Family Maternity Center

Creating memories for a lifetime
Having your Baby at EvergreenHealth

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# Baby Care

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**Having your Baby at EvergreenHealth**

The birth of your child is one of life’s most special occasions. Planning ahead and knowing what to expect helps smooth the way. We are committed to providing the birth comforts of home and the assurance of EvergreenHealth’s proven medical expertise.

*The EvergreenHealth Maternity Guide* is your essential reference for pregnancy, birth, postpartum and baby care information.

*The Basics of Baby Care* booklet is your comprehensive guide about what to expect when caring for your baby. Developed by our RN specialists, it is also a handy home reference after you go home with your baby.

**Preparing for your Hospital Stay**

**Pre-registration**

Pre-registration is required prior to your hospital stay. You can pre-register at anytime during your pregnancy. See the attached pre-registration form and instructions, page 18.

**Baby’s Physician**

It is important to choose a health care provider before your baby is born. The pediatrician or physician you choose is notified when your baby is born. For decision-making tips, see Choosing a Physician for your Baby (page 13).

Physician referrals are also available by calling the EvergreenHealth Nurse Navigator & Healthline at 425.899.3000.

**Birth Plans**

At the Family Maternity Center, we are committed to supporting your personal approach to birth. Putting these thoughts and concerns into words is called a birth plan or wish list. Although you are not required to provide a birth plan, it can be helpful to write down what you are most looking forward to as well as what you are most concerned about. Seek your spouse’s and/or birth partner’s input and then share your plan with your physician or midwife before your due date to discuss options and expectations. For birth plan ideas, visit [www.evergreenhealth.com/maternityguide](http://www.evergreenhealth.com/maternityguide).

**Childbirth Preparation Classes**

Most expectant parents find childbirth classes very helpful. EvergreenHealth offers a wide range of classes from basic labor & birth preparation, breastfeeding basics to couples workshops and car seat classes to mention only a few. For a complete menu of classes, visit [www.evergreenhealth.com/childbirtheeducation](http://www.evergreenhealth.com/childbirtheeducation). You can register online or by calling the EvergreenHealth Nurse Navigator & Healthline at 425.899.3000.
Baby & Family Boutique

EvergreenHealth’s Baby & Family Boutique offers a variety of high quality products to help you during pregnancy and the first months with your new baby including infant carriers and slings, nursing bras, breastfeeding supplies, and a wide array of infant and new parent accessories. The best of breast pumps are available for rent or purchase and we also provide professional bra-fitting. The Boutique is conveniently located inside EvergreenHealth so you can stop by after provider appointments or on your way home with your baby. From the Blue parking garage, take the elevators by the Gift Shop to Level 3, Coral Suite 320. Open Monday – Saturday, 8:30 a.m. to 4:30 p.m. 425.899.3603.

Wireless Network Access

Free Wi-Fi is available throughout the hospital, including the Family Maternity Center. No passwords or SSID’s are needed. Please note that Wi-Fi is used at your own risk and the network is wide open with no firewalls or filters of any kind. For your convenience, there is one computer kiosk for your use at the end of each patient hallway on the Family Maternity Center. The wireless network is separate from the EvergreenHealth Corporate network and cannot access any EvergreenHealth systems, programs, or user information.

Photography

Bella Baby Photography provides a complimentary photo shoot in your room using natural lighting, capturing the beauty of your newborn cuddled in blankets and in your arms. Soon after, you will be able to view your photos. Learn more at www.bellababyphotography.com.

Birthprint digital photography kiosks enable you to capture photos of your baby yourself. A complimentary photo is included. If you desire, photos can be viewed by family and friends on your secured personal photo gallery online at www.birthprint.com.
What to Bring to the Hospital

Rest assured that things will get exciting once the big day arrives! Plan to pack for your hospital stay while you are relaxed and waiting. The following list includes the need-to-have, such as a car seat, and the creature comforts that our patients have said were nice to have. It can be comforting to remember that if labor takes you by surprise, your basic needs and your baby’s basic needs such as food, gowns, and immediate postpartum self-care items are here for labor, birth and your hospital stay. Must-have items are bolded.

For Mom-to-Be:

- Your birth plan
- Bathrobe & Pj’s if you want to wear your own
- Slippers or socks
- Personal grooming items and hair dryer
- Nursing bra and nursing pads
- Going-home clothing – think loose clothing
- Other personal “creature comforts” such as your personal pillow, a small fan, a favorite photo, music CD’s or your iPod with docking station or speakers. Items like these can help you relax during labor
- Massage aids -- tennis balls also work nicely for back labor
- Lotion for massage (unscented), Lip balm and breath freshener

For Dad or Guest:

- Personal grooming items including breath freshener
- Change of clothes
- Socks or slippers
- Swim trunks/suit (optional) for sharing tub or shower during labor
- Your own pillow and comforter or sleeping bag for your window seat bed. They can be cool at night
- Snacks can be stored in your room in your personal refrigerator

For both of you:

- Important: Calendar – Before going home, you will be scheduled to return 3-5 days after the birth of your baby for your Postpartum Care Center appointment. The timeframe of this essential health follow-up for mother and baby is vital, so it is important to schedule an appointment convenient for you to keep. Fathers, partners, and family are welcome-and encouraged-at the appointment.
- Photo equipment/supplies
- Laptop if desired
- Cell phones can be used in the privacy of your birthing room

For Baby – in the hospital

- Breastfeeding – no special equipment required! A lactation consultant will visit during your hospital stay
- If you choose to formula feed, you will receive bedside instruction. Please bring your own bottles, bottle brush and the formula you plan to use at home
What to Expect During your Hospital Stay

Individual Attention

We are committed to providing you and your family with individualized care throughout your labor and birth. Once your labor is active and underway, your labor nurse will be there for you making you as comfortable as possible. If you choose, family and friends can also be with you to share in this special time. You may choose two loved ones (adults) to accompany you for your Cesarean birth.

Birthing Suites

Our birthing suites are private and feature an adjustable birthing bed, a day bed for your partner, a refrigerator to store your favorite snacks, an entertainment center with TV/ DVD, a bassinet stocked with newborn supplies for use during your hospital stay and a private bathroom with a jetted tub and shower. If you choose, there is plenty of room for family and friends to be with you.

Length of Stay

After a vaginal birth without complications, you can expect to go home approximately one day after the birth of your baby. After a cesarean birth, you will probably go home approximately two days after the birth. Your physician or midwife will determine if your stay will be extended based on your need for continuing medical care.

Visitors

Well babies room-in with their parents. Your family and visitors are welcome to be with you whenever you wish. Children visiting must be well and accompanied by an adult other than the patient. Frequent hand washing is encouraged and ill visitors should wait to visit the new family until well. Visitors who have recently recovered from an illness or visitors with sniffles but no other symptoms are asked to wear a face mask. Should you want more private time with your baby or time to sleep without being disturbed, there is a do not disturb sign on your door.

Meals

For Mom, patient meals are served around 8:00 a.m., 12 p.m. and 5:00 p.m. Snacks and beverages are available anytime for new moms. There is also a small refrigerator in your room for food storage plus vending machines in the main waiting area.

Cafeteria dining is open M-F, 7am-8pm / Sat-Sun 8am-8pm. Family and friends are welcome to bring food to your room from our deli or cafeteria, or from outside the hospital. Dads or guests can order a meal tray from our cafeteria for $7 and request room delivery (cash or check only). Meal trays for delivery may be ordered anytime until 6:00 pm. After 6 p.m., please visit our cafeteria for dining until 8 p.m.
No Latex Balloons

Due to the prevalence of latex allergy, latex balloons are not allowed anywhere in the hospital. Balloons are a popular way for family and friends to express their joy about the birth of your baby. Non-latex balloons, such as the ones made of mylar, are recommended to provide the joy that balloons can bring. Our hospital Gift Shops sell non-latex balloons only.

Smoking Policy

EvergreenHealth is a non-smoking facility. Smoking is prohibited inside the hospital as well as the areas around entrances. There are outdoor smoking areas located along the sidewalks surrounding the hospital. These points are marked by smoking waste receptacles.
Safety & Security
Your newborn’s safety is our top priority at EvergreenHealth’s Family Maternity Center.

Keeping Your Baby Safe
- Your baby will remain in your direct care and supervision in your room.
- When your baby is born, your nurse will apply a small plastic transmitter to your baby’s ankle which is part of our state-of-the-art infant security system. If your baby is brought close to any of our exit doors, the door will automatically lock and staff is alerted. Although it is a state-of-the-art security system, it is not meant to be a substitute for parent supervision.
- Video cameras, monitored at the nurses’ station, track all who come and go on the Family Maternity Center.
- Family Maternity Center staff members all wear easily recognizable photo ID badges.
- Our staff will introduce themselves to you; however, never hesitate to ask the names of your caregivers and their role in your care.
- Your caregivers and your baby’s physician are the only persons who should take your baby out of your room, and you are encouraged to accompany your baby at all times.
- The Neonatal Intensive Care Unit is a secure unit, because premature and ill babies need quiet to grow and heal. All family and visitors must be buzzed in by staff.

Safe Sleep
During your hospital stay, the safest place for your baby to sleep is in the baby crib in your room.

Your hospital bed is designed for adults, not for babies, so there is a greater risk of falls when your baby sleeps in bed with you during your stay.

Also, since it is normal to feel drowsy and/or to be taking a pain medication, the risk of falls is increased.

Please place your baby in the crib when you are sleeping or have another member of your family hold your baby so that you may rest.
Going Home with Your Baby

Your copy of EvergreenHealth’s Postpartum DVD, “You & Your Baby” is yours to take home. The DVD is an essential reference for Newborn Care, Postpartum Self-Care, Developmental Milestones, and Interactive Play which is both fun and brain-healthy for your baby. Our gift to you.

Your infant’s car seat – Please have your car seat “baby-ready”, free of packaging with the harness straps in the lowest slots. Practice installing the seat in your vehicle and adjusting the harness straps before your baby’s birth.

*EvergreenHealth offers car seat classes and inspection clinics. We encourage you to attend Car Seat Safety before baby arrives to learn about choosing the best car seat for your family. $20/per adult. Registration is required by calling Healthline at 425.899.3000.*

Bring your baby’s clothes to wear home:

- Undershirt and stretch suit or gown
- Receiving blankets (2)
- Socks or booties
- Hat or cap
- Several diaper changes
- In cold weather, snowsuit, outerwear, or heavy blanket

After you go home, here are need-to-have basics to stock ahead of time:

- A generous supply of sanitary pads (not tampons) for the lochia flow. Similar to a Heavy menstrual period at first, it will taper off over the next few weeks.
- Nursing pads to prevent bra from breastmilk leakage.
- Perineal care -- A peri-bottle is essential and one will be sent home with you. You will learn how to use your peri-bottle during your hospital stay.
- Many women find witch hazel pads provide extra comfort during postpartum and comfort for cleansing after you void. When worn in your pad, witch hazel pads help reduce swelling and soothe perineal and hemorrhoidal tissue.

Tips for first weeks at home with your newborn:

- Nutrition -- Stock meals at home. Eating well is often a challenge for busy parents of newborns. Think whole, healthy foods that are convenient such as raw, precut veggies with soy, peanut, or cashew butter as a protein-rich dip or a baked potato topped with cheese.
- Good hydration is very important to help your body adjust after birth. A good rule of thumb is to drink fluids whenever you feed your baby. This will help ensure that you feel your best. Many new mothers find it helpful to assemble a “nest” for feeding times. This can be a place where you keep items close at hand whenever you feed your baby. A box of tissues, receiving blankets, burp pads, nursing pads and a water bottle to stay hydrated.
For bathroom visits, first fill your peri-bottle with warm water and have within easy reach if needed: sanitary pads, Tucks or witch hazel pads, and hemorrhoid cream.

When you go home with your baby, you are not alone. (see next page) EvergreenHealth continues to care for you. Enjoy these first days with your baby but expect some disequilibrium too. Take care of yourselves so you can take care of your baby. Congratulations!
Once You’re Home... You’re Not Alone

24-hour Nurse Line
The EvergreenHealth Nurse Navigator & Healthline 24-hour nurse line is available to address your concerns and questions about the health of you, your newborn and other family members. This is a free service of EvergreenHealth.

Postpartum Care Center
Two to five days after your baby is born, you and your baby are scheduled to visit the Postpartum Care Center for a check-up with a postpartum nurses to ensure that both of you are doing well. If any concerns have arisen, follow-up is provided. All reports from this visit are sent to both you and your baby’s provider. Your nurse will schedule your appointment during your hospital stay.

