stroking baby's feet, back or unwrapping the baby.
- To remove the baby from the breast, gently insert your finger into the corner of your baby's mouth and gently push between your baby's jaw and your breast.
- If you plan to introduce a bottle, it is best to wait two to three weeks; your milk supply is well established by then.

## Measuring Success

- Number of feedings: Newborn babies need to eat at least every two to three hours or at least eight times in 24 hours.
- Number of wet diapers: Has six or more wet diapers and several stools every day.
- Bowel movement color: A breastfed baby produces stool that is mustard yellow.
- Bowel movement consistency: A breastfed baby's stool is usually loose. It might look like it has seeds in it. Totally breastfed babies do not usually get constipated.
- Baby is content: (quiet or sleeping) between feedings.
- Baby should regain birth weight by about two weeks, and then gain about 4-7 ounces every week.



## Growth Spurts

During these times your baby will want to nurse more often for about two to three days. It's your baby's way of telling you that he/she needs your body to make more milk. These growth spurts are usually at the following times, but may occur at other times.

- ==> First few days at home
- ==> 0-14 days of age
- ==> 4-6 weeks of age
- ==> 3 months of age
- ==> 6 months of age

Don't think baby's increased demand and your softer breasts means there is not enough breastmilk.

## Breast Care

- Nipple soreness when you first start breastfeeding is normal. Nipple soreness or nipple pain during feeding shouldn't occur.
- Proper positioning, changing breastfeeding positions, and proper latch with most of the nipple in the infant's mouth will prevent nipple soreness.
- After your baby nurses, apply some breastmilk to your nipples and let them air dry. This will help heal sore nipples.
- Air dry your nipples for a few minutes after each feeding.
- Change breast pads when wet; don't use plastic backed breast pads.
- If nipples and areola are cherry red and you feel a burning sensation during nursing, you may have thrush (a fungal infection on the skin). Check inside baby's mouth for white patches. Call your provider and baby's provider to be checked. If it is thrush, you both will need a prescription.

## Engorgement

- Breasts will become full two to five days after delivery. Part of the full sensation is due to an increase of blood and lymph circulation to the breast.
- Prevent engorgement (breast tissue overfills with milk, blood and other fluids) by nursing baby frequently and for as long as baby desires so breasts empty completely.
- It can be very uncomfortable, but will improve in 24-48 hours.
- Apply ice packs to breasts and under arms. Take a warm shower or bath before nursing to promote let down.
- Try cabbage leaf compresses (see postpartum section, page 8).
- If breasts are so swollen that baby can't latch on, soften breasts before nursing by expressing some milk or applying a warm pack.

## Mastitis

- This is a breast infection. You may feel like you have the flu and generalized aching.
- If breasts are tender or have sore spots or bumps, massage each breast, apply warm moist towels and nurse frequently. This ensures emptying of the breasts.
- Call your doctor if your breast develops red streaks or you have a fever. You may need an antibiotic prescription, but you can continue to nurse.

## Self Care

- Eat a well-balanced diet with a variety of foods. Keep your weight loss to about two to four pounds per month after the first month. If baby is fussy or gassy, think about the foods you've eaten over the last 24 hours. Most babies can handle most foods in small amounts.
- Continue your prenatal vitamins.
- Drink enough fluids so that you are not thirsty. Limit the amount of caffeine and alcohol that you drink.
- DO NOT SMOKE or let anyone else smoke around you or your baby.
- Get plenty of rest. Sleep when the baby sleeps.

## Work/School

Many mothers successfully continue to breastfeed while working or going to school. Options you might consider include:

- Working or taking classes part-time.
- Going to caregiver's to breastfeed during the day.
- Pumping milk while away and storing it for future feedings while you're gone.
- Substituting infant formula while you're away from baby; nursing baby the rest of the time.

## Breastfeeding Resources

The Certified Lactation Counselor® (CLC) designation is the premier national certification in lactation management in the US. CLCs are required to pass core competencies and skill verification as well as pass an exam based on job task analysis.

A CLC can:

- Assess breastfeeding using a multi-faceted approach
- Provide support to breastfeeding mothers and babies
- Educate, counsel and support families with complex breastfeeding situations
- Assist mothers in successfully breastfeeding exclusively and for longer durations.

## Certified Lactation Counselors

DeeAnne Otto, ARNP

Floyd Valley Clinics: 546-3640

Cherie Varenhorst, RN

Jess Martinez, CCC-SLP

OB Supervisor: 546-3433

Floyd Valley Speech Therapy: 546-3381

## Pumping

Breast pumping is a way of removing breastmilk using a kind of machine.

- You may wish to pump to provide feedings for baby while away, or to maintain your supply if unable to nurse for a short time.
- You may use a manual breast pump. There are several types available. Other options are a small battery or electric pump, or a more powerful electric pump that can be rented or purchased from a medical supply business.
- Hand massage for one minute prior to using the pump helps start the milk flowing.
- Using relaxation techniques, privacy, and looking at a picture of your baby help to encourage the let down reflex.
- Pump each breast for 10-15 minutes, or until the breast is empty.
- Wash all pumping equipment that comes in contact with the milk in hot, soapy water or in the dishwasher after each use.

