

Mom & Baby After Delivery



A Guide to Care for You & Your Newborn



RIVERSIDE

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Welcome to the Women & Infant Care Unit



Congratulations on the birth of your baby! Here are a few reminders regarding your stay:

- Our visiting hours are 9 a.m. to 9 p.m. Quiet time is from 9 p.m. to 9 a.m. We ask that you limit your visitors to four at a time.
- After visiting hours, one overnight guest is allowed to help mom care for the infant. This person must be 18 years of age or older, or the baby's father. One sleep chair is provided per room.
- Two pantries are available in the unit; they include sodas, juices, milk, crackers and other light snacks for patient use only. Coffee and ice water are available for patients and their visitors.
- A box lunch is available for patients following delivery. Only mom receives a tray during meal times. If you have any special dietary restrictions, please notify our staff.
- Our hospital cafeteria is available to purchase food at the following times:

Monday - Friday, 6:30 a.m. to 8 p.m. and 10 p.m. to 4 a.m.

Saturday - Sunday, 6:30 a.m. to 7 p.m.

Please note the cafeteria is closed after 7 p.m. on weekends.

Our "Tower Cafe" is open for purchasing meals or snacks at these times:

Breakfast 6:30 a.m. - 10 a.m. • Lunch 11 a.m. - 2 p.m. • Dinner 4:30 p.m. - 8 p.m.

Late Night 10 p.m. - 4 a.m. (Monday-Friday)

Between meals the cafe is open and salads, beverages and grab-and-go items are available.

To encourage bonding, your baby will be in the room with you – except during assessments and procedures. There will be routine lab work done for infants after 24 and 48 hours of age.

Family is not allowed to accompany the infant to the treatment room unless it is the baby's first bath. During this time, one person with a baby band is allowed.

Welcome to the Women and Infant Care Unit

- To help care for your infant, we ask that you write down feedings and diaper changes on the clipboard and sheet provided.
- Safety is a priority. Infants must remain in the bassinet while you are asleep and during times when you walk in the halls.
- It is very important to us that we do a very good job of cleaning your room and bathroom. A team member from environmental services will be in to clean your room. If at any time you feel your room needs servicing or trash needs to be removed, please let our team members know so we can address it immediately.
- During your stay we will provide the following items, which are yours to keep when you leave on discharge day:
 1. Starter pack of diapers and wipes
 2. Pacifier (upon request)
 3. Starter pack of formula with nipples of your choice for formula-feeding infants
 4. Starter pack of perineal care items
 5. Personal toiletry items (upon request)

*We want to make sure you feel comfortable during your stay.
Please notify the staff if you are in need of any personal care items.*

- Linens are provided for hospital use only. Infant T-shirts and blankets are provided for use during your hospital stay. Please notify staff if linens become soiled and we will exchange for clean items.
- You will need to provide a going-home outfit, car seat and blanket for your infant on discharge day.
- Before you are discharged from the unit, we aim to make sure you have all the knowledge and help you'll need when you are home. You will also receive verbal and written discharge instructions concerning infant and self-care and follow-up for both you and your baby.



“All those clichés about having a baby turn out to be true. It’s hard to manage things, it’s overwhelming at times and it’s the most beautiful thing you will ever experience.”

~ Penelope Cruz

Caring for Yourself Postpartum



Changes after Birth

Your body goes through some tremendous changes throughout your pregnancy and during the birthing process. Once your baby is born, you'll go through more very noticeable physical and emotional changes.

If you already have a child, you'll be more aware of what's taking place within your body. But just as every pregnancy can be different, so can every postpartum experience. If this is your first baby, these changes can surprise you and may even cause a little anxiety if you're not sure what to expect.

The good news is that the postpartum period – the name given to the first six weeks or so after your baby is born — is a time of very natural changes that take place as your body returns to its pre-pregnant condition.

We've included some of these changes along with several steps you can take to provide effective self-care. If you have any questions or concerns about anything related to your postpartum experience, be sure to talk with your Riverside care team.

Your Uterus

By the time you go into labor your uterus is about 25 times its original size and has expanded well outside your pelvis. But then the whole process turns around rather quickly. Minutes after your baby's birth, muscular contractions in your uterus cause it to begin shrinking. It's this action that causes the placenta to separate from the uterine wall. Once the placenta is delivered, the uterus continues shrinking and within a week is half the size it was just after you gave birth. After two weeks, it's even smaller and once again is located entirely within your pelvis. In just a month it should be back - or very close - to its pre-pregnancy size and weight.

During the shrinking process, especially in the earlier stages, you may feel a little pain (appropriately called "afterpains"). While these afterpains happen in the first few days after birth, these pains can often continue much longer. These cramp-like feelings may also occur during breastfeeding. They tend to be more noticeable in women who are not having their first baby.

Afterpains can cause discomfort and may require comfort measures like warm packs, massages and medications, but they are generally not a reason to worry. At the same time, you shouldn't be concerned if you don't have afterpains since not every mother feels them and the lack of afterpains doesn't mean your uterus is not healing.

Caring for Yourself Postpartum

Lochia (Vaginal Discharge)

After your baby is born, you'll experience a postpartum vaginal discharge, called lochia, which is made up of blood and sloughed-off cells from the lining of your uterus. It can last for a month or more and starts out containing a fair amount of blood before becoming more watery and pinkish. The flow decreases in both color and volume over time and eventually appears as a small amount of discharge.

Lochia is a normal part of your reproductive system's return to its pre-pregnancy and pre-delivery condition, but take it easy for awhile because strenuous activity can increase the bleeding. As part of managing it, be sure to use sanitary napkins because tampons could cause infection.

Your Returning Menstrual Cycle

Now that we've discussed lochia, don't mistake it for your first menstrual cycle after giving birth. The most important thing to know about your period is that it may be a bit erratic and irregular and there's no set time for its return. Some women can get a period as early as 10 weeks after delivering while with others it's delayed for five or six months or even a year. If you are breastfeeding, you may not get your period until you completely stop, although this situation isn't true for all women.

Just keep in mind that your body has undergone some major changes and continues to experience a few hormonal changes. These changes can affect your menstrual patterns, create more PMS than you may be used to and sometimes cause a heavier flow than usual.

Hemorrhoids

There are a wide range of physical and hormonal changes in your body that are associated with getting hemorrhoids – not to mention the pushing you do in labor.

If it's any consolation, it's estimated that over 100 million people suffer from hemorrhoidal discomfort, including about half of women during and often after pregnancy.

Fortunately, there are a number of things you can do to relieve discomfort including:

- Use premoistened wipes after bowel movements (you can also use a peri-bottle with warm water).
- Apply ice packs (some people prefer heat).
- Apply topical sprays or creams.
- Sit on an inflatable ring.

For the longer term, the best ways to reduce symptoms (or reduce your chances of getting hemorrhoids if you don't have them) is:

- Eat foods rich in fiber.
- Do Kegel exercises.
- Drink plenty of water.

Caring for Yourself Postpartum

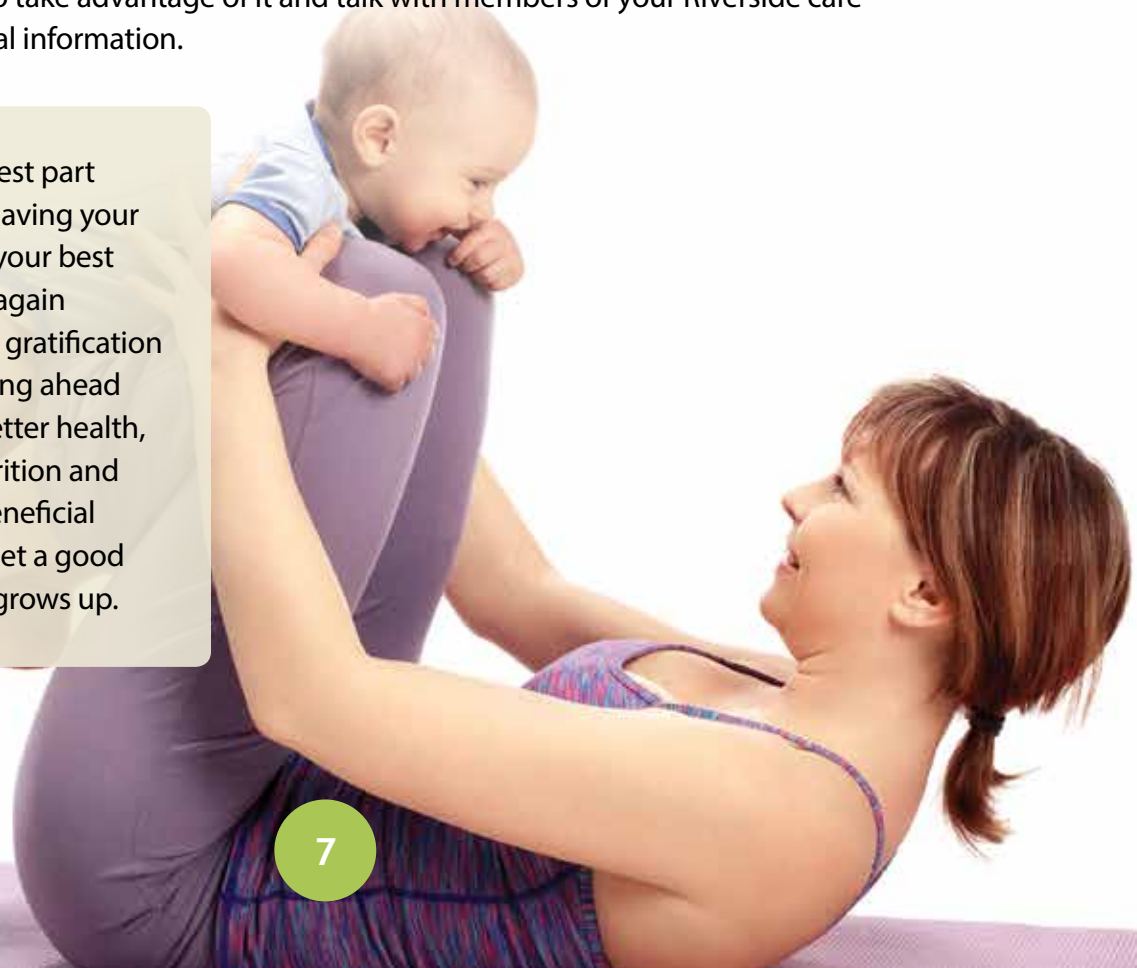
Post-Pregnancy Weight Loss

By now we're all getting used to looking at the photographs of celebrity moms with new babies who have practically created a cult out of seeing who could shed their pregnancy weight soonest and get back to what social media and entertainment magazines often describe as their "pre-baby bump smokin' body." It's not a good idea to try and emulate their particular competition.

Part of the problem is that many of us may not have been all that "smokin' hot" before pregnancy, so it would be a little unrealistic to expect it after. The other consideration is that those celebrity moms probably have a lot more help than you do and can focus more easily on reclaiming their bodies.