Parent–Baby Groups
Since 1991, these popular classes have brought families together to learn about parenting and celebrate babies. Weekly classes include research-based parenting topics and time for questions and answers. Topics include sleep, feeding, couple relationships, postpartum adjustment, calming and soothing tips, infant development and more. Classes are facilitated by trained parenting and lactation educators. Guest speakers feature subjects ranging from postpartum exercise and fitness to the importance of play and learning. Bring your baby and come to class as soon as you can! To register, call 425.899.3000 (no online registration).

This Is Not What I Expected
This drop-in group is a great resource for families who are feeling overwhelmed or who are struggling with the transition to parenthood and would like some extra support. For more information call 425.899.3602. Registration is not required. The group meets the 1st and 3rd Tuesdays of each month.

Breastfeeding Center
After you go home, you may have questions about feeding your baby: “What does it feel like when my milk comes in?”, “Is it normal to feel ‘engorged’?”, “How do I know if my baby is getting enough milk?”, “Why is my baby feeding every hour?”, “Is it normal for my baby to wake all night to eat?”. These and many other questions are answered by our board-certified nurse lactation consultants. Appointments and telephone consultation are available Monday through Friday. Call 425.899.3494. After hours, call our 24-hour EvergreenHealth Nurse Navigator & Healthline at 425.899.3000.

Baby & Family Boutique
The Baby & Family Boutique features infant carriers and slings, breastfeeding supplies and professional bra-fitting. The best of breast pumps are available for rent or purchase. The Boutique is conveniently located at EvergreenHealth in Coral-Suite 320. It is open Monday – Saturday, 8:30 a.m. to 4:30 p.m. 425.899.3603.
Important Phone Numbers and Helpful Websites

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<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Family Maternity Center</td>
<td>425.899.3500</td>
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<tr>
<td>Breastfeeding Center</td>
<td>425.899.3494</td>
</tr>
<tr>
<td>Postpartum Care Center</td>
<td>425.899.3602</td>
</tr>
<tr>
<td>Women’s and Children’s</td>
<td>425.899.6600</td>
</tr>
<tr>
<td>Baby &amp; Family Boutique</td>
<td>425.899.3603</td>
</tr>
<tr>
<td>24 hr. Nurse Line (EvergreenHealth Nurse Navigator &amp; Healthline)</td>
<td>425.899.3000</td>
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Your health care provider: _______________________________________________________
Baby’s health care _____________________________________________________________

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<tr>
<th>Website Address</th>
<th>Online Resources</th>
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<tr>
<td>aap.org</td>
<td>AAP - American Academy of Pediatrics – Protocols for optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. General information related to child health and specific guidelines concerning pediatric issues.</td>
</tr>
<tr>
<td>llli.org</td>
<td>La Leche League International - Breastfeeding support and education through local meetings with mother-to-mother information about healthy infant development through breastfeeding.</td>
</tr>
<tr>
<td>doh.wa.gov</td>
<td>WDOT - Washington State Dept. of Health – Immunization info</td>
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<tr>
<td>seattlechildrens.org</td>
<td>Seattle Children’s Hospital – Baby and child health featuring excellent quarterly online parent’s guide, Good Growing.</td>
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<tr>
<td>evergreenhealth.com/breastfeeding</td>
<td>For breastfeeding links and resources recommended by EvergreenHealth’s Breastfeeding Center</td>
</tr>
<tr>
<td>cdc.gov</td>
<td>CDC – Center for Disease Control - expertise, information, and tools to protect your health through prevention of disease, injury, disability, and preparedness for new health threats.</td>
</tr>
<tr>
<td>cpsc.gov</td>
<td>CPSC – Consumer Product Safety Commission Product recalls and consumer product information</td>
</tr>
<tr>
<td>psbc.org/cordblood</td>
<td>PSBC- Puget Sound Blood Center - Cord blood information</td>
</tr>
<tr>
<td>marchofdimes.com</td>
<td>MOD - March of Dimes – The leading nonprofit organization for pregnancy and baby health, info on preventing birth defects, premature birth, and</td>
</tr>
<tr>
<td>safekidseastside.org</td>
<td>Local coalition dedicated to providing education and resources to prevent unintentional injuries to children; such as car seats, safe sleep and infant</td>
</tr>
<tr>
<td>childcare.org</td>
<td>safet – WA State Child Care Resources - Local child care resources</td>
</tr>
<tr>
<td>kingcounty.gov/healthservices</td>
<td>WIC – Women, Infants and Children – Helps pregnant women, new mothers, and young children eat well and stay healthy by providing nutritious foods and health screenings.</td>
</tr>
<tr>
<td>kingcounty.gov/health/insurance</td>
<td>Basic health care insurance you can afford</td>
</tr>
<tr>
<td>parenthelp123.org</td>
<td>Sponsored by Within Reach, Parent Help 123 helps families apply for state-sponsored health and dental insurance and more.</td>
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Choosing a Physician for Your Baby

When to Choose a Physician

It is important to choose a physician before your baby is born. Physicians caring for infants should emphasize well-child visits and immunizations. In accordance with the American Academy of Pediatrics (AAP), your baby’s physician should encourage and support breastfeeding.

How do you choose a physician for your baby?

You will want to choose a health care provider who cares for infants. Many parents collect recommendations from more than one source and it is helpful to choose more than one physician to consider.

- You may want to ask friends, family, and neighbors for recommendations.
- You may also ask your obstetrician or midwife.
- You can contact EvergreenHealth Nurse Navigator & Healthline at 425.899.3000 for their free physician referral service.
  They can match your location preferences, cross match other preferences and verify insurance coverage.
- Your health insurance company may also be able to offer assistance.

Your healthcare provider should be someone you feel open and comfortable with asking questions. It is important to find out if their practice can provide you with written guidelines of care for common illnesses and what symptoms indicate scheduling an office visit and what symptoms require urgent care. Be sure to ask if there is a nurse line they recommend for anytime you are unsure or have general health questions. Also, many offices recommend books or manuals and provide resource information for you and your baby.

Making an informed choice optimizes your baby’s health care and encourages a supportive, long-term relationship between your and your baby’s physician.
EvergreenHealth’s Neonatal Intensive Care Nursery (NICU)

Some pregnancies are high-risk and require a highly specialized level of hospital care, while other pregnancies are not high-risk but may encounter problems along the way.

At birth, some of these babies may require specialized care in our Neonatal Intensive Care Nursery (NICU).

Neonatologists – doctors with specialized training in the care of fragile newborns – are on-site around the clock. They work together with our specially trained NICU nursing staff to provide the highest level of care for newborns. They are backed by leading-edge monitoring equipment, life-saving support systems and the full resources of EvergreenHealth.

The NICU also cares for babies with milder problems including prematurity, jaundice or infections. Our accommodations provide a quiet environment where, shielded from noise and constant activity on the unit, premature babies improve faster and are able to go home sooner. At times, even a baby delivered without complications will require a temporary evaluation in the NICU.

The NICU provides private suites so you can stay with your baby around-the-clock. Each suite has room for your baby and the baby’s special monitoring equipment, plus a private bathroom, a daybed for rooming-in, plenty of storage and an entertainment center.

We also take special care of parents. Our staff will explain your baby’s condition and care, and you are welcomed and encouraged to participate in the care of your baby.
Donation and Banking of Umbilical Cord Blood

What is cord blood?
Umbilical cord blood is the blood remaining in the placenta after your baby has been delivered. Normally, this blood is discarded with the placenta.

Why is cord blood needed?
Cord blood is rich in stem cells. Stem cells generate all of the blood cells and immune system cells needed in the human body. Stem cells found within cord blood can be used for certain cancers such as leukemia and other disorders like sickle cell anemia.

How is cord blood collected?
After a baby is born, the umbilical cord is clamped and cut. While waiting for the placenta to be delivered, hospital staff collects the blood from the cord of the placenta. The procedure is safe and painless and no additional people come into your room.

What is the difference between “public” donation or “private” donation?
Public cord blood donation costs nothing. The cord blood is collected and used much the same way as publicly donating your own blood to a blood bank. EvergreenHealth, along with other hospitals in the Puget Sound area, is now collecting cord blood for public donation for Puget Sound Blood Bank. For information about public donation, go to www.psbc.org/cordblood.

Private cord blood banking is offered by a number of commercial organizations and costs approximately $1,000-$2,000 initially. This fee stores and reserves the stem cells you donate exclusively for your use. Your individual stem cells may be of great value for specific disorders, especially a few inheritable diseases.

For a complete overview about public donation and private banking, visit the Seattle Children’s Hospital website at www.seattlechildrens.org/kids-health/page.aspx?kid=23018&lic=400&cat_id=20058
Circumcision

If you are having a baby boy and plan to have him circumcised, there are two things you need to do ahead of time:

- First, check to see if your healthcare provider performs circumcisions.
- Second, check with your health insurance to see if it is a covered benefit.

If it turns out that your physician does not perform circumcisions as an option for you, EvergreenHealth has an outpatient circumcision clinic available for this service.

How can I schedule an appointment?
Please call 425.899.3616 to schedule an appointment, Mon.–Fri. 8:30 a.m.-4:00 p.m. After hours, please leave a message with your contact information.

How much will the circumcision cost?
Insurance plans vary covering this procedure. It is best to check with your individual plan to see what they pay. There may be some out-of-pocket expenses. There are several payment options available if you are self-pay or uninsured. If you need help in setting up a payment plan, please call our patient financial services at 425.899.1600.

Please note that you will receive a separate bill from the physician doing the procedure.

Where is the clinic located?
When you arrive for your appointment, please check in with the Admitting office, Blue 1-122. The clinic is located adjacent to our Maternity Center. It is best to arrive 15 minutes before the procedure is scheduled.

How long does the procedure take?
The actual circumcision procedure will take approximately 15-20 minutes. You will be able to feed your son right afterwards. You will need to stay for 45 minutes to an hour after the procedure. A nurse will check your son’s circumcision site, go over discharge instructions and answer any questions you may have.

When will I need to follow up after the procedure?
You will need to follow up with your baby’s physician within 7-14 days from birth for a normal newborn check up.
Warning Signs to Report to Your Physician

After you go home with your baby, please be aware of these signs and symptoms to report to your health care providers.

Mothers:
- Oral temperature above 100.3 F.
- Sudden onset of severe pain in incision, perineum, or abdomen.
- Bleeding heavily enough to soak through a large peri-pad (maxi pad) in an hour or less.
- Passing a clot larger than a lemon followed by heavy bleeding.
- Inability to urinate or pain, burning, or urgency of urination.
- Putrid-smelling vaginal discharge. (It naturally has a very strong or pungent odor.)
- Opening of a cesarean incision or foul or bloody discharge from the incision.
- Swollen, red, painful area on leg (especially the calf) that is hot to the touch.
- Tenderness and red, warm, swollen area on breast, especially with fever or flu-like symptoms.
- Shooting pain down your legs or difficulty walking.
- Severe headache, especially when sitting or standing that is relieved when you lie down.

Babies:
- Any under-the-arm (axillary) temperature above 100.40 F or below 97.70 F.
- Any yellow or yellow-green discharge from the eye.
- Concerns about jaundice. (Your baby will be checked for jaundice at your Postpartum Care Center clinic appointment. If you do not have an appointment or you have continuing concerns, notify your baby’s physician.)
- Concerns about the circumcision, including bright red bleeding (more than a spot), swelling, foul discharge, or inability to urinate.
- Concerns about the cord, including bright red bleeding (more than a spot) or a foul odor to the cord.
- If your infant’s behavior changes and he/she is very lethargic or listless.
- Call the Breastfeeding Center at 425.899.3494 if:
  - your newborn infant feeds fewer than seven or eight times in 24 hours
  - does not have a bowel movement in 24 hours
  - has fewer wet diapers than he is days old (for example, a three-day-old infant should have three wet diapers.) By the time your milk is in, you can expect 6-8 wet diapers in 24 hours.
Pre-registration

Pre-registration is required before your hospital stay. You may pre-register at any time during your pregnancy.

There are three ways to pre-register:

1. **By Phone:** Call Pre-Registration at 425.899.2722 (Mon – Fri; 7am-5pm). Have your insurance card and social security number handy.

2. **In Person:** Complete the pre-registration form and deliver to Patient Registration at EvergreenHealth, room Blue 1-122. Directions: As you enter from the Blue Parking garage, proceed down the escalator and then left down the Galleria to Blue 1-122. Patient Registration is open Mon – Fri; 7am-5pm.