## Storing Breastmilk

Refrigerated or frozen milk may be stored in hard-sided plastic or glass containers with well-fitting tops or freezer bags that are designed for storing breastmilk. Disposable bottle liners are not recommended. Label the container/ bag with the date. To thaw, place the bag under warm running water until slightly warmed. Never heat milk in a microwave or bring temperature of milk to boiling point. This can destroy some of the nutrients. Thawed breastmilk should not be refrozen. It is normal for stored milk to separate into cream and milk layer.

<b>TYPE OF BREASTMILK</b>	<b>TYPE OF STORAGE</b>	<b>LENGTH OF STORAGE</b>
Fresh	Room Temperature (66-72°F)	7 hours
Fresh	Refrigerator (32-39°F)	Up to 7 days
Frozen	Freezer Compartment Inside Refrigerator	Up to 2 weeks
Frozen	Freezer Compartment of Refrigerator with Separate Door	Up to 3-4 months
Frozen	Freezer 0°F (deep freezer)	7 months
Thawed	Room Temperature	7-8 hours
Thawed	Refrigerate at 32-39°F	24 hours

## Weaning

Breastmilk is the best food for baby for the first year of life. You may continue to nurse as long as you and baby wish. Breastmilk should be the only food for the first six months. Your baby will gradually nurse less as solids are introduced around 6 months of age. If you choose to wean before this time, it will be more comfortable for you if you do it gradually.

It is usually easiest to stop a mid-day feeding first. Replace the feeding with infant formula if your baby is less than 1 year old. After several days, you can omit another feeding. This gives your breasts a chance to adjust gradually to less demand. Usually the early morning or bedtime feeding is the last to be discontinued.

If you experience engorgement when you discontinue nursing, see “Breast Care for Bottle Feeding Women” under “Postpartum Discharge Instructions” for help.

Not all women can breastfeed. It is OK if you cannot.

# BOTTLE FEEDING

Most babies will be fed from a bottle at some point, even if they are mostly breastfed. Some babies receive all their feedings from a bottle. Feeding is a time when babies receive love and nurturing as they are held and cuddled, whether feeding is from a bottle or if baby is breastfed.

## Additional Tips

- Hold and support baby comfortably with the head a bit higher than the body.
- Hold bottle so the nipple is filled with milk to decrease the amount of air baby swallows.
- NEVER PROP bottles for feeding. This dangerous practice can result in choking, and also promotes ear infections. Don't put baby to bed with a bottle — as teeth come in, this contributes to tooth decay.
- Water supply: If you have safe city water, use it - most contain fluoride, which helps baby develop strong teeth. If you have soft water in your home, use the hard water tap. If you have well water, be sure to call your water provider to have it tested for nitrates and bacteria content BEFORE using it for baby.
- No leftovers! If baby doesn't finish formula in a bottle, throw the rest away and prepare a fresh bottle for the next feeding. Bacteria and enzymes from baby's mouth do get into the formula.
- Wash bottles and nipples thoroughly with hot, soapy water and rinse well.
- Formula may be fed at room temperature or slightly warmer. DO NOT heat in microwave. Hold under warm water or sit in pan of warm water to warm up.
- Test milk temperature by shaking a few drops on your wrist.

## Burping

- Removes swallowed air from baby's stomach.
- Burp midway through feeding and at the end.
- Baby may not always need to burp, or may need to burp more than once.
- Burp by positioning baby upright over your shoulder and gently patting back; or hold baby upright on your lap, supporting head and chest and pat the back.
- Spitting up or wet burps is normal for many babies. Frequent burping and elevating baby's head may help.
- Forceful vomiting needs to be reported to doctor.
- Hiccups are normal.

## Nipple Holes and Milk Flow

- Formula should come out of the nipple hole freely, one drop at a time.
- If hole is too large and milk drips too fast, discard nipple.
- If formula drips too slowly, increase to the next size nipple. Do not cut or modify the nipple.
- If nipple collapses, take bottle out of baby's mouth to allow air in.

## Amount to Feed

Every baby is different, and each baby is an individual in how much they eat. Appetite also varies from feeding to feeding and day to day. The first weeks of life, baby's feeding schedule may be unpredictable, but eventually settles into a pattern. Avoid trying to make baby finish all the milk in the bottle. Baby will stop sucking turn head, and settle when satisfied. A full baby may fuss until burped.