The point is, weight loss after pregnancy is desirable and achievable, but it's important to be patient. What else is important is a commitment to the basics of healthier eating habits and appropriate exercise. There's a lot of good information out there on healthy diets and physical activity after pregnancy, so take advantage of it and talk with members of your Riverside care team if you need additional information.

And remember – the best part of losing weight after having your baby isn't getting into your best jeans or favorite outfit again (although there's some gratification in that). It's about moving ahead with an approach to better health, through improved nutrition and exercise, that will be beneficial all your life. It will also set a good example as your baby grows up.



Caring for Yourself Postpartum

Emotional Changes

Regardless of how sunny your personality is under normal circumstances, there's a good chance that having a baby, whether it's your first, second or beyond, will create some noticeable emotional changes. For example, you might notice things like being more irritable or more anxious, mood swings and sudden tears, along with a sense of being overwhelmed.

Some of the reasons for these common feelings are related to the fact that your hormones are fluctuating and you're very likely sleep-deprived and often exhausted. At these times, it's important to get help around the house so you can concentrate on your baby. It also helps to talk with friends, family and a support group of other new moms in person or online.



Caring for Yourself Postpartum

Many new mothers have the “baby blues.” This can start a few days after delivery and generally fades after 10 days or so but can also last for a few weeks. Baby blues (or postpartum blues) may be triggered by the anxiety about caring for your new baby as well as the “loss” of your former self and your new identity as a mother. “Baby blues” can leave you feeling quite weepy at times, but generally begin to settle down when you figure out things like you must sleep whenever the baby is sleeping and you really can be successful in your new role.

What’s generally considered to be the baby blues is not an illness and it will go away on its own. No treatment is necessary other than reassurance, support from friends and family, rest and time.

Unlike baby blues, **postpartum depression (PPD)** is a more serious condition that can put a new mother at risk of harming herself and her baby. Since PPD shares common, though more pronounced, symptoms with baby blues, they can be confused. But while the emotional challenges associated with baby blues tend to fade away on their own, a new mother with PPD needs some outside help. Women who have experienced postpartum depression often describe feeling a strong sense of worthlessness and considerable anxiety. They also may experience the feeling of being unable to care for themselves or their babies.



The important thing is to talk about your feelings and not to hesitate in seeking help. Your Riverside care team can help direct you to treatment that usually includes a combination of medication and therapy.

Having a good support system at home is important, but there is no substitute for the kind of professional help that is readily available.

Caring for Yourself Postpartum



Dads Get the “Baby Blues” Too

Somewhere around one in 10 fathers of newborns also get that strong hit of emotions postpartum (about half as many as mothers). The fact is, lives change on both sides of the parental coin. In fact, any recent father looking for a return to normal is going to be in for a long look. The good news is that the new normal is something that can be adjusted to by both parents in the spirit of sharing – and that includes the exhaustion, the sleep deprivation, the anxiety, the confusion at times and, of course, the wonder of having been part of bringing a new life into this world.

If you’re reading this as a new father, you probably will pick up pretty quickly on the fact that you’re not the center of attention, even if you once were. That would belong to the new baby and the new mother, because, well, because that’s how it is. But while you’re waiting for some attention to swing back your way, here are some things you can be doing that will make a real difference in your relationship with your partner and your new baby:

- Take care of yourself because your responsibilities have increased too, and the healthier you are the more help you can provide.
- Be there for the household duties, the shoulder rubs, the hugs, the smiles and encouragement, the diaper changes, the rocking, the burping (your baby’s not yours), the bathing and everything else that goes into your newly changed environment.
- Be patient when it comes to sex. You may well be on a different timeline at this point. And when you start, be slow and gentle.
- Talk about it. Despite feeling extra tired and pressured, take time to communicate about your changing roles and priorities with each other and as parents. And don’t hesitate to talk about your concerns.

Most of all, try to express a sense of confidence...even if you don’t exactly feel confident all the time. You’ve got this. Or at least you soon will.

Caring for Yourself Postpartum



Self-Care Tips After Childbirth

One of the most important things for any caregiver to know is that you have to take good care of yourself or you won't be of optimal value to someone else – and in this case, that “someone else” is the new baby. For all moms and for first-time moms especially, it's natural to focus on your parental role while taking the emphasis off your own needs. For that reason, postpartum hygiene and self-care are a critical part of your life when you get home from the hospital. The following tips are a good place to begin.

It All Starts with Hand-Washing

The first hygiene practice for new mothers to follow is hand-washing. It's pretty basic, but it's the best tool you have to avoid colds, flu and stomach problems. Use warm water and soap, rubbing your hands together vigorously for 20 seconds before and after eating, after dressing or doing any self-care and definitely before touching, holding or carrying your baby.

Episiotomy/Laceration Care

At the time of your baby's birth, there is a possibility that you will end up with a perineal tear or an episiotomy. Here's a quick explanation of what those conditions are and a reminder on how you can help them heal once you get back home. Talk with your doctor right away if you are

having any problems. The perineum is the muscular area between the vagina and the anus, and it experiences quite a bit of stress and change during pregnancy and delivery. This stress can result in the skin tearing or the need for an episiotomy – a surgical cut that may be needed under certain circumstances.

Episiotomies were once routine but now are usually done for special conditions that include the birth of a very large baby as well as the need to speed up the delivery if either mother or baby are experiencing any distress.

Even if you don't have a perineal tear or an episiotomy you will feel tender in the perineum since it expanded quite a bit during birth. If you do have either, you will experience some pain and discomfort until the area heals and goes back to its normal shape.

One of the things you can do to ease pain and promote healing in the perineum is to frequently apply warm water to the area. And the best way to accomplish that is with a sitz bath — a small, portable basin that generally fits over a normal-sized toilet. You can also sit in the tub in about three inches of water to achieve the same comforting, cleansing and healing effect. You can take sitz baths throughout the day and can add medication or herbal preparations to the warm water as well.

Caring for Yourself Postpartum

You may be given further instructions on how you can care for the area once you get home. If there is anything you don't understand or want more information about, be sure to ask.

For most women, healing after a perineal tear or an episiotomy is uncomplicated and just takes some time and some effort on your part to follow the information on self-care. However, if you experience any of the following conditions, it's essential to contact your doctor or other care providers immediately:

- You have swelling (more than when you left the hospital) around the tear or episiotomy incision.
- The tear or episiotomy opens.
- You have painful urination or can't urinate.
- There is pus, redness or increasing pain in the area.
- You have a fever.
- You notice a bad smell coming from the episiotomy or tear area.

Again, the two most important things to remember about perineal tears and episiotomies are: to follow your doctor's instructions for relieving pain and discomfort and helping out with the healing process; and to get immediate medical assistance if you have any of the symptoms listed above.

After a Cesarean

The first thing to remember about a cesarean, or C-section, is that it is major surgery in addition to birthing.

That means you should expect discomfort and even pain. Don't expect too much too soon. Be patient and be kind to yourself. Keep in mind that the best self-care in this case is to allow yourself plenty of rest so those layers of stitches inside you can hold together and help heal your incision.

Even if you expect a vaginal delivery, it's good to have plan B in place and that includes the restriction on going up and down stairs for a while, lifting your baby or doing anything that strains your abdominal muscles. The other most important self-care suggestion is to make sure you have help – from your partner, other family members, friends and anyone else you can come up with – to care for yourself and your baby. If you're supposed to take pain medication and you're planning to breastfeed, be sure to talk to your doctor about any limitations in that area or any other. And be sure to walk around – slowly and carefully – to prevent blood clots and maintain strength.

You'll also want to drink plenty of water (you will likely be on stool softeners, too) and maybe some prune juice to help out with bowel movements, which are likely to be few and far between initially and a little painful when they occur.

Beyond that, remember that recovery from a C-section is measured in weeks, not days, so be patient and keep looking at your baby to remind yourself that while it was a tough process, something wonderful came out of it.

Caring for Yourself Postpartum

Bath Time

There's no question about the "why" when it comes to bathing after childbirth – and we're talking about the real thing here, not the soothing but not quite enveloping sitz bath. The warm water relaxes the pelvic region, soothes damaged tissues and has an overall positive therapeutic effect on your exhausted and uncomfortable-in-multiple-places body.

The only question is about "when" you should take a bath. (The same question should be asked about showering, too.) The answer may vary depending on your particular birthing situation so be sure to get some advice from your Riverside care team before you leave the hospital. When you do take a bath it's important to make sure the tub is clean after the last use and be extra careful getting in and out.



Caring for Yourself Postpartum



When Your Body Tells You There is a Problem

Self-care is a great way to gain confidence as you settle into life with your new baby or your even larger family. But sometimes you need a little help. Be aware of these signs and symptoms and be sure to seek help from your Riverside OB care team, your primary care provider or another appropriate level of care. The important thing is not to delay because all of these warning signs hold the potential to be more serious when you put off needed assessment and possible treatment.

- Heavy vaginal bleeding (soaking more than one sanitary pad in an hour) that continues to be bright red after the first four days, contains blood clots bigger than a quarter or has a foul odor
- Chills and fever of 100.4 degrees or higher or flu-like symptoms including severe vomiting
- Severe or persistent pain in your abdomen or afterpains that get worse instead of better
- Pain or burning when urinating, the urge to pee frequently but not much comes out or urine that is dark or bloody
- Pain or discharge at the site of your C-section
- Redness, pain or swelling in one or both legs
- Any abnormalities in your breasts including pain, heat, a distinct lump or considerable tenderness
- Severe or persistent headaches
- Blurring or dimming of vision, flashing spots or lights or double vision
- Pain or inflammation where your IV was inserted
- Extreme sadness or despair or any thoughts about harming yourself or your baby

In case of chest pain, coughing up blood, profuse bleeding or signs of shock including rapid and shallow breathing, clammy skin, confusion or light-headedness, CALL 911 IMMEDIATELY.

Caring for Yourself Postpartum



What You Should Know: Postpartum Hypertension

Postpartum hypertension is the medical term for high blood pressure that develops after giving birth. It is also called postpartum preeclampsia, a condition that involves high blood pressure as well as excess protein in the urine. Before you deliver, good prenatal care and the careful monitoring that goes with it help manage the kind of preeclampsia that occurs during pregnancy and resolves on its own after delivery.

Although postpartum preeclampsia is rare, you should know the signs and seek medical help right away. Although the causes aren't completely understood, it's generally believed that the condition may be set in motion during pregnancy but doesn't cause any symptoms until after delivery. Most cases develop within 48 hours after childbirth but it sometimes can appear up to four to six weeks after you've left the hospital and returned home.

Many women who experience postpartum preeclampsia show no signs or symptoms during pregnancy. Also, you might not suspect that anything is wrong when you're focused on recovering from childbirth and caring for a newborn.

Here's what to look for – and as you can see, the first two symptoms would be generally found during a medical visit:

- High blood pressure (hypertension)
- Excess protein in your urine
- Severe headaches
- Swelling in your face and hands
- Changes in vision, including temporary loss of vision, blurred vision or light sensitivity
- Upper abdominal pain, usually under the ribs on the right side
- Nausea or vomiting
- Decreased urination
- Sudden weight gain, typically more than 2 pounds a week

The good news is that postpartum hypertension/preeclampsia is a rare condition and one that can be successfully managed with medications while you continue your role as the mother of a newborn. The most important thing for you to do is to keep in mind the kind of symptoms that might appear and to notify your doctor right away if you have any.