3. **By Mail:** Complete the pre-registration form and mail to:

   EvergreenHealth
   Attn: Pre-Registration - Mailstop 22
   12040 NE 128th Street
   Kirkland, WA 98034

If you have questions, please contact Registration at 425.899.2722.
# Family Maternity Center

## Pre-registration Worksheet

### MOTHER INFORMATION

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### EMERGENCY CONTACT

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### MOTHER’S INSURANCE INFORMATION

If possible, please attach a copy (front and back) of insurance card

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### BABY’S INSURANCE INFORMATION

If possible, please attach a copy (front and back) of insurance card (Same as Mother)

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### OTHER INFORMATION

Are you entitled to Medicare based on (circle one) Disability Renal ESRD

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<td>If married, is your spouse working?</td>
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<td>If NO, what year did they retire?</td>
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### COMMENTS/NOTES

Mail completed form to: EvergreenHealth / Attn: Pre-registration MS-22 / 12040 NE 128th St, / Kirkland, WA 98034
FORM ID ADM 153, Item ID I100012, Rev. 1208
Childbirth Preparation & Early Parenting Classes

Congratulations on your growing family!
Thank you for choosing EvergreenHealth to partner with you on your childbirth and early parenting journey. We share in your excitement as your family expands and you prepare to welcome and raise a new child.

We offer a wide variety of classes for before, during and after pregnancy, designed to be flexible, allowing you to choose which classes best meet your needs and work for you, your family and your schedule.

We suggest you sign up early in your pregnancy, as classes fill quickly. You should plan to attend your childbirth preparation classes during your 6th-8th month of pregnancy. If you are expecting multiples, plan to attend during your 4th-5th month.

For registration and information call 425.899.3000 Monday - Friday, 7 a.m. - 7 p.m., or register 24/7 online at evergreenhealth.com/childbirth.

Thinking About Having a Baby?

Pondering Parenthood
This free class explores topics to help you decide when it’s the right time to begin expanding your family. You will learn about pre-conception and early pregnancy nutrition, as well as the benefits of good health and exercise. Our health care professionals will answer some of the most frequently asked questions about costs associated with raising a child, what to expect during your hospital stay, how to choose a provider, and discuss resources available to you once you are expecting.

Family Maternity Center Tour
This free 20-minute tour is ideal for you, your family and friends, and anyone who wishes to learn about our nationally-recognized Family Maternity Center. Please note, if you’re registered for the Delivery Day series, they also include a tour. Please check the class description. Spanish tour is also available.

Meet an Obstetrician
Curious about what the first visit with your obstetrician entails or have questions about prenatal genetic screening? If you are expecting or considering pregnancy you are invited to meet one of the EvergreenHealth obstetricians, and learn more about how an obstetrician can partner with you during your pregnancy and birth experience. This one-hour session also includes a tour of the Family Maternity Center.
Meet a Midwife
Considering birth with a midwife? This one-hour session will introduce you to the unique, personalized birthing experience offered by EvergreenHealth Midwifery Care. Our hospital-based midwives provide high-quality, low-intervention care in the safe and welcoming environment of our Family Maternity Center. This session also includes a tour of the Family Maternity Center.

Expecting A Baby? First Trimester (1-16 weeks)

Warm Welcomes – Celebrating Your Early Pregnancy
This class will introduce you to the miracle of pregnancy in your first trimester. We discuss the development of mom and baby, healthy foods for pregnancy, prenatal blood work, ultrasound and other tests offered during your early weeks of pregnancy. We’ll also suggest pregnancy “do’s and don’ts” to keep you and your baby healthy and safe. Contact your provider’s office for more information.

Understanding Your Prenatal Testing Options
Confused about pregnancy testing options? Having a hard time deciding what is right for you and your baby? In this class, a Licensed Genetic Counselor will provide an overview of various testing options and clearly map out the pros and cons of each. These include first and second trimester screening, genetic carrier screening, cell-free fetal DNA blood testing, CVS, amniocentesis and ultrasound. This class is designed to take from pre-pregnancy through 16 weeks gestation to learn about genetic testing options.

Yoga for Pregnancy
Held at EvergreenHealth Medical Center and Discover Yoga in Redmond.
In this six-week series, you’ll learn to strengthen childbearing muscles, increase flexibility during pregnancy and learn deep relaxation for lifelong health. Classes are taught by a Certified Yoga Instructor.

Fit4Baby Program
This six-week series offers a total body interval workout adjusted to the various pregnancy phases of the attendees. Instruction includes cardio, strength training and flexibility exercises taught by a certified Fit4Mom Prenatal and Postnatal Fitness Instructor.

Expecting A Baby? Second Trimester (16-28 weeks)

Childbirth preparation classes. Register to attend your childbirth class during your 6th-8th month of pregnancy. (If you are expecting Multiples, register to attend during your 4th-5th month)

Delivery Day – Birth and Beyond
This comprehensive course is designed for expectant parents and covers the full spectrum of delivery topics including the labor and birth process, labor coping skills, patterned breathing and positioning, pain medication options and interventions including epidural anesthesia, induction, and cesarean birth. Also covered in this course is the miracle hour immediately following birth, breastfeeding in the first few days of life, an introduction to life with a newborn, and postpartum care and recovery for mom and baby. Course includes an interactive tour of the Family Maternity Center.

For your convenience, this course is offered:
• 12-hours (6 weeknights; 2 Saturdays; or 1 weekend)
• 6-hours – an abridged version for expectant parents with limited time available
Labor Coping Skills Review
This class is designed for experienced parents and first time parents who have completed a childbirth preparation class and would like more time to practice labor coping skills. This active, two-hour class provides an opportunity for mom and a partner to practice a variety of labor positions, as well as relaxation and breathing techniques.

Delivery Day for Teens and Young Adults
Private education is offered for teens and young adults which includes preparation for labor and birth, pain medication choices, interventions such as inductions and Cesarean birth, basic baby care, and feeding and postpartum care. Contact Healthline at 425.899.3000 for more information.

Delivery Day for Multiples
This class provides all-inclusive instruction for expectant parents of multiples. You will learn about pain medication choices, interventions and postpartum care, feeding and caring for your multiples. Register to attend during your 5th-6th month of pregnancy.

HypnoBirthing® – The Mongan Method
In five evening sessions, you will learn many breathing tools, visualizations, and deep relaxation methods that support your mind and body in having a more comfortable childbirth experience. This class gives birthing partners a valuable toolbox in order to be fully engaged in helping birthing moms and babies have their optimal experience.

Prepare the Nest: Childbirth, Breastfeeding and Newborn Care
Short on time but still want all the basics for your first labor and delivery experience? This class is designed to make you feel prepared and armed with the essential information surrounding the birth process and newborn care in 1-2 sessions. The first half of this course will discuss signs of labor, relaxation and breathing techniques, pain management options, procedures such as induction and Cesarean birth, and what to expect post-delivery. The second half will prepare you to care for your newborn at home including breastfeeding, diapering, umbilical cord care, bathing, feeding, sleeping and more.

Warm Welcomes – You and Your Little Kicker
Welcome to your second trimester, or the “honeymoon phase” of pregnancy. This class is called “Kickers” because you’re starting to feel your baby’s movements. In this class, we’ll discuss fetal growth and development, second trimester body changes and warning signs for which you should be alert. You’ll meet other parents, also in their second trimester, and start discussing your plans and wishes for your baby’s birth.

Bringing Baby Home Workshop
Bringing Baby Home is a nationally-recognized program developed by Dr. John Gottman based on 30+ years of marriage and family research. This two-day workshop prepares couples for life with baby and helps them be the best parenting team possible. In a relaxed and supportive environment, expectant and new parents learn skills to strengthen their relationship, foster baby’s development, and reduce the incidence or severity of postpartum mood disorders.

Day About Baby
Learn what to expect when you bring your newborn baby home. Couples will learn about topics ranging from diapering and bathing to soothing crying infants using hands-on learning. Also covered in this class are types of baby carriers, introduction to breastfeeding, and other newborn necessities.
Breastfeeding Basics and Beyond
This in-depth class is taught by a trained lactation educator and is recommended for all first time parents. Topics include the benefits of breastfeeding, breast anatomy, feeding cues, establishing a good latch, nursing positions, ways for partners to support and be involved in feeding, troubleshooting, supplies and resources. Both parents are encouraged to attend.

Conscious Fathering
Expectant and new fathers are equipped with the skills and knowledge needed to build a strong, nurturing parent/child relationship from the first moments of their baby’s life. New fathers learn to anticipate their baby’s five basic needs through hands-on instruction and practice. Taught by a parent educator.

Expecting A Baby? Third Trimester (28-40 weeks)

Warm Welcomes – Getting Ready for Baby
It’s almost that time! This class covers the top 10 things to do to get ready for baby. You’ll need to take a childbirth preparation course to learn your breathing techniques - this class is the “nuts and bolts” of planning for your hospital stay and beyond. You’ll get a tour of a labor room, see a short video, and have a chance to ask questions about your birth plan. We want to extend a “Warm Welcome” to you and your new baby, as we help you plan for your birth journey.

Pelvic Health Class
Learn how to minimize pain during pregnancy and birth and optimize healing afterwards. Includes techniques to avoid future pelvic floor issues and discomfort. This class is for women only, and is taught by a women’s health physical therapist.

Car Seat Safety
In this hands-on course, you will learn best practice recommendations to help your child travel safely, how to choose the best car seat for your baby and family, and how to install it correctly. If you have already purchased a car seat, bring it with you, but it is not necessary to purchase one before attending. Our instructors will provide you with information about features to look for when purchasing a car seat.

Car Seat Checkup
Volunteer Certified Child Passenger Safety Technicians will walk you through how to use your car seat, teach you how to install it correctly in your vehicle, and show you how to properly buckle your child. Bring your car seat, the instruction manual and vehicle owner’s manual with you. An appointment is necessary.

Infant Safety and Injury Prevention: Just for Parents
Let us help you learn the basics of preventing accidents based on the latest best practice recommendations to keep your baby safe at home and at play as they grow. Topics include basic child development, safe sleep recommendations, car seat basics, fire/burn safety, medication safety, and baby-proofing and home safety. This class does not include Infant CPR/First Aid instruction. Contact Healthline at 425.899.3000, for more information.
Infant Safety and Injury Prevention: Just for Grandparents
Brush up on the basics of baby care and learn some new tricks based on the latest best-practice recommendations. Topics include basic child development, safe sleep recommendations, car seat basics, medication safety, fire/burn safety, baby-proofing and home safety and supporting the new parents. This class does not include Infant CPR/First Aid instruction. Contact Healthline at 425.899.3000, for more information.

Siblings Class
Children learn about what to expect when the baby comes home. Includes a fun project and tour of the Family Maternity Center. Parents attend with children.

After Baby is Born: Parenting Your Newborn

Parent-Baby Groups
Bring your baby and meet other parents in these weekly daytime groups. Since 1991, EvergreenHealth’s popular Parent-Baby Groups have been providing support and education for new families from birth through 15 months. Facilitated by trained parenting and lactation instructors, the groups meet weekly and are open to all parents in the community regardless of where baby was born. Topics include: feeding, sleep, adjusting to motherhood, developmental stages, working moms, connection to community resources and more. The 0-3 month newborn group is free. Age-specific groups are available for babies 3-15 months old. Back to Work Group also available.

This Is Not What I Expected
This drop-in group is a great resource for families who are feeling overwhelmed or who are struggling with the transition to parenthood and would like some extra support. It is led by an educator and a licensed clinical social worker who are trained to support parents through these challenges and help direct them to resources in our community for coping with postpartum adjustment and mood disorders. Registration is not required. Group meets the 1st and 3rd Tuesdays of each month.

Pumping Class
Taught by a trained lactation educator, this class focuses on the pumping and safe storage of breast milk for mothers who are returning to work or trying to build a milk supply. Class includes information on pumps, tips and techniques, useful products and accessories, and time for Q&A. Partners and babies in arms are welcome.

After Baby is Born: Parenting Your Older Baby

Starting Solids
Learn practical and research-based information on the healthy feeding of solid foods for babies and toddlers based on current American Academy of Pediatrics (AAP) recommendations. Suggested for parents of infants 4-12 months old. Babies in arms are welcome to attend with parents.
Breastfeeding Your Older Baby
Education and support for moms continuing to breastfeed beyond the first six months. Facilitated by a trained lactation educator, this class explores the joys and challenges of breastfeeding beyond “cultural norms.” Babies/toddlers welcome.