The following reference is only a general guideline:

Age	Approximate Amount to Feed	Number of Feedings Per Day
1 - 2 weeks	1 - 2 oz.	6 - 10
1 week - 1 month	2 - 3 oz.	6 - 8
1 - 3 months	3 - 4 oz.	5 - 6
3 - 5 months	4 - 6 oz.	5 - 6
6+ months	6 - 8 oz.	4+

## Sucking and Pacifiers

Babies are born with a strong sucking instinct. Non-nutritive sucking (sucking that's not part of a feeding) is very normal. Some babies can satisfy their sucking needs during feedings; others need to suck much more, and will suck on whatever they can get into their mouths. Sucking has a definite calming effect, and also helps develop teeth, jaw and facial muscles. If your baby wants to continue to suck after a feeding, you may want to offer a pacifier. Sometimes it takes some experimentation to find a pacifier your baby likes. Keep several on hand, in case one gets lost.

The sucking urge usually peaks at around four months. You may notice that baby uses pacifier more out of habit than need after this point. If so, this is a good opportunity to discontinue use, or limit it to special times like naps and bedtime if you are worried about later over-use of the pacifier by your child.

\*If using breastmilk in the bottle, amounts may be less

# INFANT AND CHILD SAFETY

Preventable accidents are the cause of far too many injuries and deaths among babies and children. Always keep safety in mind in your care of baby and take steps to remove as many safety hazards as possible from your home.

## Car Safety

ALWAYS buckle baby in a car seat that meets current federal safety standards. Use for EVERY car ride, no matter how short (or long) the trip. The seat needs to face the rear of the vehicle with the baby riding backwards until your child is 2 years of age. A forward-facing child safety seat is recommended until the child reaches age 4 and 40 pounds. A booster seat is recommended until the vehicle seat belts fit properly. Seat belts fit properly when the lap belt lies across the upper thighs and the shoulder belt fits across the chest (usually at age 8 or when they are 4'9" tall).

- The middle of the back seat is the safest position for baby.
- Never place a baby in the front seat of your vehicle if it has a front passenger air bag system.
- Always keep the car window closed and the door locked nearest the baby.
- Be a good role model and wear your seat belt too.
- Read the safety seat instruction manual for proper use and installation of the safety seat.
- Check your vehicle owner's manual for proper infant and toddler safety seat installation – all makes and models of vehicles are different. Some require additional items for proper installation (i.e., locking clip, heavy duty locking clip).
- If you are ever involved in a motor vehicle collision, contact the manufacturer of the seat (or if the seat is rented, contact the company where rented from). Safety seats should not be used after a crash. There may be hidden weaknesses.
- Avoid adding anything that doesn't come with the car seat, such as headrest or shoulder strap covers.
- Do not take your child out of his/her car seat for any reason while the car is in motion.
- Never leave your child unattended in a car.
- Keep your child in the back seat at least through age 12.
- For more information visit [nhtsa.gov/equipment/car-seats-and-booster-seats](http://nhtsa.gov/equipment/car-seats-and-booster-seats)

## Safety Tips

- Never leave baby alone on changing table, bed, high chair or other high place. Don't leave baby unattended in a walker.
- To reduce the risk of SIDS, don't let your baby become overheated during sleep. Keep the temperature of the baby's room so it feels comfortable for an adult. Dress your baby in as much or little clothing as you would wear.
- Baby should sleep on his/her back.
- Always keep one hand on baby while bathing. Never leave unattended in or around water.
- Do not prop bottles; baby can choke.
- Never put pacifier on a string around baby's neck.
- Always check the temperature of baby's bath water and formula to prevent burns.
- Never give honey to a baby under 1 year of age.
- Keep baby's crib positioned away from curtain cords and other strings.
- Do not put pillows, quilts, comforters, sheepskins and stuffed toys in crib. They could block baby's breathing.
- Never allow baby or child to play with plastic bags.
- Use outlet covers in unused electrical outlets.
- Install gates on stairs to prevent falls.
- Check all toys for small parts that could be pulled or chewed off, as they are a choking hazard. Toys must be too large to put in the mouth.
- Keep medications locked or out of reach of children and in child-resistant containers.
- Make sure matches and lighters are hidden and out of reach.
- Keep all cleaning supplies and other poisonous substances locked and/or out of reach of baby. Keep them in their original, labeled containers.
- Have the Poison Control Center number close to your phone (800-222-1222).
- Keep plants out of reach of toddlers - many are poisonous.
- Keep hot items, like coffee, out of reach; don't drink hot liquids while holding baby.
- Don't allow children to run and play with gum, candy or other food in their mouth.
- Consider becoming certified in Cardiopulmonary Resuscitation (CPR).
- Keep guns locked, unloaded and out of reach.
- Avoid significant direct sun exposure during the first few months of life.

# HOW TO TAKE YOUR CHILD'S TEMPERATURE

Baby's temperature may be taken several different ways. For all children, a rectal temperature is the most accurate. However, a digital thermometer may be used to take the temperature under the armpit (axillary). Many parents also use a special thermometer designed to take baby's temperature in the ear or a forehead thermometer (very operator-dependent; follow manufacturer's directions).