Caring for Yourself Postpartum



Time for Sex

In this section on self-care, there's been a lot of discussion about being patient during the period of recovery and healing following childbirth. Patience definitely comes into play when you consider the topic of sex and specifically how soon you can have sex. Quite a few health experts recommend waiting four to six weeks in order for the cervix to return to its pre-pregnancy and delivery state, for postpartum bleeding to stop and for any tears or other tissue damage to heal – a time that generally corresponds with your first postpartum checkup. On the other hand, some women may feel ready to resume sexual relations after a few weeks. The point is that beyond certain physical or emotional considerations, the timetable is very individual.

For a good number of women who are feeling the effects of vaginal soreness, exhaustion, anxiety and a diminished sex drive, the thought of resuming sexual intimacy is not high on the list of priorities. Your partner, however, may have another list. That's why it's very important to communicate about your feelings and any possible concerns you may have.

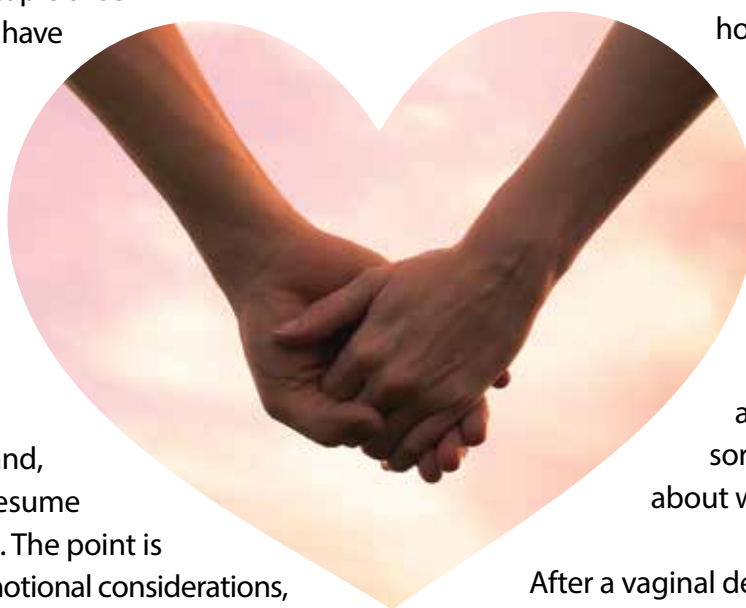
What you might want to keep in mind during this time is that sex after childbirth happens. It may be hard to

believe at times, but it does. In the meantime here are some things to consider:

Between the birth process and hormonal changes (especially if you're breastfeeding) your vagina may be dry and a little tender, so build up slowly and keep a water-based lubricating cream or gel at hand. Initially, you might want to try some different positions to avoid pressure on any areas that might still feel sore — and be sure to be clear about what doesn't feel good.

After a vaginal delivery you may find that you have some decreased muscle tone that makes sex feel a little different. If that's the case, there's one word to keep in mind ... Kegel. Doing Kegel exercises is a convenient, relatively easy and effective way to tone your pelvic floor muscles after childbirth and not a bad program to continue throughout life.

Some discomfort and even pain can be expected when you renew intimacy after having a baby. But for the vast majority of people the condition is temporary. If sex continues to be painful or if the pain is something you consider severe, talk with your care provider about possible treatment.





**“It was the tiniest thing
I ever decided to put my
whole life into.”**

~ Terri Guillemets

Extra Help: The Neonatal Intensive Care Unit



Special Care for Special Babies

Sometimes, a baby may need some extra help in making the transition to the world. Reasons may include such conditions as prematurity and low birthweight, infections, heart problems, or a particularly difficult delivery. Fortunately, highly skilled and experienced care is available through Riverside's Neonatal Intensive Care Unit, also called the NICU (and pronounced "Nick-You"). The NICU brings together advanced technology, medical equipment especially designed for smaller and sicker babies, physician specialists (called neonatologists), respiratory therapists and nurses trained to provide specialized care for the tiniest patients.

This special nursery is the only Level III NICU on the Peninsula, which means that except in very special cases, your baby won't have to be transferred to another level of care. Our Level III NICU status also means we can care for premature and extremely premature babies who may need months of care, as well as newborns who need just a few days of extra attention.

The NICU includes CPAP (continuous positive airway pressure) therapy and both mechanical and high-frequency ventilation to support the newborn's breathing. In addition, many of the incubators in the NICU are specially designed to protect babies from sensory stress caused by light and noise so they can focus on growing stronger.



Extra Help: The Neonatal Intensive Care Unit



Location

The NICU is located on the south wing of the second floor between Labor & Delivery and the Women & Infant rooms. From the Tower lobby, you will take the elevator to the second floor.

Entry is through the security doors to Labor & Delivery where signage indicates the NICU.

Visiting

Parents can visit their newborns in the NICU 24 hours a day, with the exception of shift changes at 6:30-8 a.m. and 6:30-8 p.m. We do ask that only two visitors be at the bedside at one time. One visitor may accompany the mother or the other individual wearing the second matching band (used for identification and security). Be sure to keep your baby ID bands on at all times so you can gain information or access to your baby. If you are discharged from the hospital before your baby, do not remove your baby ID bands. Keep them on until your baby is discharged and headed home.

We ask that children be accompanied by a parent and that the child be a sibling of the newborn in NICU. Our family waiting room, located in the main hallway, is available for your use at all times.

Parents may also call **757-594-3451** anytime — day or night — to check on their baby's progress. We also have NICView cameras that are by baby's bedside.

These secured cameras allow you to see your baby remotely. Please check with the NICU staff for more information and availability.

Your NICU Team

Around the clock, a specially trained team of doctors, nurses and other health care professionals keep a close watch over your baby to ensure that he or she gets individualized care. Your baby's healthy growth and development are their top priority. Members of your baby's team might include:

Neonatologist: the leader of the NICU team and a pediatrician with special training and skills in the care of premature and sick newborns; the attending physician who is responsible for coordinating all your baby's care.

Neonatal Nurse Practitioner (NNP): a registered nurse with advanced training and experience in managing the care of babies in the NICU.

NICU Nurse (RN): a registered nurse with special education and training to care for premature and sick newborns.

Lactation Consultant: a health care professional with special training and experience in helping breastfeeding mothers and babies.



**“Human milk is
the perfect food
for babies.”**

**~ American Academy
of Pediatrics**

Feeding Your Newborn



Feeding Choices

Choosing how and what to feed your baby is a personal decision that deserves careful consideration. Your choices include breastfeeding, pumping your breasts for milk and feeding your baby your breast milk with a bottle, or formula feeding.

The American Academy of Pediatrics recommends “exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced, for one year or longer.”

As you make your decision regarding food choices for your baby, be sure to talk with your doctor, hospital nurse, or lactation consultant (breastfeeding specialist) to gather information. Some circumstances, such as medical conditions, certain medications that you might be required to take (check with your physician or lactation consultant), or even personal choice, could lead you to decide to feed your baby formula. After you’ve received the information you need, the choice remains yours alone.

Breastfeeding Basics

Breastfeeding is a lifestyle choice as well as an important health decision for your baby and yourself.

- Breast milk requires no preparation and is the most natural feeding choice.
- Start early. It’s best to begin breastfeeding within the first hour of your baby’s birth to prevent low blood sugar and help produce a full supply of milk.
- Your body is triggered to make the right amount of milk for your baby to eat, just by placing your baby on your breast.
- The skin-to-skin contact made during breastfeeding encourages your baby to feed well.
- Skin-to-skin contact can also calm your baby by stabilizing vital signs and lowering baby’s stress, resulting in decreased crying.
- A mother with an adequate diet usually produces enough milk for the baby’s nutritional needs. Take a breastfeeding class to better understand how breastfeeding works.

Feeding Your Newborn

Your Body, Your Health

- Breastfeeding helps a mother's uterus return to its normal size more quickly after delivery.
- Breastfeeding mothers may have a lower risk of breast and ovarian cancer, heart disease, type 2 diabetes and other illnesses.
- Breastfeeding can help the mother return to her normal weight faster.

Assume the Position and the Rest Should Follow

As one of nature's many wonders, a newborn baby when placed on his mother's stomach will sooner or later reflexively move toward the breast, hone in on the nipple, latch on and begin sucking. This natural breastfeeding position is generally described as biological nursing or laid-back nursing. The term "laid-back" refers to the position of your body during breastfeeding, but it's also a good reminder to relax.

Among their other "super powers," babies have the ability to sense when you're tense. So, get rid of any distractions, turn off your phone, relax and enjoy this very special skin-to-skin opportunity with your baby.

All you really have to remember is to start off with you and the baby in the right position and instinctive behavior will do the rest.

There really isn't a right or wrong when it comes to biological nursing but here are some guidelines to help you get started:

- Start off in a reclined or semi-reclined position on a bed, sofa or chair. You might want to try supporting your back and arms with pillows to be more comfortable.
- Place your baby on you, belly-to-belly with her head at breast level.
- It's most natural to hold your breast in a "C" hold, between your thumb and middle finger.
- After locating your nipple with a little head movement, your baby will latch on to it and start feeding.
- To help the process, you can run your nipple above your baby's upper lip or guide it to the roof of his or her mouth.
- Take a look at how your baby is positioned. A good feeding position looks like this:
 - Your baby's mouth is open wide with lips spread apart.
 - Baby's nose is close to the nipple while barely on the breast.
 - Baby's chin is nestled in the breast and tilted away from his or her own chest.
 - Baby's lower jaw covers much of the areola around your nipple.
- Another sign that nursing is going well is that your baby begins to calm down, often with open eyes and relaxed arms. Your baby may also make swallowing sounds while nursing.
- There's not much for you to do at this point, but you might want to hold and support your baby a bit and maintain hand contact while he or she nurses.

Feeding Your Newborn

First Milk – a Brief Look at Colostrum

At first, your breasts may not feel full but you are already making small amounts of colostrum.

Colostrum is a thick, somewhat sticky fluid with a yellowish hue that is produced by the mammary glands and is ready for your baby's first meal. Commonly called "liquid gold," colostrum is high in protein and low in fat, which newborns may find difficult to digest. It is high in carbohydrates and a full range of nutrients and immunoglobulins. These help build baby's immune system.

Colostrum delivers these nutrients in a very concentrated, low-volume form that perfectly meets the needs of very small digestive systems. It also has a mild laxative effect, which helps the baby pass his first stool (called meconium) that in turn helps rid the body of excess bilirubin, a waste product associated with jaundice. Colostrum is also known to help protect the mucous membranes from harmful bacteria while supplying beneficial bacteria to the digestive tract. This sets up a strong, healthy immune system.

Breastfeeding carries powerful nutrients to your baby, especially at the start.

All your baby's feeding and nutrition needs for the first six months can be met by your breast milk.