Parenting Your Toddler Classes
This four-part parenting series, facilitated by Parent-Baby Group instructors, will cover toddler development from 18 months to 3 years. Topics include development, potty training, feeding, and discipline and self-esteem. Take all of them or choose the subjects that are right for you.

Please Note:
Rescheduling or full refunds will be granted only when the Healthline (425.899.3000) is notified two full business days prior to the start date of any class or series. The Evergreen Healthline business days are Monday – Friday from 7am-7pm.

The Baby & Family Boutique features baby clothing, infant carriers, breastfeeding supplies and bra-fitting. Breast pumps are available for rent or purchase. Open Mon.-Sat. 8:30am-4:30pm. Our certified bra fitters are available with no appointment necessary (please arrive by 4pm for the last bra-fitting of the day).

The Boutique is located at EvergreenHealth in Coral Suite 320.
For more information, call 425.899.3603 or visit www.evergreenhealth.com/boutique.
EvergreenHealth: A Baby-Friendly Hospital

We are proud that EvergreenHealth was the first hospital in the United States to be designated as a “Baby-Friendly Hospital”. The Baby-Friendly Hospital Initiative is a global program created by the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO). It recognizes hospitals and birthing centers that offer excellent education programs and breastfeeding support, like those offered at EvergreenHealth.

To gain this accreditation, our breastfeeding procedures were observed and assessed by a team of experts to prove that we meet all of the required standards in the “Ten Steps to Successful Breastfeeding”. EvergreenHealth is featured in a documentary video that showcases family-centered care and breastfeeding support. We are honored to be used as a model to show other hospitals how to provide such care.

The staff, midwives, and physicians of the Family Maternity Center believe in the benefits of breastfeeding. Breastfeeding experts are available to answer your questions and offer advice. EvergreenHealth’s staff of Internationally Board Certified Lactation Consultants would be delighted to answer any questions about infant feeding, the Baby-Friendly Hospital Initiative, or the Ten Steps to Successful Breastfeeding. Call the Breastfeeding Center at 425.899.3494.

The Ten Steps to Successful Breastfeeding for Baby-Friendly Hospital designation:
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if there is a need to be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk unless medically indicated.
7. Practice rooming-in: allow mothers and infants to remain together 24 hours-a-day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers to breastfeeding infants).
10. Foster the establishment of breastfeeding support and refer mothers to them on discharge from the hospital or clinic.

During your hospital stay, your nurse has received special training in helping mothers to succeed in breastfeeding and supporting mothers that choose to formula feed. Please ask for help at any time.
Feeding Your Baby

This section will explore important aspects of breast and formula feeding. At EvergreenHealth we want you to know your choice about how to feed your baby will be supported and respected. We hope you will learn as much as you can about infant feeding and the many health advantages that breastfeeding offers you and your baby.

Many factors will influence your decision—your family’s way of doing things, your partner’s feelings, your lifestyle, how your close friends feed their babies, your own feelings about your body, your work commitments, your feelings about mothering and how much support you will receive. If you decide you do not wish to breastfeed, we will help you learn all of the important aspects of safely preparing and feeding infant formula. If you are on the fence with your decision, you might try breastfeeding. It is easier to stop nursing than to wish later that you had started! This priceless opportunity to nurse this baby comes only once.

Breastfeeding

Nursing your baby can be one of your greatest pleasures and memories of your mothering experience. You may have many questions and concerns. It is true, it can sometimes be challenging at first. If you get the help and support you need, you will be among the millions of women who look back on this time as one of the most wonderful and fulfilling experiences they’ve had.

- Breastmilk contains hundreds of nutrients, growth factors, hormones, and antibodies.
- Breastmilk is the perfect food for human infants. Breastmilk contains everything an infant needs to grow well and stay healthy.
- Exclusive breastfeeding (breastmilk only) is recommended until table foods are started at 6 months.
- Once table foods are begun, it is recommended that mothers continue to breastfeed for a year or longer for the research-based benefits for baby and for mother.
- The benefits of breastfeeding are related to the length of time a baby is breastfed and how exclusively a baby is breastfed.

If you are struggling with your decision about whether or not to breastfeed, or you have specific questions or concerns about feeding your baby, call the Breastfeeding Center at 425.899.3494.

Health benefits for breastfed babies:
- Lower incidence of respiratory infections and ear infections
- Greatly reduced incidence of diarrhea and vomiting
- Reduced incidence of Sudden Infant Death Syndrome (SIDS)
- Reduced incidence of serious allergies
- Reduced incidence of insulin dependent diabetes mellitus
Health benefits for breastfeeding mothers:
- Reduced incidence of postmenopausal breast cancer and ovarian cancer
- Reduced incidence of postpartum bleeding
- Reduced incidence of osteoporosis

The longer and more exclusively a baby is breastfed, the greater the health benefits.

Five Tips for Successfully Breastfeeding your Baby:
1. If you encounter any difficulty nursing, ask for help. Problems have solutions.
2. Keep your baby skin-to-skin after birth to ease your baby’s transition from womb to the outside world, and put your baby to breast as soon as possible after birth.
3. Continue to nurse your baby every 1 to 3 hours, or any time your baby is awake, has his hands to his mouth, moves his tongue, or turns to a touch of the cheek. This is the language your baby uses to say, “I’m hungry.”
4. Use your baby’s hunger cues to decide when to nurse—not the clock. An abundant milk supply is related to the frequency and completeness of milk removal from the breast.
5. Wait until feeding is going well before introducing a bottle or pacifier. Early use of bottles and pacifiers often leads to feeding difficulties and early weaning.

About Pacifiers
To get feeding off to a good start, we do not use pacifiers for healthy babies in the hospital. Each time your baby signals that he is hungry by cues like rooting or sucking on his lips or fists, is wide awake, or is making sucking movements with his mouth, we will encourage you to feed your baby rather than delay a feeding by using a pacifier. When newborns are fed instead of given a pacifier in response to these feeding cues, your baby is less likely to have poor weight gain and jaundice and you are less likely to have problems with engorgement.

Sometimes babies still want to suck even following a good feeding. In a few weeks or once feeding is well underway and your baby is gaining weight, giving your baby a finger to suck on or a pacifier can be an option. If you are uncertain, call the Breastfeeding Center at 425.899.3494 and discuss this with the lactation consultant.

Beginning Breastfeeding
Nurse your baby at least eight times in 24 hours. Many babies nurse more often. Allow your baby to nurse as long as she desires. Don’t limit the length of feeding. Many babies nurse from only one breast at each feeding in the first few days after birth. If the baby feeds from only one breast, use the alternate breast with the next feeding.
Your Diet While Breastfeeding

If you are breastfeeding, very few food that you eat will bother your baby. Most babies (including babies fed formula) have gassy and fussy times during the day no matter what you eat. Gassiness and fussiness are a normal part of the first months of life while your baby is developing digestive abilities and your baby's nervous system is maturing.

Nurture yourself with good foods that you enjoy. Eat well while you are breastfeeding. Don’t worry about occasionally skipping a meal or having a cup of coffee or piece of chocolate. Mothers have been breastfeeding successfully for many thousands of years in a variety of cultures and eating a wide variety of foods and their babies have thrived.

You Know Breastfeeding is Going Well If:
● You hear the baby swallowing during feeding.
● Baby is satisfied and content after feeding.
● Baby has 2 to 10 bowel movements each 24 hours.
● Baby has 6 to 8 wet diapers each 24 hours (after milk is in). If you are using disposable diapers, it is difficult to tell if they are wet. It can be helpful to place a Kleenex or small piece of paper towel in the diaper to tell if it is wet.

Keep a Record of Feedings, Wet Diapers and Bowel Movements
When you go home with your baby, use the Feeding Log form on page 60 and bowel movements. You will want to bring this record when you return in 3-5 days for your PostPartum Care Center appointment. Your baby should be having at least one wet diaper per day of life (for example 3 days old = 3 wet diapers) and two to three daily bowel movements. By day six, your baby should have six or more wet diapers and 2 to 10 bowel movements in 24 hours. Bowel movements are the best indication that your baby is getting enough to eat. You no longer need to record this information after the first week unless asked to do so by your baby’s physician or the Breastfeeding Center.

More Helpful Tips
● Attend the hospital Baby Care and Feeding class held every morning at 10 a.m. at the Family Maternity Center.
● Breastfeeding will be assessed again at your Postpartum Care Center visit. Your baby will be weighed and you can get help with feeding. If you have questions or concerns about how your baby is nursing, call the Breastfeeding Center at 425.899.3494.
● A full range of products to help you and your baby are available at the Baby & Family Boutique at EvergreenHealth, Suite Coral 320, 425.899.3603.
Sleepy Phase
Many babies are sleepy in the first 24 hours or so after birth. Full-term, healthy newborns are born with adequate fluid stores, so supplementation with water or formula is not recommended unless there is a medical problem. If your baby nursed well after delivery, then you can rest assured that when your baby becomes more alert, breastfeeding will continue to go well.

- It is a good idea to awaken your sleepy baby and attempt to nurse every 1 to 3 hours.
- Some babies awaken easily with gentle stimulation such as unwrapping and a diaper change.
- Try holding your baby skin-to-skin against your body and express a drop of colostrum into her mouth.
- If your baby does not awaken after 10 to 15 minutes of trying, put baby skin to skin against your body and try again in an hour.
- If your baby does awaken to nurse, you may need to continue with some “gentle” stimulation to keep your baby feeding. Try lifting the baby’s upper arm, stroking legs, feet and head.
- After long periods of sleep, some babies go through a “marathon nursing phase” where they want to nurse “all the time” and can’t be put down. This is the way your baby stimulates your body to establish a good milk supply.
- Allowing your baby to eat as often as she wants is best. If your baby does finally fall asleep during this frequent-feeding phase, you can usually get a break from nursing if your baby is held and cuddled. If you put your baby down, she may soon awaken and want to nurse again.
- Remember, the more you nurse, the sooner your milk comes in!
- Avoid pacifiers or bottle nipples until baby is nursing reliably. These can lead to breastfeeding problems as your new baby and you learn how to breastfeed.

Sleeping and Positioning

Understanding Infant Sleep
As long as your baby is feeding well and is healthy, trust your baby to know how much sleep he or she needs.

- Try not to make sleeping through the night your number one objective. Also, don’t compare your baby’s sleep habits to your neighbor’s baby.
- With few exceptions, babies need to be fed several times at night to get adequate calories for growth.
- Recognize night feedings as normal behavior for infants. Gradually, night sleep lengthens as your baby matures.
Helping your Baby to Sleep

- The motion of rocking, walking, swinging, or car rides may help your baby relax for sleeping. Do not leave your baby in a swing or car seat to sleep for prolonged periods of time.
- Try music, singing, or a gentle massage for a soothing sleep routine.
- Some babies sleep better if they are swaddled snugly in a light blanket or if they use a swaddle sleepsack.
- Continue making your usual household and family sounds when you bring your baby home. Babies have the ability to close out sounds and learn to sleep through most noises.

At EvergreenHealth, your baby’s safety is our top priority.
During your hospital stay, the safest place for your baby to sleep is in the baby crib in your room. Your hospital bed is designed for adults, not for babies, so there is a greater risk of falls when your baby sleeps in bed with you during your stay. Also, since it is normal to feel drowsy and/or to be taking a pain medication, the risk of falls is increased.

Please place your baby in the crib when you are sleeping or have another member of your family hold your baby so that you may rest. Please review the EvergreenHealth Sleep Policy form on page 58.

SIDS Prevention and Sleep Positioning
The American Academy of Pediatrics (AAP) recommends parents and caregivers follow these 10 steps to reduce the risk of SIDS and unexpected infant death.

1. Always place babies on their BACK to sleep.
2. Do not fall asleep with a baby in an adult bed, recliner or on a sofa. Babies sleep safest in their own crib or bassinet placed near your bed for the first six months.
3. Do not smoke while you are pregnant and do not expose babies to second-hand smoke after they are born.
4. For safest sleep, use a safety-approved crib or bassinet with a firm mattress covered with only a tight-fitting crib sheet.
5. Do not place babies to sleep on soft surfaces (adult beds, sofas, waterbeds, blankets, quilts, sheepskins).
6. Do not use loose blankets in a baby’s crib. Keep babies warm and safe with a wearable blanket or similar-type sleeper.
7. Remove all soft bedding and other soft items from the crib (including soft or pillow-like bumpers).
8. Do not overheat babies with too much clothing or high room temperature.
9. Use a pacifier at nap and nighttime for the first year. For formula fed infants, pacifier use may begin immediately. However, for breastfed infants who prefer pacifiers, delay use until one month of age to ensure establishment of breastfeeding.
10. Educate everyone who cares for babies about these important safety tips.