## Taking a Rectal Temperature Using a Digital Thermometer

- Baby should lie down on his/her stomach across an adult's lap.
- Apply a small amount of petroleum jelly (eg Vaseline) to the end of the thermometer.
- Gently insert the thermometer into baby's anus until the silver tip of the thermometer is not visible (1/4 inch to 1/2 inch inside the anus).
- Hold thermometer in place. Most thermometers need less than one minute.
- If your baby is younger than 2 months old and has a temperature of 100.4° F or greater, take baby to Emergency Room immediately.

## Taking an Axillary Temperature Using a Digital Thermometer

- Place silver tip of thermometer high up in dry armpit.
- Hold baby's arm snugly against his/her body until it beeps.
- Remove thermometer and read.
- Normal temperature is around 97.6° F.

## Ear Thermometers

- Ear thermometers are only reliable if your baby is 6 months or older.
- Be sure you get a good seal in the baby's ear.
- If reads abnormal (<97° F or > 100.5° F), recheck in other ear.

## What To Do For Baby's Fever

- Dress baby lightly.
- Don't overheat the room.
- Give extra fluids to drink.
- DO NOT give sponge or tub bath – this lowers the temperature too fast.
- Give acetaminophen liquid every four to six hours (do not exceed five doses in any 24 hour period) for a temperature over 100.5° F (ear) or 98.4° F (axillary).

## ACETAMINOPHEN/TYLENOL DOSAGE CHART

Age	Weight	Dose (160 mg/5 mL)
0-3 months	6-11 lbs.	1.25 mL
4-11 months	2-17 lbs.	2.5 mL
11-24 months	18-23 lbs.	3.75 mL
2-3 years	24-35 lbs.	5 mL

Do not give fever medicines to babies under 3 months old unless directed by your doctor. Dosing syringes are more accurate than household utensils. Use syringe or device that comes with the medication.

## IBUPROFEN/MOTRIN DOSAGE CHART

Age	Weight Dose	(100 mg/5 mL)
4-11 months	12-17 lbs.	2.5 mL
11-24 months	18-23 lbs.	4 mL
2-3 years	24-35 lbs.	5 mL

Do not give ibuprofen to babies under 6 months old unless directed by your doctor. Dosing syringes are more accurate than household utensils. Use syringe or device that comes with the medication.

# WHEN TO CALL OR SEE A DOCTOR

## CALL 911 IF YOUR CHILD HAS A BLUE LIP COLOR

### Call or See the Doctor When Baby has:

- A temperature:
  - **Birth – 60 days old** if rectal temp 100.4° F or greater, SEEK IMMEDIATE MEDICAL ATTENTION
  - **3 months - 36 months** if rectal temp is greater than 100.4° F or greater for more than 3 days. See your doctor immediately if your child seems sick or is fussy, clingy or refuses to drink fluids.
  - **3 months - 36 months** if rectal temp is greater than 102° F. See your doctor immediately if your child seems sick or is fussy, clingy or refuses to drink fluids.

Children of any age should also see a doctor or nurse if they have:

- Oral, rectal, ear or forehead temperature of 104° F or greater
  - Armpit temperature of 103° F or higher
  - A seizure caused by a fever
  - A fever that keeps coming back (even if they last only a few hours)
  - A fever along with an on-going medical problem, such as heart disease, cancer, lupus or sickle cell anemia
  - A fever along with a new skin rash
  - A fever that lasts more than one day
- 
- Blue or pale colored skin
  - Patches of white found in mouth
  - Yellow skin or eyes
  - No interest in eating
  - A rash or unusual purple spots on the skin
  - Become unusually quiet or inactive
  - A seizure (period of uncontrolled shaking due to a disturbance in the brain)
  - Vomited or had diarrhea for more than one day
  - Bloody stools or blood in vomit
  - Problems breathing
  - Constant crying for no reason
  - Cries when moved or seems to be in pain
  - An accident, such as a bad fall

## Vomiting and Diarrhea

- Continue fluids to avoid dehydration (not having enough fluid in your body).
- Breastfeeding may be continued.
- If vomiting, give 1-3 oz. of oral electrolyte solution (such as Pedialyte or Infalyte) every 1/2 hour.
- If not vomiting, offer as much oral electrolyte solution as baby wants every 1/2 - 1 hour. Avoid diluted fruit juices, Gatorade or Jello water.
- After re-hydration (usually about 24 hours), solid foods may be resumed. Generally start with bland foods such as the BRAT diet (bananas, rice, applesauce and toast).
- If child seems hungry for more food during diarrhea episode, new research indicates that feeding is OK. If baby has very few wet diapers, a dry, parched mouth and acts listless, call your doctor.
- Do not feed baby milk products, except yogurt with active cultures.

## Constipation

- Baby is not constipated unless he/she goes for over seven days without a bowel movement or bowel movements are hard and pebbly. If stools are hard, call your doctor.
- Totally breastfed babies do not usually get constipated. They may go two to seven days between bowel movements.