Answering Some FAQs

How can I tell when my baby wants to eat?

Your baby will give you early feeding signals such as stirring, mouth opening, head turning, seeking and rooting to help you know when it's time to eat. Your baby may be sleepy the first day. Lots of skin-to-skin time will help.

How often should I breastfeed?

Breastfeeding is based on a wonderfully simple equation of supply and demand – the more your baby latches on to your nipple and sucks at your breast, the more he or she stimulates the production of prolactin and oxytocin, the major hormones involved in the production of breast milk.

Prolactin is more closely connected to actual production while oxytocin is associated with milk release, also called milk let-down.

As a result, it's important to breastfeed frequently, which generally means watching your baby for hunger cues and feeding on demand. Also, let your baby feed each time until he or she is full.

My baby wants to eat all the time; is that a problem?

One of the many benefits of breastfeeding is that you can't over feed your baby so there's no need to limit times or amounts. In fact, delaying or limiting feedings or attempting to put your newborn on a schedule will decrease milk production.

If you decide to breastfeed your baby, Riverside offers breastfeeding classes, a support group and breast pumps.

Feeding Your Newborn

Am I making enough milk?

Another amazing breastfeeding fact to consider is that you will always have milk available, even if it's been only a short time since the last feeding and even if your breasts feel soft rather than engorged with milk.

What happens if I feel pain when breastfeeding?

Breastfeeding should be a comfortable process for you and your baby. If you feel pinching, rubbing or scraping, you need to move your baby into a better position. Try putting your pinkie between your baby's gums to release your nipple and readjust your baby to get a deeper comfort level. If your pain continues, contact one of Riverside's lactation specialists for help finding the right breastfeeding position for you.

Pumping

If your baby is not yet breastfeeding well or is in our Neonatal Intensive Care Unit, start pumping your breasts or hand express your breasts as soon as you can after giving birth, within six hours if possible. This will help your body build up its milk supply. You can store your milk for your baby to use later.

At first try to pump every two to three hours, even at night. As your body builds up its milk supply, you may be able to reduce the number of times you need to pump each day. That way you can be sure your milk supply is keeping up with your baby's needs. If you leave the hospital before your baby is discharged, your Riverside care team can supply you with storage containers for your milk and sources for breast pump purchase or rental.

Storing Milk

1. Always wash hands thoroughly prior to pumping to prevent germs from getting into your breast milk.
2. Massage your breast and place warm, moist packs onto breasts prior to pumping to encourage the let-down reflex.
3. Wash pump parts in hot, soapy water and rinse well after each use. Store in a clean, covered area.
4. Do not get water in the tubing; this will break the suction, causing the pump not to work.
5. If you have been discharged and your baby is still in the hospital, the container of milk should be rapidly cooled after pumping. Bring fresh, pumped milk to the hospital once your baby is beginning to receive breast milk. If instructed to freeze breast milk, store in small amounts (one to two ounces in each container).
6. Fresh breast milk may remain at room temperature if you are planning to feed it to the baby within three hours. This fresh milk will provide the best immunities and nutritional qualities to your infant.
7. Fresh breast milk can be kept in the hospital refrigerator for 24 hours. Frozen breast milk – once it has been thawed — must also be used within 24 hours.

Feeding Your Newborn

If you decide to breastfeed your baby, Riverside offers breast feeding classes, a support group and breast pumps. You can rent or purchase a breast pump from Riverside. Some insurance companies will assist with the purchase or rental of breast pumps so we suggest contacting your insurance company during your pregnancy to find out your benefits.



Contact Riverside Home Medical Equipment to purchase or rent a breast pump. A prescription or physician's order from your doctor will be needed.

Breastfeeding is a natural feeding choice for you and your baby. To ensure your baby's continuing health, pay attention to your baby's weight, urine and stools and schedule regular baby exams.



Formula Feeding Your Baby

We've looked at the many benefits of breastfeeding. Now it's time to recognize that sometimes there are medical, personal or situational reasons that make nursing your baby difficult or simply not viable. You'll be glad to know that starting with formula or using it after a period of breastfeeding are both valid choices for your baby. Your Riverside care team and your doctor will work closely with you to make sure the formula you use will provide the nutrients your baby needs. Whether you decide to breastfeed or formula feed your baby, the choice should be yours. Know that we will support your informed decision and also keep this in mind: The most important thing is to love, protect and nurture your baby.

As long as your baby is getting the nutrients he or she needs, regardless of the delivery system, the rest is details.

Feeding Your Newborn

The Art and Science of Burping

Babies swallow air during bottle feeding (less with breastfeeding, generally). Too much air and the development of baby's digestive system can lead to gassiness, spitting up and discomfort. Babies need to be burped to avoid this situation. That's pretty much it, so below are some tips on how to burp your baby.

Basically, there are three positions that people use:

- Hold your baby propped against your shoulder while you're standing up
- Do the same thing while seated with your baby leaning forward while sitting on your knee (always making sure to support the baby's head and body)
- Lay the baby across your lap



Whichever position you choose, you should very gently and repeatedly pat your baby's back while maintaining a very light pressure (which should occur by being pressed against you) on his or her stomach.

Be sure to place a towel or bib under your baby's chin to avoid "a wet cleanup on aisle three" and don't worry if there's no burp every time as long as your baby doesn't seem to be in discomfort. A general rule of thumb is to burp your baby every 2 to 3 ounces when bottle feeding (formula or pumped breast milk) and when you switch from one breast to another while nursing.

Feeding Your Newborn

Healthy Baby, Happy Baby

Many new parents, especially first-time parents, are already dealing with exhaustion, sleep deprivation and a number of other potential sources of anxiety. So it's not a great time to be wondering about something as critical as whether your baby is getting enough breast milk or formula to support growth and healthy development.

Fortunately, there are some easy-to-follow markers that can help let you know. One of the most reliable is a steady weight gain. Keep in mind that most babies will lose weight soon after birth. Typically, this weight is regained within a week or two. So after that initial loss, the weight gain should be fairly steady.

In addition to the scales, the other place to look for signs of healthy eating is in the diapers. Before you had a baby you probably didn't think the topic of bowel movements would end up being so prominent in your conversations with family, friends and other new parents. But life changes when you add to your family and that's how it's supposed to be. Interestingly enough, there's no magic number when it comes to diaper loads. Like most things involving babies, the normal number of bowel movements is unique to each child. But here are some very basic guidelines.

Once your baby passes the meconium (think thick, dark and sticky), more normal bowel habits will begin to take place. Again, when it comes to frequency, "normal" has a wide range. Most babies will go at least once a day while some may have six to eight bowel movements a day. As long as the bowel movement isn't watery with a

particularly bad odor (signs of diarrhea) or your baby seems to be struggling and has a slightly swollen abdomen (possible signs of constipation), the number as well as the color can vary from baby to baby and even day to day. In the majority of cases, if you're changing diapers for reasons other than peeing (which usually takes place around five, six or more times a day, but again, no magic number), your baby is most likely eating just fine.

It's also important to pay attention and look closely. Generally speaking, a baby who seems satisfied after feeding and shows signs of being alert and active at other times is likely getting enough milk, whether its source is from breastfeeding or bottle feeding. Keep in mind, however, that while there are some rules of thumb and general guidelines regarding infant feeding, weight gain and development, be sure to talk with your baby's doctor right away if you think there is a problem.





**“The pain of childbirth
is not remembered.
It is the child that is
remembered.”**

~ Freeman Dyson

Pain Management



Pain Medications and Their Side Effects

Medications for Pain and Fever

Medication: Tylenol (acetaminophen) - Pain Scale of 1 - 3

Tylenol is used for treating mild pain or fever. Take this medication with food or milk.

Medication: Motrin (ibuprofen) - Pain Scale of 4 - 6 or 7

Motrin is used for treating mild to moderate pain. Take this medication with food because it can upset the stomach. Do not take for more than 10 days in a row without talking to your doctor.

Medication: Percocet (oxycodone/acetaminophen) - Pain Scale of 7-10

Percocet is used for treating moderate to severe pain. Be careful if driving or operating heavy machinery because it may cause drowsiness, dizziness and blurred vision. Common side effects are upset stomach (nausea/vomiting) and constipation. Take this medication before breastfeeding if possible.

Medication: Vicodin/Lortab (hydrocodone/acetaminophen) - Pain Scale of 7-10

Vicodin/Lortab and Dilaudid are used for treating moderate to severe pain. Be careful if driving or operating heavy machinery because it may cause drowsiness, dizziness and blurred vision. Common side effects are upset stomach (nausea/vomiting) and constipation. If upset stomach does occur, take with food.

Medications for Nausea and Vomiting

Medication: Phenergan

Phenergan is used for treating nausea. This medication can cause general dizziness, blurred vision, dizziness when standing up, dry mouth (that can be treated with sucking on ice chips), or increased appetite.



0
very happy,
do not hurt
at all



1-2
hurts a little
bit



3-4
hurts a
little more



5-6
hurts even
more



7-8
hurts a whole
lot



9-10
hurts as much as
you can imagine,
you don't have to
be crying to feel
this bad

Pain Management

Medication: Compazine (prochlorperazine)

Compazine is used for treating nausea. Taking this medicine may cause dizziness, shakiness or visual disturbance (especially when first taking it). Try to stand up slowly if you do experience dizziness.

Medication: Zofran (ondansetron)

Zofran is used to prevent nausea and vomiting. Taking this medication may cause a headache, drowsiness or dizziness.

Medications for Itching

Medication: Benadryl (diphenhydramine)

Benadryl is used for reducing itching. You may experience drowsiness, dizziness, dry mouth, nausea or vomiting. Benadryl is not recommended for breastfeeding mothers.

Medication: Atarax (hydroxyzine)

Atarax is used to prevent itching. The main side effect experienced is drowsiness.

Medication: Nubain (nalbuphine)

Nubain is used to treat itching caused by opioids (pain meds) and also for moderate to severe pain. This drug may cause low blood pressure, dizziness, drowsiness, loss of balance or blurred vision, nausea or vomiting, or constipation. Nubain is not recommended for breastfeeding mothers.

Medications for Constipation

Medication: Colace (docusate)

Colace is used to treat constipation by softening the stool. Take this medication with a full glass (6 to 8 ounces) of milk, water or fruit juice. Do not chew or break caplets. Make sure to swallow whole.

Medication: Dulcolax (bisacodyl)

Dulcolax is used to treat constipation. Take this medication with a full glass of water and on an empty stomach. Try not to take it within one hour of eating or drinking dairy products.



Pain Management



Pain and Your Baby

Your baby will receive special care and support but some procedures, such as “heel sticks” (taking blood from the heel), inserting IV lines, injections and removing tape from the baby’s skin, can be uncomfortable.