Evergreen Healthline: 425-899-3000 For more information, please review the SIDS Prevention Recommendations on page 56-57.
Breastfeeding Help

Sore Nipple Treatment and Treatment for Engorgement

If you encounter any breastfeeding problems, ask for help. Problems have solutions. Call the Breastfeeding Center and speak with a lactation consultant. 425.899.3494 Here are some simple comfort tips and suggestions on when to call.

Sore Nipple Treatment

Nipple soreness can be prevented or reduced by making sure your baby is correctly latched onto the breast and correctly positioned for feeding. Still, in spite of good latch and position, sore nipples can still occur. Sore nipples generally heal with time. The following suggestions have been helpful to many mothers. You may need to experiment to see what works best for you.

Sore Nipple Treatment / During Feedings

- Feed your baby before he/she gets frantic. Pay attention to the more subtle feeding cues, such as sucking on fingers or lips, rooting, or bringing fists to face.
- It might be more comfortable if you begin feeding your baby on the least sore breast.
- Stroke baby’s lips with your nipple to encourage a wide open mouth.
- Make sure your baby’s mouth is WIDE OPEN (like a yawn), before placing the baby on your breast.
- Hug your baby in close for the entire feeding with the baby’s chest, tummy, and knees against your body in the cradle hold, reverse cradle hold, and sidelying positions.
- The chin should be touching the breast. A healthy, full-term baby is able to breathe being this close.
- With sore nipples, you may want to limit feedings to 15 to 20 minutes per side.
- Break the suction when removing baby from the breast by placing your clean finger inside baby’s mouth until you feel the suction release.

Sore Nipple Treatment / Between Feedings:

To aid healing, you may want to try some or all of the following:

- Express a drop of your milk onto the nipple and let it dry. Then apply olive oil or a lanolin product like Lansinoh or Pure Lan.
- If there are cracks or the nipple is bleeding, his may indicate a problem with the way the baby is latching. Call the Breastfeeding Center at 425.899.3494 for further help.
- Change nursing pads when they become wet. Soft cloth pads are available for purchase from The Baby & Family Boutique at EvergreenHealth (Coral 320).
- Avoid the use of soap directly on the areola.
- Rub a little colostrum or breastmilk on nipples after nursing.
- Use “Soothie” pads, which contain a cool gel that is very soothing to sore nipple skin.
Sore Nipple Treatment for Pain Relief:
Apply ice to numb the nipple before feeding and ice packs after feeding. Frozen washcloths, frozen peas, or unpopped popcorn kernels frozen in a large Ziploc bag work well. You may safely use a mild pain reliever such as Ibuprofen or Tylenol. If your condition does not improve or worsens in the next couple of days, please call the Breastfeeding Center at 425.899.3494 for further assistance.

Treatment of Engorgement
Engorgement is a painful swelling and hardening of the breast tissue resulting from inflammation. It most often occurs when the milk comes in and also can be a result of baby feeding infrequently. With engorgement, it is often difficult for the baby to latch on.

With Engorgement / Before Feeding:
● Before nursing, apply warm moist heat to your breasts. This can be done by taking a shower or applying warm moist compresses. Warm water on washcloths, towels, diapers or disposable diapers work well.
● In some cases, a “breast bath” works well. To do this, bathe breasts in a sink, bathtub, or pot of warm water for a few minutes.
● Gently massage each breast.
● Hand-express enough milk to soften the areola, making it more compressible and easier for your baby to latch on to. A pump could also be used to accomplish this.

With Engorgement / During Feeding:
● Frequent nursing every 1 to 3 hours and allowing your baby to nurse as long as he/she desires is very important. Feed the baby in this manner around the clock until the engorgement resolves. Time feedings from the beginning of one to the beginning of the next.
● Gently massage the breast in the direction of the milk flow to soften the breast, being careful not to disrupt baby’s latch.

With Engorgement / After or Between Feedings:
● You can pump your breasts after each feeding if necessary just until you feel the pressure is relieved. Don’t expect to feel “normal” at this point as engorgement takes time to resolve completely.
● You can stop the pumping once your baby is nursing vigorously at each breast and your engorgement is relieved.
● Leaking milk is common while the engorgement is resolving.
● Apply ice packs to your breast for about 20 minutes to reduce inflammation. Frozen peas, or unpopped popcorn kernels frozen in a large Ziploc bag work well.
● A pain reliever may be necessary. Ibuprofen works well and is a good anti-inflammatory medication. Take as directed.
● Wear a well-fitting, supportive bra if you feel more comfortable. However, it is preferable to go braless than to wear a bra that is too tight.

Resolution of engorgement varies from woman to woman. It is reasonable to expect improvement within 24 to 72 hours or sooner. Call the Breastfeeding Center at 425.899.3494 if you cannot get your baby latched on, or if your symptoms are not improving.
Call the Breastfeeding Center if:

- Your nipples are cracked and bleeding and you are having difficulty feeding, or nipple soreness persists beyond 10 days and makes feeding difficult.
- Baby is not nursing at least eight times in 24 hours, or is nursing non stop for more than a few hours and never seems to be satisfied.
- Breasts become engorged and you are unable to relieve engorgement at home.
- Baby has fewer than two bowel movements in 24 hours.
- Your baby is premature or small for gestational age or has a health concern that affects his ability to feed.
- You go home using a nipple shield. We want to follow you until your baby is feeding well.

Breastmilk Storage

Your pumped or hand-expressed breastmilk can be collected and stored for future feedings.

Storing Breastmilk

- Fresh breastmilk can be kept at room temperature up to 10 hours; however, we generally recommend refrigeration as soon as possible.
- You may store fresh breastmilk in the refrigerator for up to 8 days. If not used during that time, it may be frozen for up to 6 months in a freezer.
- Discard previously frozen breastmilk left over in the bottle after feeding or if left at room temperature over 2 hours.
- Place container in the back of the refrigerator or freezer. Do not store in the door.
- Breastmilk can be stored in the deep freeze at 0° F for up to 12 months.
- Store in a clean glass or plastic container. Plastic bottle bags work well.
- Milk stored in 2-4 ounce volumes is easier to thaw.
- Label the container with date of collection written on tape attached to the container.
- Some feeding bags have a special place to write on. Write the baby’s name on the label if it is stored in the nursery or if you will be taking it to daycare.

Feeding your Baby Stored Breastmilk

- Thaw your frozen breastmilk by placing the container in warm water.
- Never use a microwave oven or boiling water to thaw, as extreme heat may kill immune cells in the milk and could cause burns in the baby’s mouth.
- Once thawed, breastmilk is good for up to 48 hours in the refrigerator. Do not refreeze.
- Appearance of your mature breastmilk is similar to skim milk but may greatly vary in color from yellow to blue. The milk fat separates after thawing. Shake gently to remix.
- Discard previously frozen breastmilk left over in the bottle after feeding or if left at room temperature over 2 hours.
- If your baby is in the NICU, you may be given other specific directions about milk collection and storage. Call the Breastfeeding Center with questions or concerns at 425.899.3494.
The Baby & Family Boutique
The *Baby & Family Boutique* at EvergreenHealth features breastfeeding supplies, infant carriers and slings, and a wide array of breastfeeding accessories. The best of breast pumps are available for rent or purchase. Our specially trained staff will help you choose the pump best suited to your needs. We also provide professional bra fitting at no cost to you.
Open Monday – Saturday, 8:30 a.m. to 4:30 p.m. The Boutique is located at EvergreenHealth in Coral Suite 320. 425.899.3603.
Formula Feeding

If you have made the decision that formula feeding is the best choice for you, our nurses and lactation consultants will support you in your choice. They will assist you in getting off to a good start. When you pack your bags for your hospital stay, please bring the formula and bottles you have chosen to use for your baby at home.

In the beginning, most new parents have many questions about formula feeding. Parents wonder about which formula to choose, how much to feed the baby, how to mix formula and what kind of bottles and nipples to use. The following information will help you to know the basics of formula feeding.

Cuddling your baby during feedings and even holding the baby “skin-to-skin” will give your baby the closeness to you that she needs. During feedings, cradle the baby’s head sometimes in your left arm and sometimes in your right, which is thought to aid in the development of the eyes. Always hold your baby for feedings and never prop the bottle. Your baby not only needs the nutrition from the formula, but the special time with you that promotes bonding, enhances brain development and provides you with memories to last a lifetime.

Choosing Formula

The American Academy of Pediatrics (AAP) is very clear in their recommendation that babies receive an iron-fortified formula for the whole first year of life. A cow milk-based formula is best unless your baby has an allergy to cow milk. Formulas available may include Enfamil with iron, Similac with iron, and Nestle’s Carnation Good Start (also iron fortified). There are organic iron fortified formulas such as Horizon too.

Use of low iron formulas is not recommended. Low-iron formulas increase the risk of babies becoming anemic, slowing development and growth and acquiring other health problems. Studies have shown that babies fed an iron-fortified formula have no more gassiness, fussiness, or constipation than infants fed low-iron formulas. As much as formula manufacturers advertise differences in formulas, they are all regulated by the Infant Formula Act and are relatively the same. So choose a formula and stay with it so your baby can become used to it.

Soy formulas are not “hypo-allergenic”. Babies can be allergic to soy products too.

If your baby’s doctor has told you your baby needs to be on a soy formula, Isomil and Prosobe are available. All the soy formulas are iron fortified as well.

On occasion, formulas are recalled for various reasons. We recommend you write down the serial number from each formula product you use; that way if there is a recall, you will easily be able to identify if you have used the product in question. You can keep tabs on formula recalls at www.fda.gov and www.cpsc.gov.
Frequency of Formula Feeding and Amount
In the first few days of life, full-term babies will feed from 8 to 12 times in 24 hours. At first, babies take about a half ounce to an ounce of formula at each feeding. Take the first feeding slowly. Your baby may want only sips at first and then gradually, over the next several days, will take 1 to 3 ounces at each feeding.

- Feed your baby when he or she seems hungry.
- Don’t try to adhere to a schedule at first.
- Your baby may feed 8 to 12 times in 24 hours in the first few days.
- It is very easy to overfeed a bottle-fed baby, so it is important to watch your baby closely; when she has had enough, she will stop sucking and look drowsy. Do not urge the baby to take more.
- When the baby is three or more days old, the number of ounces consumed with each feeding will increase.
- Often, by the time the baby is six or seven days old, she will drink from 16 to 24 ounces in 24 hours.
- Babies don’t always take the same number of ounces at each feeding. Just like you, she will sometimes have a large meal and sometimes a snack.
- You will know if your baby is getting enough if she acts satisfied after feeding.

Preparation of Formula
When you buy formula, you will notice that formula comes in ready-to-feed, concentrate, and powder. They are nutritionally the same. Powder is the least expensive and ready-to-feed the most expensive. Follow the manufacturer’s directions precisely. Do not dilute formula by adding more water than instructed and do not put more powder than directed. Doing so can result in inadequate nutrition or an overload on your baby’s system. Both can result in serious health problems for your baby. (If you are using a city water supply, you can use water right from the faucet. It does not need to be boiled unless you are using well water or water that has not been treated). Once you begin to feed your baby, you can keep the formula for one hour and then discard. If you are making formula for a day’s feedings, the formula can be kept in the refrigerator for 24 hours.

Warming Formula
Though it is not necessary to warm formula, it is a nurturing thing to do for your newborn. If you are mixing formula from concentrate or powder, you can use warm water to mix the formula. If the formula is cold, heat the bottle by placing in warm water. **Never microwave!** It is possible for babies to get scald burns in their mouths from hot spots in the formula.

If you have any questions or concerns about your baby’s formula, talk with your baby’s physician. Feeding questions or concerns will also be addressed at your Postpartum Care Center appointment. **As a Baby-Friendly Hospital, we do not accept or receive formula samples and therefore cannot redeem formula coupons that you may have. Please contact the formula manufacturer if you wish to receive these coupons.**
Bottles and Nipples
You can choose plastic bottles, glass bottles, or use plastic bottle insert bags. The type of bottles and nipples you use are a personal choice. Do check the nipple before feeding by holding the full bottle upside down—the milk should come out of the bottle in a slow drip. If it comes out in a stream, the nipple needs to be discarded, as the milk will come too fast for your baby. If the milk does not drip out, check to see if the nipple is clean by forcing hot water through the opening. Bottles do not need to be boiled; they can be washed in the dishwasher or by hand. Nipples can be washed by hand using a nipple brush and hot, soapy water followed by a hot water rinse.