# PROTECT YOUR CHILD FROM PASSIVE SMOKING

## 1. Give up smoking.

You can stop smoking if you get help. Sign up for a stop-smoking class or program. If you need some self-help reading materials, Floyd Valley Healthcare offers smoking cessation education. Contact your provider for details. If you want your child not to smoke, set a good example by not smoking yourself.

It is even more important to give up smoking if you are pregnant. The unborn baby of a smoking mother has twice the risk for prematurity and newborn complications. You must also avoid smoking if you are breastfeeding because harmful chemicals from the smoke get into the breastmilk.

## 2. Never smoke inside your home.

Some parents find it very difficult to give up smoking, but all parents can change their smoking habits. Smoke only when you are away from home. If you have to smoke when you are home, smoke only in your garage or on the porch.

If you have to smoke inside your house, decide which room in your home will be a smoking room. Keep the door to this room closed and open a window sometimes to let fresh air into the room. Wear an over-shirt in this room so your underlying clothing does not collect the smoke. Never allow your child inside this room. Don't smoke in any other parts of the house. Visitors must also smoke only in this one room.

## 3. Never smoke when you are close to your child.

Never smoke in a car when your child is a passenger. Never smoke when you are feeding or bathing your child. Never smoke in your child's bedroom. These precautions will reduce your child's exposure to smoke and protect her/him from cigarette burns.

## 4. Avoid leaving your child with someone who smokes.

Ask about smoking when you are looking for day care centers or babysitters. If your child has asthma, this safeguard is crucial.

Source: B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.



# TUMMY TIME

Tummy time is any supervised activity that positions your baby on their tummy instead of their back when awake. Because it is recommended that babies sleep on their back. Your baby will need enough supervised tummy time during the hours that they are awake to strengthen neck, shoulders, and back. This strength is needed for rolling over, crawling, reaching and playing. These activities will be delayed if baby does not practice tummy time. Tummy time begins as soon as your baby comes home from the hospital. A good tip is to do tummy time 3-5 minutes after diaper changes and naps. Slowly increase this time as baby gets used to tummy time.

## Tummy Time is

- Any activity that puts baby on their tummy on a flat surface.
- Any time you carry, position, or play with your baby while their are on their belly.
- Always supervised-never leave your baby alone on their tummy.



## Tips for Tummy Time

- Always tuck elbows under shoulders
- Initiate eye contact and talk, coo, or sing to your baby while she is on her belly to help motivate her to participate.
- Roll up a thin towel or blanket to make a bolster to place under baby's chest to provide extra support during tummy time.
- While your baby is playing on his belly, hold a toy in front of him to get his attention. This will encourage your baby to lift his head and reach. Arrange toys in a circle around your baby to promote reaching in different directions. Use colorful toys or toys that make noise to increase the baby's interest
- Carry your baby facing away from you with arms supporting the chest. Young babies need more support, but as your baby gains strength in the neck and trunk muscles, less support is needed.

# TORTICOLLIS

Torticollis is when a single muscle or group of muscles that are tight or weak on one side causing the baby to tilt or turn to one side. To prevent this, babies need tummy time to strengthen muscles of the neck.

Babies may develop an asymmetry (A) or flattening (B) of their heads. Some babies are born with less than perfect head shapes. Some develop unusual head shapes because their neck muscles are weak or tight. Still others develop flattening due to spending time on their backs during both day and night. It is very important that a baby be placed on his back to sleep. Alternate which end of the bed baby's head faces to help prevent flat spots. However, it is vital to a baby's development to get supervised tummy time throughout the day.

**A**



**B**



General gross motor development expectations:

**1 month:** Baby can lift head and turn both ways with arms tucked under them.

**2 months:** Baby can lift head up to 45 degrees while on tummy with weight on elbows and forearms.

**3 months:** Baby can lift head up to 90 degrees and rotate both ways freely while on bent elbows on tummy. Chest is elevated. Baby is sitting supported with some back extension.

**4 months:** Baby's head is up in midline while on tummy. Chest off the floor with increased extension or straightening of elbows. In sitting-head up to midline with back straight. Baby can stand with hands held.

**5 months:** Baby is now on tummy with arms in extension and can reach for toys with one hand. Baby can sit alone with arms forward.

If you feel your baby is not meeting these gross motor skills you may talk to your doctor about physical therapy. They can evaluate your baby and give you tips to assist your baby in meeting these milestones. If you feel your baby has torticollis you may also bring this to the doctor's attention and Floyd Valley Therapies can help with this as well. Please call 712-546-3377 for more information.

## WHAT IS MINDFULNESS?

### **Mindfulness is:**

The practice of maintaining a nonjudgmental state of heightened or complete awareness of one's thoughts, emotions or experiences on a moment-to-moment basis. Mindfulness is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us.

### **How Is Mindfulness Helpful?**

Mindfulness improves well-being. Increasing your capacity for mindfulness supports many attitudes that contribute to a satisfied life. Being mindful makes it easier to enjoy the pleasures in life as they occur, helps you become fully engaged in activities, and creates a greater capacity to deal with adverse events. By focusing on the here and now, many people who practice mindfulness find that they are less likely to get caught up in worries about the future or regrets over the past, are less preoccupied with concerns about success and self-esteem, and are better able to form deep connections with others.