Understanding Signs of Pain

Your baby may cry for many different reasons – needing to be changed, fed or held – so sometimes it’s hard to tell if he or she is in pain. Your nursing team can help you learn how to tell if your baby is uncomfortable or in pain. Signs of pain include:

- Changes in heart rate and breathing patterns
- Waving arms and legs
- Facial expressions
- Crying
- Changes in skin color and body stiffness

Making Your Baby More Comfortable

If he or she seems to be in pain, you may try the following to comfort your baby:

- Swaddling or rocking
- Giving a pacifier, either plain or dipped in sucrose water or breast milk
- Providing a reassuring touch





“Babies are such a nice way for people to start out.”

~ Don Herold

Getting Ready to Leave the Hospital



Tests and Screenings

From the time of delivery to the time when you and your baby go home, there are a few important tests that will be carried out at the hospital. These tests and screenings are used to help prevent serious health problems later on and to determine whether your baby might need any additional care before leaving the hospital or once you get home.

Newborn Screen: Using just a few drops of blood taken from the baby's heel, this required procedure is used to test for rare and potentially serious disorders of body chemistry.

Hearing Test: All newborns are tested before leaving the hospital to see how well they are hearing after delivery and to diagnose any potential hearing problems.

Congenital Heart Disease Screening: Congenital heart disease refers to problems with the structure of the heart and is the most common birth defect for babies born in the U.S. The test used to screen for CHD is called pulse oximetry. It measures how much oxygen is in the blood and is non-invasive, simple and painless. If the pulse oximetry indicates a problem, other tests may be required. CHD screenings are done after your baby is 24 hours old.

Bilirubin: This substance is created in the body when old red blood cells are naturally replaced. Our liver helps break it down, but because newborns have immature livers, their bilirubin is normally elevated. The screening is either a non-invasive scan or a heel stick blood test that determines the bilirubin level, which often resolves itself. If the level is considered too high or doesn't lower on its own – and the baby has jaundice, evidenced by a yellowish color of the skin and eyes – treatment may be necessary in the hospital or at home.

Blood Sugar: This test also uses a heel stick sample. It measures the amount of glucose (sugar) in the blood to determine if it is too low (hypoglycemia) or too high (hyperglycemia). This test is given if indicated by gestational age and weight of the baby, maternal diabetes history or hypoglycemic signs and symptoms. Your baby may receive a series of up to five sticks to measure blood sugar.

Getting Ready to Leave the Hospital



Treatments

RhoGAM: This treatment is a vaccine given after delivery to mothers who have Rh-negative blood. It keeps their immune systems from creating antibodies against the small number of their baby's red blood cells that get into a mother's bloodstream, (in the case of babies who are Rh-positive). Rh concerns do not usually affect the first baby, but the RhoGAM treatment is needed for future pregnancies to avoid blood type compatibility problems that could negatively affect the next baby.

GBS Antibiotics: Group B streptococcus, or GBS, is a type of bacteria often found in healthy adult women who usually have no symptoms. If you test positive for GBS (determined by a pregnancy screening), the concern is that you might pass the bacteria on to your baby during childbirth. To significantly reduce the risk of this occurring, women with GBS are given IV antibiotics during delivery. Follow-up care may also be required. Your baby may also need to be treated for three days in the hospital. Talk with your Riverside care team regarding your baby's GBS treatment.

For Your Safety and Security

Security Systems: Multiple security measures protect your baby's safety during your stay. These include our matching band system, electronic infant security system and cameras.

Staff Identification: All of our staff members wear name badges with a specific design that you'll be able to recognize right away.

Stop Drops: Our focus on safety includes a special commitment to reducing and preventing in-hospital newborn falls and drops. While these accidents may have different causes, they almost always involve an exchange or interaction with the newborn, including breastfeeding.

Moving Baby: Each time we move your baby outside of your room, we will place him or her in the bassinet. We ask that you do the same.

Child ID Program

The Virginia Child ID Blood Spot Program is a voluntary program offered by the Commonwealth of Virginia. A blood spot is generally collected at the time of your baby's newborn screen. If you consent to the Child ID Program, you will be given the blood sample to take home and place somewhere for safekeeping. You should not open the pouch the sample comes in. Opening the pouch could expose the sample to other DNA that does not belong to your baby, such as your own. This sample is not collected without your consent. The hospital does not keep a sample of your baby's blood. Ask your bedside nurse for more information.

Getting Ready to Leave the Hospital



Newborn Portraits

Baby Pictures

Riverside has partnered with providers of in-hospital newborn portraits to capture your baby's first moments, taken in the intimate environment of your hospital room.

It's a fast and convenient way for our parents to share the news of baby's arrival and his or her first moments. The photos are also available for parents to purchase. In addition to photographs, our providers can also help with CDs with copyright releases, birth announcements and keepsake gift items using the baby's photo.



Birth Certificate Information

Our birth registrar is pleased to help you gather and validate the information you need to complete the application for your baby's birth certificate and Social Security card. Once you have completed the paperwork with the birth registrar, make sure to keep a copy of the proof of birth letter for insurance purposes until you receive your baby's birth certificate in the mail. We can only provide you with one proof of birth letter.

Please have a name ready for your baby with the order and spelling you choose. The name will be entered into the Virginia Division of Vital Records database and used on the application for your baby's birth certificate.

After that, any changes can be made through the Division of Vital Records in Richmond, Virginia, for a fee.

If you are legally married, the father does not have to be present to be on the birth certificate. You will need his full legal name, date and place of birth and Social Security number. If you are not legally married and you would like the father's name on the birth certificate, the father must be present with a valid picture I.D. The birth registrar will explain other options and talk with you on the Women & Infant unit after your delivery. Please feel free to ask as many questions as needed.

Getting Ready to Leave the Hospital



When It's Time to Go Home

Baby's Transportation Needs

Car safety seats that are positioned rear-facing provide excellent protection for babies and are the preferred method of transportation. Use a car seat every time your baby is in a car. The key to keeping your baby safe is not just in buying an appropriate car seat, but also in using it properly. The safest place is the rear middle seat position. Properly installed infant car seats have been shown to dramatically reduce the number of deaths (by more than 70 percent in some estimates) among children younger than one year.

If you have any questions about installing your infant car seat correctly, make sure you take advantage of Riverside's free car safety seat inspection. These free inspections take place at the Emergency Department at Riverside Regional Medical Center in Newport News. Call 757-875-7880 to schedule an appointment.

The "Car Seat Challenge"



For babies born more than three weeks prematurely, the American Academy of Pediatrics recommends that they are monitored in their car seat before leaving the hospital. This takes 90 minutes to complete. Taking this simple precaution helps ensure that the car seat's semi-reclined position won't cause the newborn to have breathing problems or slowing of the heartbeat. Hospital staff will conduct the car safety seat observation. They are trained in positioning babies properly in a car seat and in detecting apnea, bradycardia and oxygen desaturation. Ask your baby's nurse to review the car seat challenge with you and go over proper positioning for your baby.

Getting Ready to Leave the Hospital

Before You Head Home

On the day you and your baby are ready to leave the hospital, we want to make the discharge process as easy and convenient as possible. The following information will help you understand what is involved.

1. Your physician must write a discharge order for you to go home. This is very important because the process can't begin until your nurse receives the written order.
2. Your baby also needs a discharge order, to be written by the neonatologist (the newborn physician specialist) before leaving the hospital. Please have a follow-up appointment scheduled for your baby prior to being discharged.
3. The nurses will check to make sure all required tests and procedures are completed for you and your baby before you are discharged. This means the nurse has to review your medical chart and the baby's chart to verify that everything has been completed.
4. If you tested positive for Group Beta Strep, your baby may have to remain in the hospital as a health precaution for a full 48 hours (two days) after the time of delivery.
5. Your baby will be required to take a bilirubin test, which is also done as a health precaution. The test will determine if your baby needs treatment for jaundice. This is a condition that some newborns get that can cause a yellowing of the skin. It is related to liver function.
6. If you are breastfeeding and would like to rent or obtain a breast pump through your insurance company, please let your nurse know the day before you are expected to be discharged from the hospital. You will find your expected discharge date on the Care Board. If you don't see it, please ask your nurse to check.
7. State law requires you to have a car seat in order to take the baby home in any kind of vehicle. Please have the car seat in your room for your nurse to check. Place the baby in the car seat so the straps can be adjusted for your baby's safety.
8. When the nurse has prepared all discharge requirements for you and your baby, you will receive your discharge instructions. You will also receive a summary of care to take to the baby's doctor. If you are leaving by car, this is a good time to bring it to the front of the hospital. When leaving the hospital, you may carry your baby in your arms only if you choose to ride in a wheelchair. If you choose to walk, another person must carry the baby in the car seat.

Satisfaction Survey

Once home, you may receive a survey concerning your experience on the Women & Infant Care Unit. We hope you take the time to complete this survey. The information you provide will assist us in giving excellent care to our patients.



“Just one very small baby can make days longer, nights shorter, savings accounts smaller, clothes shabbier, love stronger, the past forgotten and the future worth living for.”

~ Pablo Picasso

Caring for Your Baby



The first days home as a new parent can be a swirl of emotions and a bundle of questions you forgot to ask, forgot the answers to, or just plain didn't think of while receiving going-home instructions from nurses at the hospital. Here are a few topics you may wonder – and even worry – about, along with their explanations.

Sleep and Wake Cycles

For the first few hours after birth, babies are active and awake. After that, you may notice they become sleepy for the next 12 to 24 hours. Expect your baby to sleep 16 to 20 hours a day, and not on any set schedule. Babies wake often at night for feedings.

Head Shape

Your baby's head may look large and misshaped from the birth process. This will slowly correct itself in about a week. You will probably notice your baby has two soft spots on the head. These soft spots will close slowly and do not need any special care.

Eyes

You may wonder how far your baby can see and whether his or her eyes will remain as they are just after birth. Babies see best at a distance of eight to 10 inches and can follow slow-moving objects. As for your baby's eye color, it will change to its permanent color at six to 12 months. It's normal for your baby's eyes to be swollen, have red spots in the white part of the eyes or look cross-eyed. These conditions will almost always go away.

Other Senses

Babies are always growing and learning about the world around them, even when they first arrive home. Babies like to be held, rocked, stroked and carried. A sturdy but gentle touch can help them feel secure and calm. Babies love to hear you talk to them and will listen to your voice and other sounds. Babies have a good sense of smell; yes, that means they can smell breast milk or formula.

Caring for Your Baby

Breasts and Genitals

It is normal for breasts and genitals on babies to look swollen. This will slowly go away. Your baby's breasts may have a small amount of milk-like fluid coming out of them that will also slowly go away. It is normal for baby girls to have a small amount of blood-tinged vaginal discharge and mucus for several days after birth.

Skin Care

Your baby's lips and the area inside the mouth should be pink.

Newborn babies are often prone to a variety of harmless skin blemishes and rashes. A common condition is newborn acne, which mimics the teenage variety, and likewise is caused by hormones. However, in this case, it is simply evidence of the mother's hormones and will lessen in the first few weeks.

Your baby's skin may be dry and peeling, particularly on the feet, hands and scalp. This is simply the shedding of dead skin. It is best left alone since lotions tend to slow the getting rid of these layers.

Wash clothes and linen before the first use. Use a gentle detergent for washing baby clothes. Wash them separately from the rest of the family's laundry.