Burping your Baby
When your baby is little, burping halfway through a feeding during a feeding pause may be helpful and after you finish the feeding. Gently pat your baby’s back while holding her with her head on your shoulder. Your baby will not always burp during or after a feeding. If your baby does not burp, discontinue trying. Enjoy these special feeding times with your baby!

Breastfeeding babies often burp right around the breast while they are feeding. However, you may wish to gently burp the baby between breasts or after feeding. This isn’t always necessary. If the baby does not burp after a minute or so of gently rubbing or patting, he probably doesn’t need to!

If you are bottle feeding, hold your baby slightly upright during feeding so that air can rise above the milk, and be sure your baby has a good hold on the nipple when sucking so he doesn’t suck in a lot of air during the feeding.

Mucus, Spitting Up, and Vomiting
For the first few days of life, your baby may have excess mucus that may cause her to gag and/or vomit. This may be more noticeable with feedings since feedings tend to loosen the mucus in your baby’s stomach. If your baby does begin to gag or spit up mucus, turn the baby on her side and gently pat her back as if to burp her. You may need to use a bulb syringe to gently suction the mucus out of the inner cheek area of the baby’s mouth or from her nose.

If you are feeding your baby when she begins to gag or spit up, stop the feeding and turn and pat your baby as described above. Once your baby has calmed down, the feeding may be continued. Almost all babies spit up during the first week or so. This is usually a small amount of milk solids associated with a feeding, such as a “wet burp”. The baby usually brings up only about a teaspoon of formula or breastmilk. If it has been awhile since a feeding, the milk may be partially digested and look curdled. Your baby may only be spitting up because of air trapped in the stomach, which is now coming up along with part of the feeding. Be sure to burp your baby prior to feeding if your baby has been crying for a while. Babies swallow air during crying.

Spitting up in a forceful way, causing milk to hit the floor as much as 3 or 4 feet away, is called projectile vomiting. Your physician should be notified if this type of vomiting occurs regularly or any time your baby has a fever or diarrhea along with vomiting, or seems listless.
Understanding Your Newborn

Questions usually arise when you are at home with your baby. The following observations and suggestions may be helpful to you. Remember, however, that your love and instinctive, good common sense will get you through most situations.

New parents often ask, "When do I call for advice or help? When your baby is new, the answer is to call for health advice whenever you find yourself worried. Your baby’s physician and the Family Maternity Center staff welcome your questions at any time. The EvergreenHealth Nurse Navigator & Healthline is available 24 hours a day, 7 days a week at 425.899.3000.

Newborn Characteristics
While each baby is a unique individual, there are certain characteristics and behaviors that are common to newborns. This section will describe some of the physical and behavioral traits you may notice in your baby during the first few weeks of life.

Head Shape
Your baby’s head may be temporarily shaped by “molding” or adapting to the birth canal. Normal head shape usually returns by the end of the first week. Babies delivered by cesarean birth may or may not have this head molding.

Soft Spots
Your baby has two obvious soft spots called “fontanelles”. One is on the top of the head and the other is near the back of the head. Both fontanelles are covered by a tough membrane, and with normal handling and care, you can't damage the soft spots when shampooing, brushing, or stroking your baby’s head. The soft spot in the back usually closes by 2 to 6 months of age and the one in the front by 18 months of age.

Skin
The skin is thin and dry. You may see some veins through it. The skin in the Caucasian newborn is a pink to reddish color. In the African-American infant, the skin color appears as a reddish-black color that darkens as the baby gets older. In Asian babies, the skin is a tea rose color. As babies cry, they all may become a deeper red. Frequently, dark bluish spots may appear on the lower portion of the back, buttocks, or limbs of babies who are African-American, Asian, Mediterranean, or Native American. These are called Mongolian spots. They are caused by a temporary accumulation of pigment under the skin and they usually fade during the preschool years. Despite the name, these spots have nothing to do with Mongolism or Down Syndrome. In the newborn, it is common for the baby’s hands and feet to appear bluish. This is called “acrocyanosis”. In the first few days of life, this is seen because the baby’s circulatory system is not yet efficient at getting blood to the extremities.
Peeling
Most babies’ skin peels after birth because they have been in fluid for many months. This generalized peeling is completely normal and requires no treatment, including oils or lotions.

Milia
These are tiny white spots often seen on the nose and chin. They are caused by obstruction of oil or sebaceous glands. You should not squeeze these spots. They usually disappear in several weeks.

“Newborn Rash”
A temporary rash, called erythema toxicum, may occur during the first few weeks. It consists of small areas of redness with raised yellowish-white centers and it may resemble a flea bite. This rash requires no treatment and does not make the baby uncomfortable.

Red Blotches
Many babies have reddened areas of skin on their upper eyelids and forehead. These areas are sometimes called “angel’s kisses” and usually fade with time as the baby’s skin grows thicker and less transparent. Redness may reappear when your baby cries.

“Stork Bites”
Stork bites is the name used for red spots which can be seen at the nape of the neck. Generally, these do not disappear although they may fade as the baby’s skin thickens.

Vision
A newborn’s eyes often do not seem to work together. As the eye muscles strengthen, the baby’s eyes should focus in line with each other. Babies are near-sighted at birth. They see objects best that are 8 to 12 inches from their noses, about the distance from your face to his when you are holding him. Your baby sees in color and prefers bright colors, black and white, and circular shapes.

Eye Color, Tears, and Swelling
Caucasian infants usually have grayish-blue eyes at birth. Some will have blue-brown eyes. Infants of other ethnic backgrounds may have grayish-brown, blue-brown, or brown eyes; however, an infant’s true eye color may not be known for several months. Tear ducts are small at birth. Tears are usually not produced in noticeable amounts with crying until your baby is 1 to 2 months of age. Swollen, puffy, or red-looking eyes are often noticed after delivery and result from pressure during birth. Swelling and inflammation usually go away in a few days. During your hospital stay, your baby may have a small amount of yellow discharge caused by mild irritation from the antibiotic ointment given at birth. This usually clears up within 24 hours. If you notice continued yellow discharge or crusting on your baby’s lids and lashes after you get home, please notify your baby’s doctor since this can be a symptom of infection. If your baby has white matter collecting in the inner corner of the eye, it may be from a blocked tear duct. Gently wash it away.
Ears
Newborns have a wide variety of ear sizes, shapes and positions that are normal. At birth, your baby’s ears may bend easily. In time, the ear will feel firmer. Babies do hear at birth and will recognize their mother’s voice. (See Newborn Hearing Screening, page 54)

Ear Discharge
It is normal for a baby’s ears to produce wax. It is not normal for them to produce any other kind of discharge. If you think the discharge from your baby’s ears is not wax, please consult your baby’s physician. Q-tips should not be used inside of your baby’s ears at any time. The eardrum is very close to the ear opening in newborns. Ears can be cleaned well with the corner of a clean, damp cloth.

Caring for Fingernails and Toenails
The best time to cut your baby’s nails is when he is asleep. Sometimes the nail end detaches on its own and can be easily pulled away. Some mothers choose to bite the nail ends off. If you need to cut the nail, we recommend a small pair of manicure or cuticle scissors instead of clippers. With baby’s back toward you, hold your baby’s hand in front of you like you would to trim your own nails. This helps prevent trimming the nail bed.

Bathing Your Baby
Newborns generally do not become very dirty. The bath is primarily a time of enjoyment for the family and a time for happy interaction with your baby. For cleanliness, we recommend that you wash your baby’s bottom with plain warm water every time you change the diaper. Wash his face with warm water whenever it’s dirty and shampoo his hair two or three times a week. If these areas are kept clean, a complete bath can be done as frequently or infrequently as you and your baby wish. If your baby loves a bath, it can be a daily ritual. If your baby is not happy bathing initially, skip it for a few days and try again. A full bath once a week is sufficient for cleanliness. You do not need to wait until the cord is off to bathe your baby.
Care of the Umbilical Cord
Until your baby’s umbilical cord falls off within 1 to 2 weeks, you need to clean around the cord base with alcohol once a day. Gently pull up on the cord and clean between the skin and the base of the cord with a Q-tip dipped in water. Ask your pediatrician if water is best. Some providers prefer that alcohol be used. There are no nerve endings in the cord, so this procedure will not hurt your baby. Some odor around the base of the cord is normal. As the cord dries and begins to fall off, you may note a small amount of dark red blood on the baby’s diaper or shirt. If the cord continues to bleed, has yellow-green discharge and a foul odor, or your baby has a fever or seems sick, call your baby’s doctor.

Taking Temperatures
Is there a fever? An under-the-arm (axillary) temperature is the preferred method of taking your baby’s temperature. To take an axillary temperature, place the digital thermometer under your baby’s arm centering the tip in the armpit. Lower your baby’s arm and hold it firmly against his/her body. Be sure no clothing touches the tip of the thermometer. Leave in place until it beeps. Remove the thermometer and read the number. After use, always clean the thermometer with a cotton pad and alcohol.

If your baby’s temperature reads above 100.4 degrees or below 97.7 degrees, notify your baby’s health care provider.

(On rare occasions, your physician may request a rectal temperature. Lubricate the digital thermometer tip with Vaseline or A&D Ointment. Position your baby on his back, holding his ankles in one hand and the thermometer in the other. Gently insert the lubricated tip into the rectum no more than ½ inch, just enough that the tip cannot be seen. Hold the thermometer carefully in place until it beeps. Remove the thermometer and read the number. After use, always clean the thermometer with a cotton pad and alcohol.)

Note: Ear probe thermometers are not considered to be accurate in newborns. “Temp-strips” placed on the forehead and pacifier thermometers are not as accurate as an axillary (under the arm) temperature. Axillary (under the arm) method is preferred.
Jaundice

During pregnancy, your baby needed more red blood cells to carry oxygen than she needs once she is born. The red blood cells that are no longer needed break down. A substance is released during this process called bilirubin. Bilirubin sometimes builds up in the baby's blood and causes the skin to appear yellow or tan and the whites of the eyes to be yellow. Jaundice is the name for the yellow color. Jaundice reaches its peak in 3 to 5 days after birth and then begins to disappear. Your baby will be checked for jaundice while you are in the hospital and at your Postpartum Care Center clinic appointment.

Babies who are not fed frequently enough do not have many bowel movements, so the bilirubin is reabsorbed back into the blood stream, increasing the degree of jaundice. To prevent jaundice caused by infrequent feedings, breastfeed your baby a minimum of eight to twelve times in 24 hours. If you are formula feeding, be sure to feed your baby when he shows signs of hunger.

It was once believed that water helped babies with jaundice but this is not the case. Avoid water bottles. Water increases the severity of jaundice. Certain conditions that increase the likelihood of jaundice include:

- Not being fed often or long enough
- Prematurity, because the liver, which processes the bilirubin, is immature
- The mother who has type O blood and a father who has a different blood type (which may lead to a kind of jaundice called an “ABO incompatibility”)
- Bruising or bleeding under the scalp as a result of the birth process
- Being induced for labor and/or having epidural anesthesia

If you are worried that your baby is jaundiced anytime in the first week of life, please call the Postpartum Care Center at 425.899.3602. We may ask you to come in so we can check your baby with a light meter that estimates the blood level of the bilirubin.

If you are worried about your baby's jaundice in the evening, at night, or on a Sunday, call the EvergreenHealth Nurse Navigator & Healthline at 425.899.3000. They will give you further instructions for after-hours care. If the bilirubin reaches a certain level, your baby's physician may decide your baby needs a blood test and treatment if the blood levels of bilirubin are high and will refer you for phototherapy. Phototherapy (providing a special light source to your baby's skin) helps break down the bilirubin under the skin's surface, causing the jaundice to go away more rapidly. Phototherapy can be done in the hospital if needed, but is usually done at home.
Diapering

Urinating
A baby’s urine is normally clear and light yellow in color. Occasionally, a baby may have some brick-colored flecks in his diaper, in the urine. This is normal in the first couple of days of life. Usually, a baby has one wet diaper a day for each day old he is until the sixth day, when he will have about 6 to 8 wet diapers a day, for the next several months. It is very difficult to know how many wet diapers a baby has if you are using disposable diapers. If you are concerned that your baby is not urinating, place a Kleenex or small piece of paper towel in the disposable diaper to detect urination. If you have concerns, please contact your baby’s physician or the EvergreenHealth Nurse Navigator & Healthline at 425.899.3000.