**Mindfulness improves physical health.** If greater well-being isn't enough of an incentive, scientists have discovered that mindfulness techniques help improve physical health in a number of ways. Mindfulness can: help relieve stress, treat heart disease, lower blood pressure, reduce chronic pain, improve sleep, and alleviate gut issues.

**Mindfulness improves mental health.** In recent years, therapists have turned to mindfulness meditation as an important element in the treatment of a number of problems, including: depression, substance abuse, eating disorders, couples' conflicts, anxiety disorders, and obsessive-compulsive disorder.

Sources: [merriam-webster.com/dictionary/mindfulness](http://merriam-webster.com/dictionary/mindfulness);  
[mindful.org/what-is-mindfulness](http://mindful.org/what-is-mindfulness);  
[helpguide.org/harvard/benefits-of-mindfulness.htm](http://helpguide.org/harvard/benefits-of-mindfulness.htm)



## RELAXATION TECHNIQUES

When a person is confronted with anxiety, their body undergoes several changes and enters a special state called the fight-or-flight response. The body prepares to either fight or flee the perceived danger.

During the fight-or-flight response it's common to experience a "blank" mind, increased heart rate, sweating, tense muscles and more. Unfortunately, these bodily responses do little good when it comes to protecting us from modern sources of anxiety.

Using a variety of skills, you can end the fight-or-flight response before the symptoms become too extreme. These skills will require practice to work effectively; so don't wait until the last minute to try them out!

### Deep Breathing

It's natural to take long, deep breaths, when relaxed. However, during the fight-or-flight response, breathing becomes rapid and shallow. Deep breathing reverses that, and sends messages to the brain to begin calming the body. Practice will make your body respond more efficiently to deep breathing in the future.

Breathe in slowly. Count in your head and make sure the inward breath lasts at least 5 seconds. Pay attention to the feeling of the air filling your lungs.

Hold your breath for 5 to 10 seconds (again, keep count). You don't want to feel uncomfortable, but it should last quite a bit longer than an ordinary breath.

Breathe out very slowly for 5 to 10 seconds (count!). Pretend like you're breathing through a straw to slow yourself down. Try using a real straw to practice.

Repeat the breathing process until you feel calm.

### Imagery

Think about some of your favorite and least favorite places. If you think about the place hard enough—if you really try to think about what it's like—you may begin to have feelings you associate with that location. Our brain has the ability to create emotional reactions based entirely off of our thoughts. The imagery technique uses this to its advantage.

Make sure you're somewhere quiet without too much noise or distraction. You'll need a few minutes to just spend quietly, in your mind.

Think of a place that's calming for you. Some examples are the beach, hiking on a mountain, relaxing at home with a friend, or playing with a pet.

Paint a picture of the calming place in your mind. Don't just think of the place briefly—imagine every little detail. Go through each of your senses and imagine what you would experience in your relaxing place. Here's an example using a beach:

**Sight:** The sun is high in the sky and you're surrounded by white sand. There's no one else around. The water is a greenish-blue and waves are calmly rolling in from the ocean.

**Sound:** You can hear the deep pounding and splashing of the waves. There are seagulls somewhere in the background.

**Touch:** The sun is warm on your back, but a breeze cools you down just enough. You can feel sand moving between your toes.

**Taste:** You have a glass of lemonade that's sweet, tart and refreshing.

**Smell:** You can smell the fresh ocean air, full of salt and calming aromas.

### Progressive Muscle Relaxation

During the fight-or-flight response, the tension in our muscles increases. This can lead to a feeling of stiffness, or even back and neck pain. Slowly relaxing our muscles teaches us to become more aware of this tension so we can better identify and address stress.

Find a private and quiet location. You should sit or lie down somewhere comfortable. The idea of this technique is to intentionally tense each muscle, and then to release the tension. Let's practice with your feet.

Tense the muscles in your toes by curling them into your foot. Notice how it feels when your foot is tense. Hold the tension for 5 seconds.

## RELAXATION TECHNIQUES

GLAD is an acronym for ways of finding joy and balance. It works by paying attention to certain positive aspects of life that are around you all the time, but which frequently go unnoticed. Sound easy? It is!

To begin, look over each of the letters to get familiar with what each stands for. Then, use the guidelines below for starting your own GLAD practice.

**G** – One Gratitude that you're thankful for today This can represent the most basic gratitude, such as having food and water, sunlight, a body that works well enough, a roof over your head, etc.

Your gratitude might also be about appreciating those truly significant things in your life – such as a healthy relationship, meaningful work, a caring community of friends, and robust health that allows you to experience life to the fullest, etc.

**L** – One thing you learned today This can be something you learned about yourself today, such as noticing an insight or wisdom that you have.