- **Call 911** if you notice any blueness around your baby's mouth and your baby is not alert or able to respond to you.
- **Call your baby's doctor** if your baby develops skin blisters filled with fluid or pus, especially if there is also a cough or fever, or if your baby is not feeding well. The doctor will check your baby for an infection.

These skin conditions may be seen in your newborn and will often go away without treatment:

- Patches of red skin on the eyelids, forehead or back of the neck
- Bluish-grey spots found on the back and buttocks that often fade over a period of months or years
- Fine, white bumps that are not blisters over a red background; this does not need any creams or lotions
- Tiny white dots that appear on the face; do not squeeze them
- Dry peeling skin or cracking around the wrists or ankles; as the dry skin flakes off, new soft skin will appear
- Fine, downy hair seen on the back, arms and ears
- Creamy, white substance that may be on the skin at birth and stay in skin folds for the first few days after birth

Caring for Your Baby

Coughing, Sneezing and Hiccups

Coughing and sneezing at times is normal for babies. It doesn't mean the baby is ill unless there is a greenish or yellowish discharge from the nose or other symptoms. New babies often hiccup during or after eating.

Choking

Babies can choke when held too flat while eating. When feeding, hold your baby's head upright and never prop a bottle. If your baby chokes, coughs or spits up, stop the feeding, sit him up or hold him over on his side. Pat his back gently until the choking stops, then start the feeding again. New parents should take an infant CPR class.

Reflexes

Several reflexes are present at birth, and you will notice these with your baby.

- There is a **startle reflex**, where the baby's arms will flare out and her legs will straighten when she hears a loud noise or is suddenly moved.
- The **sucking reflex** should be strong and vigorous, and sometimes occurs when baby is not feeding.
- The **rooting reflex** is when the baby turns his head toward the breast or nipple; he may also open his mouth.
- The **stepping reflex** is when the baby makes a stepping movement while held in a standing position.
- The **grasping reflex** is when the baby will hold on tightly to an object placed in her palm.



Settling in at Home

For many new and expanded families, arriving back home after childbirth can make you feel that all the stories you heard may have been a little exaggerated. Given that high level of excitement among family and friends and the many helping hands often extended when you first get home, you just might be thinking that this whole new baby thing is really pretty easy. And yet despite all the excitement there comes a moment when everything suddenly becomes still and quiet and all the people and the promises slowly fade into the background and you feel alone and overwhelmed.

Hopefully, your partner, family member or close friend is there in a strong support role, but life starts moving forward again and you realize it's a life that will never be quite the same. You have this new baby now and the whole sense of responsibility that goes with it comes rushing in.

Caring for Your Baby

Of course, it may not be quite that dramatic for some new parents. Everyone is different and there is a wide range of reactions to the early days of motherhood.

Newborn Sleep Patterns

What may seem a little confusing at first after you've heard all those stories about sleep deprivation is the fact that newborns sleep a lot, typically around 16 hours a day or even more. But they don't sleep like adults.

To begin with, they're very easily awakened. That's because infants are in a light sleep state that you'll recognize by fluttering eyelids, irregular breathing, twitching and other body movements, along with those adorable little grunts and cries. Also, their sleep cycles are much shorter than those of adults — rarely more than two to four hours at a time, day or night — which is why you'll spend part of your nights changing, feeding and comforting them. For parents who can get back to sleep easily, that's not so bad. But for those whose minds start to wander, it can be a very difficult time.

Fortunately, this unpredictable sleep pattern doesn't last long (although even that varies) but it will seem like a very long time when you find yourself longing for days when you actually slept through the night.

Generally, at around six to eight weeks, most babies begin to sleep for shorter periods in the day and longer periods at night, though rarely all the way through the night at that point. That usually comes at around five to six months.

When it comes to working on good sleep habits, pay attention to your baby's patterns and eventually work toward a routine – but don't expect that to happen in those early weeks and even months. If your baby's sleep patterns seem to be out of line with what you read and hear, it's a good idea to talk with your baby's doctor. But keep in mind, many healthy, normal newborns sleep several hours less or more than the average.

Your Baby's Weight: Losing It and Putting It On

It all begins in the loss column. During the first few days of life, and often up to a week, a loss of around 5 percent of birth weight is considered normal for babies having formula. Breastfed newborns typically lose a little more, around 7 percent.

The milestones most medical experts look toward include a doubling of birth weight by the time a baby is four months old. Another rule of thumb is an average monthly gain of 1.5 to 2 pounds during the first six months, slowing down to a pound or a little more each month until your baby's first birthday. But rules of thumb are just guidelines, and babies who gain weight at a slower rate are likely to be just fine. If you have concerns about weight loss or gain, be sure to talk with your baby's care provider. And remember that in this area as in most aspects of newborn development there just isn't any completely "average" baby.

Caring for Your Baby

Understanding Jaundice

Jaundice is a yellow color of the skin and eyes. It often goes away in one to two weeks. In the hospital, a small sample of your baby's blood may be tested to check for the amount of jaundice. At home, check your baby's skin and eye color in natural daylight or in a room with fluorescent lights.

Normally, the yellow discoloration appears first on your baby's face, then on the chest and stomach and works its way down to his or her arms and legs. It is often seen in premature babies, in babies who lose a lot of weight right after delivery, in babies who have diabetic mothers, or whose mother's labor was induced.

Call your baby's doctor if:

- Your baby's abdomen, legs and arms are yellow
- Your baby's whites of the eyes are yellow
- Your baby is yellow and hard to wake, is fussy or not feeding

What Causes Jaundice?

When your baby has jaundice, it's evidence of his or her body breaking down old red blood cells. This normal breakdown of old red blood cells causes a chemical called "bilirubin" to form. Everyone's blood contains a small amount of bilirubin.

Before birth, this bilirubin crossed the placenta and was removed by the mother's liver. Newborn jaundice happens when bilirubin builds up faster than a newborn baby's liver can get rid of it in the stool. This accumulated bilirubin is what makes your baby's eyes and skin look yellow.

When Treatment is Needed Under the Lights

Phototherapy is a treatment for jaundice that uses special blue light waves. These light waves change the structure of the bilirubin molecule, which allows bilirubin to be eliminated in the baby's bowel movement.

Phototherapy can be delivered with overhead bili lights, bili blankets or a combination of both. Overhead bili lights are placed over your baby's bassinet and a mask is placed over his or her eyes to protect them from the light. He or she will be dressed only in a diaper to allow as much skin as possible to be exposed to the light. A bili blanket is a fiber-optic pad placed next to your baby's skin. The pad does not get hot and will not harm your baby's skin.

While your baby is treated with phototherapy, you may notice his bowel movements are more frequent, loose, and maybe even greenish in color. He or she may also sleep more, waking only for his or her feedings.

Caring for Your Baby



Joys of Skin-to-Skin Care

Skin-to-skin care (sometimes called “kangaroo care” for the similarity to how kangaroos carry their young) is a special way of holding a baby against a bare chest. It was originally developed for pre-term babies but is now recommended for full-term infants, too. Holding your baby close, one heart beating against the other, will help you feel more comfortable and confident with him or her. Studies show that the skin-to-skin contact can also improve the baby’s health and development.

To start this special experience, undress the baby, leaving only the diaper in place. Unbutton your shirt and place your baby on your bare chest so that his or her chest and stomach are touching your body. Then place a blanket over baby’s back. Do not wear perfume or lotions or have the residue of secondhand smoke on your clothing or in your hair before skin-to-skin care. Contact can last between 30 minutes to an hour; your baby may fall asleep on your chest.

Safe Positioning for Skin-to-Skin Contact

Checklist

- Face can be seen
- Head is in ‘sniffing’ position
- Nose and mouth are not covered
- Head is turned to one side
- Neck is straight, not bent
- Shoulders are flat against mom
- Chest-to-chest with mom
- Mom is a little upright, not flat
- Cover the baby’s back with blankets
- Both are watched when sleeping or baby is being monitored

Bowel Function: Baby’s “Poop”

Here’s yet another aspect of your baby’s life where “normal” has a wide range. A baby’s bowel habits — and all the characteristics from frequency and color to consistency and smell — are just about as individual as your new arrival. Over time, you’ll get to know your baby’s routine. Just when you think you have it down, your baby’s natural development and the introduction of different foods will change the pattern.

Caring for Your Baby

Bowel movements for the first few days of your baby's life will involve passing meconium, the thick, black or dark green substance that was in his intestines before he was born. After that, breastfed babies typically have light yellow stools that tend to be thin in consistency and rarely smell. Because breast milk is absorbed so efficiently there is less waste so bowel movements are usually less frequent when compared to babies receiving formula. In general, formula-fed babies tend to go more often and the stools are usually firmer, browner and smellier.

Although the cause may be something as minor as a tiny crack in the skin, streaks of blood in the stools don't fall into the "normal" category and if they occur you should talk with your baby's doctor right away. You should also talk with your baby's care provider if watery stools continue, the smell becomes particularly strong or there are other signs that your baby may be having a problem.

Beyond that, if he or she is otherwise healthy, those changes in appearance that can occur from day to day and even from one bowel movement to the next are just something that you can come to expect.

Diaper Rash

No matter how careful and conscientious you are about infant care, almost every baby gets diaper rash to some degree on the bottom, genital area or inner thighs. It happens when a wet or dirty diaper is left on a little too long or when the diaper itself rubs against your baby's tender skin. Plastic pants that fit over diapers may be the cause because they raise the temperature and hold moisture in the diaper area, making it easier for a rash to start. Diaper rash can also result from

a bacterial infection or a reaction to something in a disposable diaper, wipe or the soap used to wash a cloth diaper. A baby (or a breastfeeding mother) on antibiotics is another potential source of the problem.

No matter what causes the diaper rash, here are some tips to manage it (as mentioned, it's tough to eliminate entirely).

- Always wash your hands carefully with mild soap and warm water before and after you change diapers.
- Check diapers often and change them quickly.
- Thoroughly and gently pat dry the "diaper rash zone" rather than rubbing.
- If there's some cleanup involved use a squirt bottle with warm (but not hot) water with or without a mild soap.
- Avoid wipes that are scented or have alcohol in them.
- Let your baby "air out" by going diaper-free as much as possible. (Preferably right after a bowel movement.)
- Creams or ointments can help soothe skin and create a moisture barrier – look for ones with zinc oxide or petroleum jelly (petrolatum) in the ingredients.

These tips should definitely help but if the diaper rash persists, you should change the brand of disposable diapers you're using or the soap for cloth diapers. If all that doesn't work, talk with your doctor to make sure your baby doesn't have a fungal or bacterial condition that needs some extra treatment.

Caring for Your Baby

Baby's Warning Signs and Reportable Symptoms

Even experienced parents may feel worried as they adjust to a new baby's habits, needs and personality. It is important to remember that most of the common physical problems that occur during a given 24 hours with a baby are normal situations or problems with simple answers.

If your baby's lips are blue, call 911.