Bowel Movements
During the first day or two of life, your baby will have thick greenish-black, tar-like stools, called meconium. As your baby begins to nurse or formula feed, these stools will change first to a brown-green stool and then to yellow. Breastfed babies have frequent loose yellow stools by the third or fourth day of life. It is not unusual for your baby to have a bowel movement with every feeding during the first several weeks. If your breastfeeding baby is not having 2 to 10 stools per day by the third to fifth day of life, it is suggested that you call the Breastfeeding Center (425.899.3494) or your baby’s physician to assess the baby’s feeding patterns and possibly arrange for a weight check.

After a month or so, your baby may begin to have a bowel movement only every few days. If your baby is formula fed, the stools may at first look seedy and then change to a more pasty yellow. For the first week, your baby may have bowel movements with each feeding. After awhile, this will change to 1 to 4 bowel movements a day.

Diaper Rash
Diaper rash is often caused by irritants in the urine or stool. To minimize this, be sure to change your baby’s diaper frequently (every 2 to 3 hours during the day). Always wash the diaper area with plain water at each change. If you launder your own diapers, double rinses with one-half cup of vinegar per rinse load may help to eliminate any residual detergent and neutralize the ammonia created by urine.

If your baby develops a rash in spite of these precautions, try to change diapers more frequently and expose the reddened area to the air several times a day. A diaper rash ointment applied to the rash area after air-drying may be helpful. If you do not notice improvement after a few days, contact your baby’s doctor. Occasionally, babies develop a yeast infection of the diaper area, and this must be treated with medication prescribed by the baby’s physician.
Constipation
Your breastfed baby will not become constipated as long as breastmilk is the only food. Formula-fed infants are more likely to become constipated. A constipated stool is one that is hard, painful to pass, and may resemble pebbles. Recommendations for relieving constipation are varied. Therefore, we suggest you do not use any type of enema, suppository, or laxative without first contacting your baby’s physician.

Diarrhea
Occasionally, normal breastmilk stools are thought to be diarrhea because of their frequency and loose consistency. It is very unusual for a breastfed baby to have diarrhea if she is fed only breastmilk. If, however, your breastfed or formula-fed baby has unusually frequent bowel movements that are watery, possibly greenish with mucus and blood, and exhibits other signs of illness such as fever, fussiness and poor appetite, or floppiness, please contact the baby’s physician right away.

Circumcision

Care of the Uncircumcised Infant
If your son is not circumcised, there is no special care necessary. Do not attempt to forcibly retract the foreskin. As the penis grows, the foreskin loosens and is usually retractable by 4 to 6 years of age. There may be a whitish discharge around the tip of the penis—which is called smegma. Gently clean and wash as usual.

Care of the Circumcised Infant

If your son is circumcised, it may be done before you leave the hospital by gomco or plastibell methods.

After the gomco procedure, a piece of Vaseline gauze may be wrapped around the end of the penis for about 24 hours. When this falls off or you remove it, you may apply Vaseline or A&D Ointment to the circumcision area to keep the diaper from sticking to the penis. Do this for a few days. Otherwise, no treatment is necessary. If the gauze does not come off after 24 to 48 hours, wrap the gauze dressing in a wet, warm washcloth to soak the area or soak the baby in a warm bath. Then gently unwrap the gauze. If it continues to stick, it can be removed at your Postpartum Care Center clinic appointment. You may wash the area with water. As the site heals, there may be a small amount of yellowish drainage but this should be gone within one week and you may see white or yellow patches with no drainage.

If the plastibell device is used, the plastic ring usually drops off 5 to 10 days after circumcision. No special dressing is required and the baby can be diapered and bathed. Do not apply Vaseline to the area. A dark brown or black ring encircling the plastic rim is perfectly normal and will disappear when the rim falls off. The plastibell gradually falls off. Do not pull it off; let it completely fall off on its own.
After you go home with your circumcised infant, notify your baby’s doctor if:

- any bright red bleeding or oozing occurs (call your baby’s doctor immediately and apply gentle, firm pressure to the circumcision site to slow the bleeding)
- your baby does not urinate within 24 hours following the circumcision
- any unusual swelling or redness is seen
- there is an obvious thick yellow or green drainage with a foul odor
- the plastibell does not fall off in 10 days
Babies with Special Needs

Preterm / Premature Babies - A baby born before 37 weeks gestation is a premature infant. Premature babies are immature and as a result, they have special needs. Following are some ways you can better care for your preterm baby:

- A preterm baby’s lungs are often immature. Any time you have questions about your baby’s breathing patterns, discuss your concerns with your baby’s nurse or physician.
- At home, if your baby has difficulty breathing and/or his body or face looks blue, call 911. (Remember, blue hands and feet are normal at first.)
- Preterm infants can have difficulty maintaining a normal body temperature. Keep a hat on baby’s head and keep him or her wrapped warmly or tucked in skin-to-skin with you.
- Once you are home, take your baby’s temperature under the arm. If your baby’s temperature drops below 97.7°F, place your baby on your chest skin-to-skin.
- If the temperature does not rise after 30 minutes, call your baby’s physician.
- Hypoglycemia or low blood sugar level can be a problem for premature infants in the first day or two after birth. Babies who exhibit signs of low blood sugar (i.e., jitters, irregular breathing, refusal to eat) need a blood test.
  - If the blood sugar is low, glucose (sugar) water will be offered to raise blood sugar.
  - If you are breastfeeding, you will be encouraged to breastfeed to give your baby the sugar she/he needs in your milk.
- Feeding can be a bigger challenge for premature babies. They need more frequent feedings (at least every 3 hours), and they tire easily. Quiet rooms, dimmed lights, and minimal talking and stimulation help to reduce tiring.
- If you are breastfeeding, ask to discuss breastfeeding with a lactation consultant.
- If you are formula-feeding, your nurse or lactation consultant will help you with feeding guidelines.
- After discharge, call the Breastfeeding Center at 425.899.3494 with breastfeeding questions and direct formula-feeding concerns to your baby’s physician.
- Jaundice is more common in premature infants. (See Jaundice, page 44)
- Because of their size, premature babies often require extra support to travel safely in their car seat. All babies weighing 5 ½ pounds or less will be monitored for one hour before going home to assess their ability to breathe effectively while in the car seat.
  - Bring your car seat to the hospital so the test will not delay your going home

SGA (Small for Gestational Age) Babies

An SGA baby’s body proportions are similar to a full term infant, but their size is that of a preterm infant. They have many of the same challenges as preterm infants, including difficulty maintaining normal body temperature, problems with blood sugar, and difficulty breathing effectively in a car seat.
Calming Your Crying Baby

Why do babies cry?
Crying is a baby’s only way to tell you what he needs. When babies cry, it is usually for a good reason. Some babies cry more than others. Crying is your baby’s way of letting you know he has reached his limit. Babies may cry because they are: hungry, overstimulated or just need to suck. They may cry because they are sick (check baby’s temperature), too tired, too hot or too cold, beginning “teething” (getting new teeth), or needs to be held and cuddled, or perhaps your baby is “colicky”. Colic is unexplained crying which usually resolves around 3 months of age; it is thought to be a result of the baby’s maturing nervous system and digestion. Unfortunately, we don’t always understand crying as a form of communication.

What can I do when my baby cries?
When your baby cries, you can nurse or slowly feed your baby a bottle. Remember to try burping her during the feeding and immediately afterward. Check your baby’s diaper, rock your baby gently, place her in an infant swing or bouncy chair (supervise!) or take your baby for a ride in a stroller or car. Remember, your baby has come a long way from the warm and all-comforting womb. Touching, talking, holding, rocking, cuddling, and stroking are all way to communicate. They tell your baby that you care for him, that his needs are important and ultimately help your baby to find his place in the world.

Here are more ways to comfort your baby:

● Hunger? – Try feeding your baby.
● Gas? - One of the most effective ways to help your baby with gas is to let your baby nurse. Suckling makes the intestines move and releases endorphins which are the baby’s natural pain reliever.
● Other ways to ease gas pains include burping, patting baby’s bottom, leg/abdominal exercises, a water bottle filled with warm water to abdomen (be careful that temperature is not too hot for baby), or heating pad (never leave an infant unattended with a heating pad on).
● Startled or overstimulated baby? Swaddling baby, cuddling baby, holding baby’s extremities, carrying baby in a sling or front carrier, walking with baby, taking baby for a car ride, rocking baby in the cradle, rocking baby standing up (back and forth or up and down), putting baby in a swing chair.
● If your baby is still crying, try walking outside or massaging your baby.
● Sounds can help too. Try music (or turning off music), “white noise” like the radio tuned between channels or the hum of the vacuum cleaner or clothes dryer.
● Too hot? Remove clothes and extra blankets.
● Too cold? Change your baby’s diaper then place your baby skin-to-skin with you or Dad or partner for 30 minutes. You may also want to try a warm bath, swaddling baby, cuddling baby, increasing room temperature, adding clothes, warming baby’s blanket in the dryer, then using to swaddle baby.
Common sense is usually enough to tell if your baby is too warm or too cold. A good rule of thumb – indoors or outdoors – is dress your baby as you are dressed for comfort then add one more layer to your baby’s outfit. For example, if you are comfortable around the house in a t-shirt & pajama pants, add a onesie or t-shirt under your baby’s footed sleepwear. Outdoors, a hat on your baby is a good idea, since most body warmth is lost through the scalp and babies have thinner hair and thinner scalp skin. Signs that your baby is overheated are bright red cheeks combined with perspiration in the folds of their neck and behind their knees, and/or panting. If this happens, remove only one layer to avoid a chill as your baby cools to comfortably warm. In a stroller, when moving from cold outdoors into a warm store, for example, remove the blanket that’s over the winter-clothed baby or unzip their winter wear and remove their hat until you venture outdoors again.

If you are still unsure whether your baby is too warm or too cold, take her temperature. An under-the-arm (axillary) temperature is the preferred method of taking your baby’s temperature. To take an axillary temperature, place the digital thermometer under your baby’s arm centering the tip in the armpit. Lower your baby’s arm and hold it firmly against his/her body. Be sure no clothing touches the tip of the thermometer. Leave in place until it beeps. Remove the thermometer and read the number. If your baby’s axillary (under-the-arm) temperature reads above 100.4 degrees or below 97.7 degrees, notify your baby’s health care provider.

After a while, both you and your baby will develop favorite calming methods. Also, just because something didn’t work last time or half an hour ago doesn’t mean it won’t work now. Tip: The Happiest Baby on the Block method is a revolutionary calming technique developed by Dr. Harvey Karp and is extremely helpful for calming babies. It is a widely available book and DVD. (Also available at our EvergreenHealth Baby and Family Boutique, Suite Coral 320)

When All Else Fails
At times, you will need to take care of yourself so you can take care of your baby. It’s okay to place the baby in a crib or other safe place, shut the door, and allow her to cry for a few minutes while you take a break in another room.

Try not to get upset or angry when your baby is crying. If this happens, try to breathe deeply and relax, call a relative or friend for support, turn on calming music.

Comforting your crying baby can be tiring and frustrating. Respect your feelings, ask someone you trust to babysit so you can go for a walk. Everyone in the family needs to help you. Sometimes, a new person doing the same thing can help calm baby. Take turns trying to comfort baby. Every member of the family needs to help you. You can call your doctor or a family help line for support.
How You Can Prevent a Tragedy?
Never shake or throw your baby around. Always place your hand under your baby’s head to provide support. Make sure and tell all your family members and caregivers about the dangers of shaking a baby. Gentle bouncing and playing with a baby will not cause Shaken Baby Syndrome.

What is Shaken Baby Syndrome?
Shaken Baby Syndrome is a life-threatening form of child abuse that happens when someone shakes a baby hard. Hard shaking causes the baby’s head to whip back and forth. The brain slams repeatedly against the skull and starts to bleed and swell. The adult may throw the baby down after a shaking. When the baby’s head hits something, even a soft crib mattress, the impact can further injure his brain. There may be no visible sign of abuse at first, but shaking can lead to brain damage, learning problems, mental retardation, blindness, deafness, seizures, paralysis, or even death.

How Does it Happen?
A tired, angry, or frustrated parent or caregiver will sometimes shake a fussy baby to try and make her stop crying. This shaking is dangerous because babies have large heads and brains, and their weak neck muscles cannot support the stress of shaking.