It could mean having an open attitude so that you can discover something new and interesting about another person (even someone you have known for a long time).

This might just have to do with learning a new fact or gaining a new perspective on something – and that might make you happy because it is fun to be curious and to learn.

**A** – One small accomplishment you did today Often we mistakenly believe that an accomplishment has to be something super-sized. In truth, an accomplishment can be that ordinary act of self-care that you did for yourself or another.

Examples might be:

Getting enough sleep.

Not skipping meals and getting enough nourishment.

Getting dressed in the morning (highly underrated!).

Doing anything that moves you (even slightly) toward reaching a long-term goal.

**D** – One thing of delight that touched you today Consider anything that makes you laugh, smile or brings you joy.

This can be a thing of beauty that you noticed during the day:

- Hearing a bird chirp
- Seeing a colorful flower
- Laughing at a funny joke
- Tasting food
- Returning a smile
- Noticing the sensation of water on your hands while washing the dishes

GLAD Practice Guidelines:

Use a journal, mobile device or an index card to keep track of those GLAD items that you notice. To practice, try to do this each day for the next week. If possible, try to notice an entirely new and unique gratitude, learning, accomplishment and delight for each day.

While you can do this daily, you can also do a GLAD practice on a weekly basis. The important thing is that you write these down and keep them to look at in the future. One idea is to keep your GLAD items on an index card or some other portable device so that you can write these down the moment you notice them.

## TAKE A STRESS PAUSE

Are things speeding up in your life? Do you feel like you just don't have a moment to take a breather? Are you feeling overwhelmed, over-stimulated and pressured to make too many decisions too fast?

Fortunately, this easy exercise is an ideal way to create a buffer from speed and stress and to slow things down a bit. If you're stressed and reactive, and feel that you would benefit by stepping back, this could be just the way to open a new doorway. In addition, you can take a stress pause any time you feel stuck in an old habit or routine.

Instructions:

Use S-T-O-P to take a pause anytime, anywhere. Simply state each letter and then follow along with what it means. "STOP" doesn't mean to stop everything, but rather, to be more present, aware, at ease and in flow with what is happening all around you. From this centered, flexible and aware place, you don't have to react out of fear or impulse. You can be more available in order to make better choices and observe all the options and possibilities before you.

**S** – Stand: Slow the pace by standing in place and taking two or three nice, calming, deep belly breaths. By doing this you are making a conscious and purposeful decision to slow things down. You are deciding to be in control, rather than let external pressures trigger you to reaction and stress.

**T** – Tune In: In this moment, tune in to your body with full presence. Feel yourself grounded and connected to the earth, just like a favorite tree. Slowly scan the body starting from the tips of the toes and moving up to the top of the head. As you move upwards, be aware of where you may be holding onto tension or negative emotions. Breathe into the tension and let it go.

Optionally, you can visualize breathing a soothing white or golden light into that tension-filled area. Then as you exhale, imagine your breath carrying the tension down the body – finally releasing it through the bottom of the feet. Take as many breaths as needed to release tension and negativity.

**O** – Observe: Change the channel by closely observing your external environment. Focus on the surroundings, taking note of at least three unique or pleasant things – colors, shapes, objects, sounds or textures that you like. If you are in a familiar environment, look for even the smallest detail you may not have noticed before – like the space between the wood grains on the table, or the different shades of color in the carpet. Just immerse and ground yourself in your surroundings like this for a minute or two as you find something that delights or surprises you.

**P** – Possibility: Pause to reflect on the openness, spaciousness and possibilities that lie before you. You have just gone off autopilot and are now free to choose a new and beneficial direction. If you had been feeling reactive or angry, for example, you can look with fresh eyes at the variety of different choices and options before you. Who says that right now you couldn't sing, smile, call a supportive friend, take a nice walk, or get a scoop of your favorite ice cream? You might even just feel pleased that you have completed this exercise. Stretch your mind and see how far it can go!

Reflections: What was it like for you to S-T-O-P in this way? What did you notice most?



# POSTPARTUM EXERCISE GUIDE

## Diaphragmatic Breathing

Lying in a relaxed position, place your hands on your abdomen. Breathe in deeply and slowly. Feel your abdomen expand as you inhale. Slowly and gently breathe out through tightened lips. Feel the abdomen return to a resting position. Perform ten repetitions of diaphragmatic breathing, three times a day.

## Kegels

Draw the pelvic floor muscles inward as if trying to stop the flow of urine or holding back gas. Hold five seconds, working up to a ten-second hold. Perform ten repetitions of kegels, three times a day.

## Abdominal Bracing

Tighten abdominal muscles by pulling your belly button toward your spine. Do not hold your breath. Perform ten repetitions of abdominal bracing three times a day.

## Pelvic Tilt

Tighten abdominal muscles and buttocks while gently pushing your back flat. Perform ten repetitions of pelvic tilts three times a day.