If the following symptoms of illness occur, a call to your baby's health care professional is in order:

- Blue or pale-colored skin
- Yellow skin or eyes
- Patches of white found in baby's mouth
- Eating poorly or refusing to eat
- No stool for 48 hours and less than six wet diapers a day
- Redness, drainage or foul odor from the umbilical cord
- Does not urinate within six to eight hours of circumcision
- Temperature of 100 degrees or higher
- Difficulty breathing
- Repeated vomiting
- Listlessness
- Crying excessively with no known cause
- An unusual or severe rash
- Frequent or successive bowel movements with excess fluid, mucus or foul odor
- Drastic behavior changes such as increased irritability, excessive crying without a cause, extreme sleepiness or floppy arms and legs
- Congested cough, runny eyes or a runny nose

If you are breastfeeding, call your lactation consultant or health care provider if you observe the following:

- Baby is not effectively nursing at least eight to 12 feedings each day
- Baby has fewer than four wet diapers in a 24-hour period in the first week of life, and fewer than six wet diapers in a 24-hour period after the baby is seven days old
- Baby is not stooling three to four times a day once your milk is in greater supply
- Baby refuses to eat for six to eight hours

Caring for Your Baby

Medications

Never give your baby any medications unless told to do so by the baby's primary care medical provider.

Sponge Bath

Babies do not need to be bathed every day. They can be bathed two to three times a week during the first year of life. You should sponge bathe your baby until the umbilical cord is healed and, if you have a boy, the circumcision is healed.

Here are some steps to help you during bath time:

- Bathe the baby before a feeding.
 - Pick an area in the house where you will be comfortable.
 - Make sure all the bath supplies are in reach. **NEVER** leave your baby unattended.
 - Choose an area that is draft-free.
 - Lay baby on a towel and undress. Cover up with a second blanket and only expose the area you are washing.
- Start with the eyes. With a clean corner of a washcloth, wash from the inner aspect of the eye to the outer aspect using warm water. Repeat with the other eye, this time using a different corner of the washcloth.
 - Wash the baby's face with clean water. You may choose to use a washcloth or your hand.
 - Wash around the nose and ears. Never insert a cotton swab into your baby's nose or ears as this could cause extensive damage, especially to the eardrum.
 - Wash the baby's body, making sure you get into every fold and crevice.
 - Check the umbilical cord for proper healing. Cleanse the area with clean, warm water.
 - Roll the diaper below the cord until it falls off and the area heals.
 - Babies are born with fingernails that are tissue-paper thin but can be sharp enough to scratch their faces. Right after birth it may be difficult to tell where the nail ends and the skin starts when using baby clippers or scissors. You may want to start with an emery board at first and file the nails during bath time or when your baby is sleeping. Plan to trim the nails about once a week.

Caring for Your Baby

Taking Your Baby's Temperature

An essential item in the nursery is a baby thermometer. The baby's temperature is one of the most important questions (and usually one of the first) your baby's health care provider will ask you when you call about a problem. The baby's temperature can be taken under the arm, called an axillary temperature. Have your health care team show you how to take your baby's temperature before going home from the hospital.



Umbilical Cord

The umbilical cord will fall off by itself after one to four weeks. As it heals, it will have the appearance of a scab. Do not pick at it, cut or pull it off. You need to let it fall off on its own. You might see clear or slightly blood-tinged discharge come from the navel after the cord falls off. This should not be a concern to you. If the oozing lasts more than a couple of days or smells bad, is red in the surrounding skin or baby has a fever, contact baby's health care provider immediately.

Circumcision

Circumcision is the removal of foreskin that surrounds the head of the penis. New parents should discuss the benefits and risks of circumcision with their doctor and others so they can make an informed decision about what is in the best interest of their child. The choice for circumcision is a personal one that may be based on religious, cultural and traditional factors. The American Academy of Pediatrics issued a policy stating that the medical benefits of circumcision are not significant enough for them to recommend it as a routine procedure for newborns.

If you choose to have your baby circumcised, it will be done by your obstetrician. The procedure is usually performed close to the day of discharge from the hospital. You will sign a consent form before the circumcision is done.

Local analgesia has been found to be safe and effective to relieve circumcision pain. The baby will be observed closely afterward for bleeding.

Your nurse will teach you how to care for the circumcision. Petroleum jelly is usually applied to the tip of the penis with each diaper change for the first few days. The tip of the penis may appear red and have yellow crusts in spots. Do not try to wash off this yellow substance. It is part of the healing process. If there is any unusual swelling, oozing or bleeding, call your baby's health care provider.

Talk to your baby's doctors and nurses if you have any questions or concerns about circumcision.

Caring for Your Baby

Stress Relief

Relieving stress is key to enjoying this time with your new baby. Here are a few tips for reducing your stress:

Sleep

Whenever possible, sleep when your baby sleeps. Getting enough sleep will help you feel more energized and less stressed.

Helping Hands

Family and friends will be excited to meet your baby once he or she is home. We recommend that you wait a few weeks before having visitors. While family and friends may have to hold off on visiting, you should welcome their offers to help.

Having extra hands to cook, clean and run errands will help you spend more time with your baby.

Take a Time-Out

You might feel a little guilty about it at first, but you and your partner need to take time for yourselves. Getting out of the house, doing things you enjoy, and even taking turns caring for your baby are all ways you can take a break and recharge. These time-outs, no matter how short, will keep you feeling up to the challenge of caring for your baby.



Caring for Your Baby



Shaken Baby Syndrome

Shaken Baby Syndrome, or SBS, is when a baby is “shaken” forcefully. The movement of the baby’s head back and forth can cause bleeding and increased pressure on the brain. A baby’s neck muscles are not strong enough to tolerate this “whiplash” motion and the brain is too fragile to handle it. There may be times when you become frustrated, and maybe even angry, when your baby cries. You may have tried everything to comfort your baby, but nothing seems to help. Sleep is hard to come by and you may find yourself at wit’s end.

In times like these or when you feel like you cannot deal with your baby’s crying, you must stop, think and reach out for help right away. No matter how tired and upset you are, **DO NOT SHAKE YOUR BABY**, even a little. If you have any reason to think your baby has been shaken, go to the emergency room immediately.

Here is a list of things to think about if you become frustrated:

- Take a breath.
- Close your eyes and count to 10.
- Put the baby down in the crib and leave for a few minutes to calm down.
- Ask a friend, neighbor or family member to take over for a while.
- Give yourself a “time-out.”
- Do not pick up the baby until you feel calm.
- If you feel he or she is ill, call your health care provider right away or take him to the hospital.

Signs and symptoms of Shaken Baby Syndrome include:

- Irregular, difficult or no breathing
- Extreme crankiness
- Seizures and vomiting
- Tremors or shakiness
- Difficulty staying awake
- No reaction to sounds or acts lifeless

REMEMBER
Never Throw or Shake
Your Baby, No Matter What.

Caring for Your Baby



If you or a caregiver has violently shaken your baby because of frustration or anger, the most important step you can take is to seek medical attention **IMMEDIATELY**. Do not let fear, shame or embarrassment keep you from doing the right thing. Getting the necessary and proper treatment without delay may save your child's life.

Safe Sleep and Sudden Infant Death Syndrome (SIDS)



SIDS refers to the sudden death of an infant under one year of age that remains unexplained after thorough investigations. One of the best ways to reduce the risk of SIDS is to place healthy infants on their backs when putting them down to sleep at nighttime or naptime. Recent studies have shown an increase in SIDS in infants who are positioned on their stomach to sleep. There is no evidence that sleeping on the back is harmful to healthy infants.

Additional tips to reduce the risk of SIDS:

- Place your baby on a firm mattress in a safety-approved crib. Do not place infants on waterbeds, sofas, mattresses or other soft surfaces. Pillows, comforters or sheepskins should not be used under the baby.
- Remove fluffy, soft or loose bedding from the sleep area. Pillows, quilts, comforters, sheepskins, pillow-like crib bumpers and stuffed toys should be kept out of the crib as they can cover your infant's head and airway.
- Keep your baby's head and face uncovered during sleep. Use sleep clothing with no other covering over the baby.
- Do not smoke or let others smoke around the baby.
- Don't let your baby become too hot during sleep. Keep the temperature of the baby's room so it feels comfortable for an adult. Dress your baby in as much or little clothing as you might wear under the same circumstances. Sleeping sacks may help reduce the chance of SIDS.

Caring for Your Baby

Keep the following points in mind:

- Devices designed to maintain sleep position are not recommended since many have not been tested sufficiently for safety. None have been shown to reduce the risk of SIDS.
- Babies should be allowed supervised “tummy time” during awake periods to promote shoulder and muscle development and avoid flat spots on the back of the head.
- Your baby should not sleep in a bed, on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib or cradle when the feeding is done.
- Consider using a pacifier at naptime and bedtime, but do not force a baby to take a pacifier. If the pacifier falls out of the baby’s mouth, do not put it back into the mouth. Do not put any sweet solution on the pacifier. Pacifiers should be cleaned and checked often and replaced regularly.
- Share all of these important tips with babysitters, grandparents and other caregivers.

Immunizations

Immunizations, sometimes referred to as shots or vaccinations, are a way of protecting your child against a variety of diseases that can be prevented. Immunizing your child will guard him against the following harmful diseases:

- Hepatitis B (HepB)
- Diphtheria (DTaP)
- Tetanus or Lockjaw (DTaP)
- Pertussis or Whooping Cough (DTaP)
- H. influenza type b disease (Hib)
- Polio (IPV)
- Influenza
- Hepatitis A (HepA)
- Measles (MMR)
- Mumps (MMR)
- Rotavirus (RV)
- Rubella or German Measles (MMR)
- Varicella Zoster or Chickenpox
- Pneumococcal disease (PCV)

After you give your consent, your baby will receive her first dose of Hepatitis vaccine in the hospital. Follow your health care provider’s schedule for when your child needs immunizations.

Caring for Your Baby

Age	Immunization	Age Range	Date Given	Adverse Reaction
Birth	HepB #1	Birth		
2 Months	DTaP #1			
	Hib #1			
	IPV #1	1 to 2 months		
	HepB #2			
	PCV #1			
	RV #1			
4 Months	DTaP #2			
	Hib #2			
	IPV #2			
	PCV #2			
	RV #2			
6 Months	DTaP #3			
	Hib #3			
	IPV #3	6 to 18 months		
	Influenza	6 to 59 months and recommended yearly		
	HepB #3	6 to 18 months		
	PCV #3			
	RV #3			
12 Months	HepA*	12 to 23 months, dose #2 at least 6 months later		
	Hib #4	12 to 15 months		
	MMR #1	12 to 15 months		
	Varicella #1	12 to 15 months		
	PCV #4	12 to 15 months		
15 Months	DTaP #4	15 to 18 months		
24 Months	HepA*			

Infants who did not receive a birth dose should receive three doses of Hepatitis B (HepB) on a schedule managed by your health care provider.

*Hepatitis A (HepA) vaccine is recommended for children and adolescents in selected states and regions and for certain high risk groups. Consult your health care provider.

Your health care provider may use a vaccine that is a combination of some of the injectable vaccines.