Handle With Care. We all need to realize that a lack of control can lead to violence which can cause permanent damage. If you shake your baby hard in a moment of rage or you see or hear that someone else has shaken your baby, take the baby to the hospital immediately. Early treatment can prevent future problems...and may save your baby’s life.
Newborn Blood Screening Tests

State law requires that all babies born in Washington have a blood test called the newborn screening test. This test identifies disorders in the baby by testing a small amount of your baby’s blood. These disorders can cause mental retardation or result in serious illness if not found and treated early.

The sample of blood is taken from the heel of your baby’s foot (a “needle stick”, the same way blood is taken from your finger).

In Washington, the screening test is used to detect the following nine disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (CH), Congenital Adrenal Hyperplasia (CAH), Sickle Cell Disease and Other Hemoglobin Abnormalities, Biotinidase Deficiency, Galactosemia, Homocystinuria, Maple Syrup Urine Disease (MSUD) and MCAD Deficiency.

The blood sample for these screening tests is collected on a special absorbent paper from a small prick on your baby’s heel. The first test is done while you are in the hospital. Your baby’s doctor will receive the report of the test, usually in 5 to 7 days after the sample is collected. This allows your doctor to begin treatment for your baby, if necessary, as soon as possible.

A second sample is collected when your baby is 7 to 14 days old. The second sample is collected because with some infants, a disorder may not have been detected with the first test. Your baby’s doctor will let you know where to have the second test done. This sample may be taken at your baby’s first doctor appointment or at the EvergreenHealth Laboratory. Several other hemoglobin abnormalities are also detected by screening, although many do not require medical follow up. The blood samples are sent to the State Public Health Newborn Screening Laboratory in Seattle for testing. It will detect not only if your baby has the disease but also if your baby carries the trait for the disease. All have reproductive implications for the family.

Make sure to ask about the results of your baby’s newborn screen. For more information, please visit www.doh.wa.gov.newbornscreening
Immunizations

Immunizations are now available to prevent many illness that were once considered normal childhood diseases. The benefits of the immunizations are much greater than the possible risks of the vaccines. Washington State Law RCW 28A.31.118 requires that every child be immunized before entering school and daycare centers.

Your baby may receive the first immunization (the first of three hepatitis B shots) while in the hospital. The remaining immunizations can be provided at your baby’s well-baby checkups, at the local health department, or at a community clinic.

The possible risks or side effects of each immunization will be explained to you at the time your baby receives each vaccine. The risks vary from each vaccine but can include such symptoms as soreness at the injection site, fever, and fussiness.

Keep an accurate record of all the vaccines your baby has received. This record will be necessary if you place your baby in daycare and when your child begins school. This is a good time to get your own immunizations up to date. As an adult, you will need to have a tetanus-diphtheria booster (Td) every 10 years.
Newborn Hearing Screening

Hearing loss in newborns is present in 3 infants per 1,000 live births. One in 1,000 newborns is born deaf; and, ninety percent of children with hearing loss are born to hearing parents. The cause is not known. Because the first two years of a child’s life are the most critical for learning speech and language, early detection and treatment is essential.

Babies with mild hearing loss will respond to you when you talk with them. They will also respond to louder sounds. However, babies with even the mildest hearing loss will have difficulty hearing the softest sounds of speech. This significantly affects a child’s ability to learn language, delay social and emotional development, and interferes with parent-baby bonding. Babies with the most severe degrees of hearing loss will have difficulty hearing speech and even very loud sounds but will still respond to you when you talk with them face to face. When detection of hearing loss is delayed, studies show that infants and children fall behind hearing children in communication and social/emotional development which may eventually result in decreased education and employment levels in adulthood.

It is best if newborns are hearing screened before they leave the hospital. When hearing loss is detected early, steps can be taken to aid hearing and improve language and communication skills. Because we and your baby’s physician believe that newborn hearing screening is so important, we offer newborn hearing screening to all families with newborns.

Equipment to detect hearing loss at birth is both effective and efficient. It takes only a few minutes and causes no discomfort to your baby. Special sensors are placed on your baby’s skin. A soft rubber earphone sends a series of quiet sounds into your baby’s ear. The sensors measure the responses of your baby’s hearing nerve. The data is computerized and stored. A specially trained technician administers a hearing screening test. The test we use at EvergreenHealth is called Automated Brainstem Auditory Evoked Response (ABAER).

You will be informed of your baby’s results right after the test. If you have questions you can contact our Newborn Hearing Screening Program at 425.899.3556. Any future concerns you may have about your baby’s ability to hear should be shared with your baby’s physician.
If your baby does not pass the hearing screening, your baby will need more testing to confirm whether or not they have a hearing loss. It is also important to understand that there are varying degrees of hearing loss. A hearing loss can range from mild to profound (deaf). The most common reasons why a baby may be referred for further testing are middle ear fluid or infection, an ear canal blocked with debris, or a permanent hearing loss.

If your baby is referred for further testing, the following is a list of clinics in our area where you can have your child’s hearing tested:

Children’s Hospital & Regional Medical Center  
PO Box 5371, MS CH-78, Audiology, Seattle, WA 98105  
Phone: 206.987.5173 • Fax: 206.987.3878

Children’s Bellevue, Audiology  
1135 116th Ave. NE, Suite 400, Bellevue, WA 98004  
Phone: 425.454.4644 • Fax: 425.451.0214

Evergreen Speech & Hearing Clinic, Inc.  
1800 116th Ave., Suite 103, Bellevue, WA 98083  
Phone: 425.454.1883 • Fax: 425.454.2036

Mary Bridge Speech & Hearing Clinic  
Mary Bridge Children’s Hospital, 1220 Division, Tacoma, WA 98403-1321  
Phone: 253.403.1450 • Fax: 253.627.5004

University of Washington  
Pediatric Audiology Clinic  
Center for Human Development and Disability (CHDD), PO Box 357920, Seattle, WA 98195  
Phone: 206.685.4692 • Fax: 206.543.5771

Virginia Mason Medical Center  
Listen for Life Department, 1100 Ninth Avenue, Seattle, WA 98111  
Phone: 206.223.8802 • Fax: 206.223.2388
Guidelines for Reducing SIDS (Sudden Infant Death Syndrome)

11. Infants should ALWAYS be placed on their backs (face up) when they are resting, sleeping, or left alone. Back sleeping has been found to greatly reduce the incidence of SIDs.

12. Infants should be placed on their tummies (tummy time) ONLY when they are awake and supervised by someone responsible. Supervised tummy time is encouraged to help make your infant's neck and back muscles strong and to prevent flattening of the head.

13. Babies should sleep on a firm surface in a safety-approved crib, bassinet or a 4-sided bedside co-sleeper.

14. Bed-sharing is not recommended. Parents or caregivers who want to be close to their infant while they are sleeping can move the crib, bassinet, or 4-sided bedside co-sleeper next to their bed.

15. Sharing a room with your baby (not a bed) may provide some benefit in the prevention of SIDS.

16. Pacifier use after baby's feeding pattern is well established may reduce the risk of SIDS.

17. Mattresses should be firm and ALWAYS fit snugly in the crib's frame.

18. Dress your infant in a footed sleeper or sleepsack instead of covering infant with a blanket.

19. If you choose to cover your infant, ALWAYS make sure the blanket is thin, stays at or lower than the infant's waist, and is tucked in on all three sides of the mattress.

20. Avoid over bundling or overheating.**

21. NEVER place your infant on a sofa, couch, pillow, or waterbed.

22. NEVER place your infant to sleep or to nap with any pillows, stuffed toys, bumper pads, comforters, quilts, and sheepskin or sleep positioners.

23. NEVER smoke in the same room as an infant or child.

24. NEVER let anybody else smoke in the same room as your infant or child.

25. Be sure to have your baby vaccinated. Babies who are vaccinated according to schedule have a reduced incidence of SIDS.

**Common sense is usually enough to tell if your baby is too warm or too cold. A good rule of thumb – indoors or outdoors – is dress your baby as you are dressed for comfort then add one more layer to your baby’s outfit. For example, if you are comfortable around the house in a t-shirt & pajama pants, add a onesie or t-shirt under your baby’s footed sleepwear. Outdoors, a hat on your baby is a good idea, since most body warmth is lost through the scalp and babies have thinner hair and thinner scalp skin. Signs that your baby is overheated are bright red cheeks combined with perspiration in the folds of their neck and behind their knees, and/or panting. If this happens, remove only one layer to avoid a chill as your baby cools to comfortably warm. In a stroller, when moving from cold outdoors into a warm store, for example, remove the blanket that’s over the winter-clothed baby or unzip their winter wear and remove their hat until you venture outdoors again.

If you are still unsure whether your baby is too warm or too cold, take her temperature. An under-the-arm (axillary) temperature is the preferred method of taking your baby’s temperature. To take an axillary temperature, place the digital thermometer under your baby’s arm centering the tip in the armpit. Lower your baby’s arm and hold it firmly against his/her body. Be sure no clothing touches the tip of the thermometer. Leave in place until it beeps. Remove the thermometer and read the number. If your baby’s axillary (under-the-arm) temperature reads above 100.4 degrees or below 97.7 degrees, notify your baby’s health care provider.

For informational purposes only. EvergreenHealth is not associated with this company or its products.
Sleep Policy During Your Hospital Stay

EvergreenHealth has you and your baby/child’s safety in mind at all times while you are in our care. We understand that when you go home you will make the best decision for where your baby/child sleeps that works best for your family. Additional information regarding safe sleep practices, common terms, and risks has been provided for your review to help answer any further questions.

During your hospital stay, the safest place for your baby/child to sleep is in the baby bassinet/crib in your room. Your hospital bed is designed for adults—not for babies—so there is a greater risk of falls when your baby/child sleeps in bed with you. Additionally, it is normal to feel drowsy and to be taking a pain medication which further increases the risk of falls. Please place your baby/child in the bassinet/crib when you are sleeping or have another member of your family hold your baby/child so that you may rest.

Below are common terms used for where your baby/child sleeps when you are home.

“Bed-Sharing” is when you sleep in the same bed with your baby/child (under the age of two years). This is not considered safe by the U.S. Consumer Product Safety Commission (CPSC) and the American Academy of Pediatrics (AAP). Bed-sharing may increase the risk of falls, suffocation, strangulation, and Sudden Infant Death Syndrome (SIDS).

“Room-sharing” is when your baby sleeps in your room but not in your bed. According to studies by the AAP, the risk of SIDS is actually reduced when you “room-share” with your baby.

Please sign below to indicate that you have read and understand the above information regarding where your baby/child sleeps during the hospital stay.

Parents Signature:  ________________________________ Date: ______________

RN Signature:  ________________________________ Date: ______________
Warning Signs to Report to Your Care Provider

Warning Signs of Postpartum to Report to your Physician or Midwife
- Oral temperature above 100.3 F.
- Sudden onset of severe pain in incision, perineum, or abdomen.
- Bleeding heavily enough to soak through a large peri-pad (maxi pad) in an hour or less.
- Passing a clot larger than a lemon followed by heavy bleeding.
- Inability to urinate or pain, burning, or urgency of urination.
- Putrid-smelling vaginal discharge. (It naturally has a very strong or pungent odor.)
- Opening of a cesarean incision or foul or bloody discharge from the incision.
- Swollen, red, painful area on leg (especially the calf) that is hot to the touch.
- Tenderness and red, warm, swollen area on breast, especially with fever or flu-like symptoms.
- Shooting pain down your legs or difficulty walking.
- Severe headache, especially when sitting or standing that is relieved when you lie down.

Warning Signs to Report to your Baby’s Physician
- Any under-the-arm (axillary) temperature above 100.40 F or below 97.70 F.
- Any yellow or yellow-green discharge from the eye.
- Concerns about jaundice. (Your baby will be checked for jaundice at your Postpartum Care Center clinic appointment. If you do not have an appointment or you have continuing concerns, notify your baby’s physician.)
- Concerns about the circumcision, including bright red bleeding (more than a spot), swelling, foul discharge, or inability to urinate.
- Concerns about the cord, including bright red bleeding (more than a spot) or a foul odor to the cord.
- If your infant’s behavior changes and he/she is very lethargic or listless.

Call the Breastfeeding Center at 425.899.3494 if your newborn infant feeds fewer than seven or eight times in 24 hours or does not have a bowel movement in 24 hours or has fewer wet diapers than he is days old. (For example, a three-day-old infant should have three wet diapers.) By the time your milk is in, you can expect 6-8 wet diapers in 24 hours.

After you go home with your baby, please be aware of these signs and symptoms to report to your healthcare providers.
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