## Abdominal Separation Correction

Begin this exercise 24 hours following a vaginal birth or 4 - 6 weeks following a C-section. Wrap a sheet or large towel around your waist and hold on to the ends. While lifting your head up, cinch up the towel so that it tightens around your waist. Hold to the count of five. Repeat two times daily.



## Posture Exercises

### Chin Nod

Slowly and gently bend your neck, bringing your chin toward your throat. The back of your head should not lift off the pillow during this exercise. Hold for five seconds. Repeat ten times.



### Shoulder Stretch

Lie on your back with a towel roll placed lengthwise between your shoulder blades. Relax your shoulders. Begin with a two-three minute stretch, gradually increasing to ten minutes.



## Advanced Pelvic-Core Strengthening

### Roll-ins / Roll-outs

Squeeze knees together against your hands (or a rolled towel). Hold three seconds, repeating ten times. Place your hands (or wrap a towel) around your knees and push outward against your hands (or the towel). Hold three seconds, repeating ten times.



### Mini Squats With Toes In / Out

Stand with feet shoulder width apart. Do a partial squat, like you are going to sit in a chair. Squat five times with your toes pointed outward. Then perform with your toes positioned inward. Repeat with toes pointed outward again. Repeat five times each position for a total of 15 repetitions.



## Scar Mobilization

### Perineal Scar

Four weeks following delivery, begin gentle external massage to the scar and surrounding tissue while sitting in a tub of warm water. You may increase the pressure at six weeks. The goal is to improve scar flexibility while decreasing tenderness.

### C-section Scar

Four weeks after delivery, begin gentle massage over the scarred skin and superficial fatty layers while in a standing or sitting position. Move the skin in upward / downward, side-to-side and circular motions. At six weeks you may do this more firmly while lying down. The goal is to improve scar appearance and flexibility while decreasing sensitivity.

## Cardiovascular Activity

Soon after delivery, begin gentle walking as tolerated. The speed with which you can progress your walking will depend on your pregnancy fitness level and any delivery complications. Slow down and contact your doctor if you feel faint or have an increase in cramping or bleeding. For most women, an appropriate goal at six weeks following delivery is to be able to walk 30 minutes at a brisk pace, five days per week.

Some women may be interested in more aggressive cardiovascular activities such as aerobics or jogging. These are generally safe for most women six weeks following delivery. However, some women can begin sooner depending on their health, prior activity level and delivery complications.

Ask your doctor if it is safe for you to begin a more aggressive cardiovascular routine prior to the six week guideline.



# Appointments for Baby

## 2 Weeks

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 2 Months

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 4 Months

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 6 Months

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 9 Months (no vaccinations unless flu season)

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 12 Months

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 15 Months

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 18 Months (may have 2nd round of some vaccinations)

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 24 Months (may have 2nd round of some vaccinations)

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 3 Years (may receive vaccination if flu season)

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

## 4-6 Years (kindergarten screenings and vaccinations)

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Vaccinations Complete: \_\_\_\_\_

Notes \_\_\_\_\_

It is recommended that children continue Well Child Exams annually with their provider.

## RESOURCES FOR YOU AND YOUR CHILD

Floyd Valley Healthcare .....	546-7871 / 800-642-6074
Floyd Valley Obstetrics .....	546-3433
Floyd Valley Clinics	
Le Mars .....	546-8113
Marcus .....	376-4181
Remsen .....	786-1114
Urgent Care .....	546-8113 ext. 2201
Floyd Valley Community Health .....	546-3335
Floyd Valley Social Services .....	546-3330
Floyd Valley Therapies .....	546-3377
Dr. Ellen Aquino .....	546-3610
Dr. Andrew Geha .....	546-3680
Dr. Sheila Holcomb .....	546-3630
Dr. Jolene Meis, Pediatrician.....	546-3645
Dr. Steve Meis .....	546-3660
Dr. Donald Odens .....	546-3685
Dr. Paul Parmelee .....	546-3670
Dr. Ashley Powell .....	546-3620
Dr. Cindie Wolff .....	546-3665
Dr. David Wolff .....	546-3655
DeAnne Otto, ARNP, CLC .....	546-3640
Geri Lynn Schroeder, ARNP .....	546-3615
PA Kay Kusters.....	546-3650
Cherie Varenhorst, RN, OB Supervisor, CLC.....	546-3433
Jess Martinez, CCC-SLP Floyd Valley Speech Therapy, CLC .....	546-3381

### **Our patients are important!**

Thank you for choosing Floyd Valley Healthcare for your healthcare needs. We strive to provide the highest quality of care and best experience for our patients and families. To do so, we need to know what we are doing well and what needs improvement. You may receive a survey in the mail regarding your recent visit and/or a follow-up phone call. Please provide feedback in order to help us better serve you and other patients in the future.

Please feel free to call our Patient Relations Manager at 712-546-3397 if you have any immediate concerns or questions.

Thank you for choosing Floyd Valley!







FloydValley.org

Floyd Valley Healthcare's mission is to be a progressive healthcare partner serving you with compassion, integrity and excellence.