This schedule is approved by the Advisory Committee on Immunization Practices – www.cdc.gov/vaccines/acip/index.html
 American Academy of Pediatrics – www.aap.org
 American Academy of Family Physicians – www.aafp.org

Resources for You and Your Baby

Classes and Programs

Nutrition Counseling for Good Health

There's no time more critical than pregnancy and as a new mother to pay attention to what you eat. We can help with a specialized diet to help manage diabetes, high blood pressure or other conditions that can arise due to your changing body. And for everyone else, private nutrition counseling can teach you to follow healthy new eating habits that can help avoid problems while also keeping the "spice" in your life.

When: By appointment

Where: Riverside Wellness & Fitness Center
12650 Jefferson Ave.
Newport News

Fee: Yes

Register: Yes. Call 757-875-7533

More info: 757-875-7533; speak to dietitian or wellness programming assistant

Baby Care Class

Our two-hour Baby Care Class helps you become familiar with all the basic aspects of daily infant care including bathing, diapering, feeding and keeping your baby safe. It's an easy, inexpensive and rewarding way to feel more confident about caring for your baby at home.

When: Call for schedule

Where: Call for location

Fee: Yes

Register: Yes. Call 757-875-7880

More info: 757-875-7880 or 757-612-6029

Breastfeeding Class

There are few things more natural than breastfeeding ... BUT ... there are also some important techniques and skills to be learned that can help make breastfeeding more successful. In this two-hour class, our lactation consultant will help familiarize expectant parents with everything they need to know to get breastfeeding off to a great start.

When: Call for schedule

Where: Call for location

Fee: Yes

Register: Yes. Call 757-875-7880

More info: 757-875-7880 or 757-612-6029

For your convenience, Riverside offers Medela breast pumps for sale and rental. To inquire about models, prices or purchase, please call Riverside Home Medical Equipment at 757-234-8450.

Breastfeeding Moms Get-Together

This is a great opportunity to connect with other new mothers and address questions, concerns, techniques and topics of the day. We'll discuss various aspects of breastfeeding, like protecting your milk supply, effective and ineffective latch, and how to know if your baby is getting enough. Our international board-certified lactation consultants will be on hand to answer questions and provide support. Free weight checks and latch checks for baby are available during Get-Together. You'll have a free valet parking service at the front entrance.

When: Meets each Tuesday from 1-2 p.m.

Where: Riverside Tower Café
Conference Room
500 J. Clyde Morris Blvd.
Newport News

Fee: Free

Register: Yes, call 757-612-6029

More info: 757-875-7880 or 757-612-6029 or riversideonline.com/babyclasses

Resources for You and Your Baby

Outpatient Lactation Clinic

Riverside's private Outpatient Lactation Clinic provides one-on-one appointments with our international board-certified lactation consultant. The clinic sees mothers who are having issues feeding their babies. Issues might be poor weight gain, latching difficulties, low milk supply, sore/cracked nipples, mastitis and over supply.

Clinic visits are often covered by insurance. An order from your physician or baby's pediatrician is recommended.

When: By appointment
Call 757-594-2624 or 757-612-6029

Where: Outpatient Lactation Clinic
Second floor, Women & Infant Care Unit
Riverside Regional Medical Center
Newport News

Fee: Yes, but insurance often covers it.

Other Breastfeeding Support Options

Riverside's lactation consultants are available to answer your questions. Just call 757-594-2624 or you may also reach someone who can help via our pager, 757-594-2000, pager #95.

Friends and Family Infant CPR

It's unlikely the need would arise, but if it did you'd want to know exactly what to do. This class is designed for parents, grandparents, family members, friends and anyone else who might be caring for your baby. It will tell you how to recognize the need for CPR. Basic CPR and choking prevention will be presented.

When: Call for schedule

Where: Call for location

Fee: Yes

Register: Yes, call 757-875-7880

More info: 757-612-6029 or
riversideonline.com

Introduction of Baby to Pet Class

This two-hour class has been designed for the expectant parents who have a pet and would like to learn some skills that will assist in a smoother transition when your baby arrives home.

When: Call for schedule

Where: Second floor Conference Room

Riverside Regional Medical Center

500 J. Clyde Morris Blvd.

Newport News

Fee: Yes

Register: Yes, call 757-875-7880

More info: 757-612-6029

Grandparents Class

Grandparents-to-be are invited to join this two-hour session to learn about changes affecting baby care today. Topics covered are: care of a newborn, changes in the roles of grandparents, safety at home and car seat laws. We will also take a tour of the Labor & Delivery area and the Women & Infant Care Unit.

When: Call for schedule

Where: Riverside Regional Medical Center
Second floor, Women & Infant Care
classroom

500 J. Clyde Morris Blvd.

Newport News

Fee: Yes

Register: Yes, call 757-875-7880

More info: 757-875-7880 or
757-612-6029

Resources for You and Your Baby

Breastfeeding: Back to Work or School

This two-hour session is for mothers who have already taken the breastfeeding class and are now going back to work or school and want to continue to be able to supply their baby breast milk. Some of the topics included in the class are:

- Preparing to provide your milk for your baby once you return to work or school
- Selecting the right type of breast pump for your needs
- Tips on transitioning from breastfeeding only to breastfeeding and pumping
- Safe storage, refrigeration, freezing, transport, thawing and feeding of your milk to your baby
- Scheduling times for pumping and feeding your baby
- Child care

It is recommended that you take this class when you are pregnant. However, if you have a long maternity leave, you may choose to attend after your baby is born. You are welcome to bring your baby to class.

When: Call for schedule

Where: Call for location

Fee: Yes

Register: Yes, call 757-875-7880

More info: 757-612-6029

Child Safety Seat Inspections

If you have any questions about installing your infant car seat correctly, make sure you take advantage of this free inspection offered by Riverside Regional Medical Center. Remember, an infant/child seat only provides optimal safety when it's properly installed.

When: Call 757-875-7880 to schedule an appointment

Where: Emergency Department
Riverside Regional Medical Center
500 J. Clyde Morris Blvd.

Newport News

Fee: Free

Resources for You and Your Baby

A Physician for Your Baby

Riverside Brentwood Medical Center Family Practice

10510 Jefferson Ave.
Suite A
Newport News, VA 23601
757-594-3800

Riverside Brentwood Medical Center Pediatrics

10510 Jefferson Ave.
Suite E
Newport News, VA 23601
757-594-2846

Riverside Commonwealth Family Practice

12715 Warwick Blvd.
Suite 0
Newport News, VA 23606
757-930-0091

Riverside Eagle Harbor Primary Care

13478 Carrollton Blvd.
Unit D & E
Carrollton, VA 23314
757-238-7043

Riverside Elizabeth Lakes Family Practice

191 Fox Hill Road
Hampton, VA 23669
757-850-1311

Riverside Fishing Bay Family Practice

16681 General Puller Highway
Deltaville, VA 23043
804-776-8000

Riverside Gloucester Family Practice

7547 Medical Drive
Suite 2200
Gloucester, VA 23061
804-693-4300

Riverside Mathews Medical Center

10976 Buckley Hall Road
Mathews, VA 23109
804-725-5005

Riverside Norge Internal Medicine and Pediatrics

7364 Richmond Road
Williamsburg, VA 23188
757-345-0011

Riverside Patriot Primary Care

2855 Denbigh Blvd.
Suite A
Grafton, VA 23692
757-968-5700

Riverside Williamsburg Family Practice

120 Kings Way
Suite 1400
Williamsburg, VA 23185
757-345-2555

Here are some other community medical practices that accept pediatric patients:

ABC Pediatrics

2200 Executive Drive
Suite D
Hampton, VA 23666
757-826-6889

Associates in Pediatric Care

2101 Executive Drive
Suite 610
Hampton, VA 23666
757-838-8166

Children's Clinic

(have a lactation consultant)
321 Main St.
Newport News, VA 23601
757-595-0358

716 Denbigh Blvd.
Building A-2
Newport News, VA 23608
757-874-7070

3055 George Washington
Memorial Highway
Hayes, VA 23072
804-642-9231

Resources for You and Your Baby

Dr. Rose Cloud

640 Denhigh Blvd.
Suite 2
Newport News, VA 23608
757-988-0085

CMG-Hampton Roads Pediatrics

23 Manhattan Square
Hampton, VA 23666
757-668-2200

County Pediatrics

6420 George Washington
Memorial Highway
Yorktown, VA 23692
757-969-6544

Courthouse Pediatrics

8264 George Washington
Memorial Highway
Gloucester, VA 23061
804-695-0305

Helping Hands Pediatrics

7907 George Washington
Memorial Highway
Yorktown, VA 23692
757-249-9620

Liberty Pediatrics

(have a lactation consultant)
12705 McManus Blvd.
Newport News, VA 23602
757-833-0780

Dr. Bruce M. Mayer

4622 Rochambeau Drive
Williamsburg, VA 23188
757-566-2045

Newport News Pediatrics

(have a lactation consultant)
11783 Rock Landing Drive
Suite 202
Newport News, VA 23606
757-668-6300

Pediatric Center, P.C.

901 Enterprise Parkway
Suite 200
Hampton, VA 23666
757-826-5437

Pediatric Consultants of Hampton Roads

1405-E Kiln Creek Parkway
Newport News, VA 23602
757-875-9700

Pediatrics at the Hamptons, P.C.

410-B Marcella Road
Hampton, VA 23666
757-247-1111

Pediatrics at Oyster Point

895 City Center Blvd.
Suite 200
Newport News, VA 23606
757-599-4090

Port Warwick Pediatrics

11803 Jefferson Ave.
Building 1, Suite 236
Newport News, VA 23606
757-873-8883

Sentara Pediatrics

5659 Parkway Drive
Suite 230
Gloucester, VA 23061
804-210-1055

Southeastern VA Health System

1033 28th St.
Newport News, VA 23607
757-952-2160

15425 Warwick Blvd.
Newport News, VA 23608
757-874-8400

4714 Marshall Ave.
Newport News, VA 23607
757-380-8709

TPMG Pediatrics

307 Cook Road
Yorktown, VA 23690
757-898-7261

TPMG Pediatrics

307 Cook Road
Yorktown, VA 23690
757-898-7261



The Riverside Care Difference

Every member of our team commits to the Riverside Care Difference when they join Riverside. Our Riverside Care Difference is the way in which we deliver care and services, as a team, by putting our patients and customers at the heart of all we do. The Riverside Care Difference represents our ongoing commitment to provide you with the best care possible:

- To keep you safe
- To help you heal
- To treat you with kindness
- To respect your wishes

Our Riverside Mission:

To care for others as we would care for those we love,
to enhance their well-being and improve their health



Notes

We're here for you 24 hours a day.

Call **Riverside Nurse** to talk to an experienced, registered nurse skilled in assessing symptoms and advising callers on their healthiest course of action. You can also count on an easy referral to a Riverside physician.

757-595-6363 or toll free 800-675-6368

View Health Information under the Patients & Visitors tab on riversideonline.com

Riverside MyChart

Manage your health online 24/7 using the features in MyChart:

- Communicate with your doctor
- Access your test results
- Request prescription refills
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