



Your Baby Has Arrived! Your Birth Experience and Beyond

Women's Hospital



**GREENVILLE
HEALTH SYSTEM**



Welcome to Family Beginnings!

Congratulations on the newest addition to your family!

Thank you for choosing Women’s Hospital of Greenville Health System (GHS) to participate in the birth of your child and to share this special time with you. Our goal in Family Beginnings is to provide you with the experience that you desire. If we fail to meet your expectations, please call the supervisor at 304-1864 or the nurse manager at 455-7706.

We hope the following information will prove helpful for you (and your visitors). Some of this material may be useful during your first few days home as well, so please take this booklet with you to use as a reference, when needed.

The booklet includes ...

Frequently Asked Questions About Your Hospital Stay	2
Safe Patient Handling	5
Newborn Care	9
Immunizations	9
When to Call the Doctor	12
Newborn Appearance	13
Jaundice in Newborns	14
Safety First	15
Hand Hygiene	18
Postpartum Care	21
Lactation Services	28
Birth Control Options	28
Early Developmental Milestones	29

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The Family
Beginnings
unit follows
GMH's
visitation
guidelines of
9:00 a.m. to
9:00 p.m.



Frequently Asked Questions About Your Hospital Stay

What does family-centered maternity care mean?

You will have the same nurse caring for you and your baby (unless your baby is in the Bryan Neonatal Intensive Care Unit). We will be glad to answer any questions you may have about your recovery and your baby's care. We will care for you and your baby in the same room as long as you both are healthy.

Research has shown that togetherness benefits both mothers and babies and allows you time to get to know one another. Staying in the same room empowers you to supervise all of the care we provide for your baby and also is the safest model of care for new families.

Who can help me with breastfeeding?

Our nursing staff is trained to assist with your breastfeeding needs. We also have certified lactation consultants on staff. To contact a lactation consultant during your stay, please call the front desk or ask your nurse.

After discharge, you may call (864) 455-BABY (2229). A lactation consultant will return your call and answer your questions. If needed, an outpatient appointment can be arranged.

An outpatient visit is one-on-one time with a lactation consultant. Concerns unable to be addressed over the phone often can be handled with an outpatient visit. A fee is associated with outpatient visits. Some insurance companies may cover some of the fees associated with these visits. Please call your insurance company to inquire.

What are the visitation rules?

General visiting times are from 9:00 a.m. through 9:00 p.m. Your designated Care Partner can visit at all times and will have a badge to facilitate 24-hour visitation. Other visitors and family members are asked to observe the hours of 9:00 a.m. to 9:00 p.m. No more than two people should visit at one time because of fire safety codes.

Think about those you want to come see you and your baby. Encourage people who want to come visit to see you once you are home from the hospital.

Visitors should not come if they have a rash, draining wound, vomiting, diarrhea, flu, measles, mumps, chickenpox or other infectious condition. Visitors also should not come if they have had a fever greater than 100.4°F in the past week or are not up to date on their vaccinations.

An adult (other than the patient) should accompany children at all times, and children always should be supervised. The responsible adult should be respectful of other patients and ensure that children keep their voices low and avoid running in the halls. Noncompliant visitors and family members will be asked to leave.

What is “quiet time”?

We have quiet time each afternoon from 3:00 to 5:00. During this time, our staff will not disturb you unless you call for them or it is medically necessary for them to enter. This period gives you and your new family time to relax.

Do you have anything to recognize siblings?

Your other children are an important part of this special time. To recognize them, we have stickers, crayons and coloring books for big brothers and/or big sisters. Contact your nurse if you are interested in these items.

Where can my visitors get food?

Greenville Memorial Hospital (GMH), where Women’s Hospital is located, has many options available on the first floor (see right column). In addition, vending areas are available in the Family Beginnings waiting areas and on the first floor.

How do I use my telephone?

We know you want to share this exciting and wonderful time with family and friends, and we know you need to rest. The following tips will help you do both:

- If you would like your family and friends to call your room directly, tell them to call 455-7000, then 8 + the room number.
- Call “9” to get an outside line (for personal calls).
- To forward incoming calls to voicemail, enter #1 on your patient phone. To remove forwarding to voicemail, enter #1.
- A red display light will flash if you have a voicemail. To access your voicemail, call 3-2900 on your phone.
- For patient safety and confidentiality, all voicemail is erased nightly at 11:00 and each time a patient is admitted, discharged or transferred.
- To allow our patients to rest, incoming calls are restricted between 11:00 p.m. and 6:00 a.m. During these hours, all calls will be routed to the operator. Patients may call out anytime.

Helpful Phone Numbers:

- NICU 5-7165
- Women’s Boutique 5-8449 (sixth floor) or 5-1050 (main floor)
- Buckle Up Information Line 4-1108



Cafeteria Hours

Breakfast

6-10 a.m. daily

Lunch

11 a.m.-2 p.m. daily

Dinner

4:30-7 p.m. daily

Late Night

Midnight-3:30 a.m.

Other GMH Meal Options

Au Bon Pain

Mon.-Fri. 7 a.m.-8 p.m.

Sat.-Sun. 10 a.m.-8 p.m.

Chick-fil-A

Mon.-Thurs. 11 a.m.-8 p.m.

Fri. 11 a.m.-2 a.m.

Sat. 11 a.m.-6 p.m.

Starbucks

Open 24 hours

Subway

Mon.-Fri. 11 a.m.-8 p.m.

Sat. 11 a.m.-2 a.m.

Sun. 11 a.m.-9 p.m.

Note: Food hours are subject to change.

Hospital staff members should identify themselves and have appropriate name badges.

How do I access the Internet?

Free wireless access is available to all guests in most areas. Please note that GHS personnel do not provide computer support for non-GHS equipment and devices. SSID is 701Guest (this is case sensitive). Encryption should be set to None or Disabled.

How do I contact my nurse?

Each nurse carries a cell phone while at work. Your nurse will write this cell phone number on the dry erase board in your room. When using your room phone, press 9 before calling the cell phone number. You may choose to use your personal cell phone for convenience. Our cell phones also have texting capabilities, and you may text your nurse if you choose. Please remember to include your name and/or room number.

Your nurse will make every effort to answer the phone, but if she is with another patient, please leave a voicemail that includes your room number. She will call you back as soon as possible. If you have an emergency, please press the call button on your bed.

How do I set the temperature in my room?

Each room has a thermostat. Please adjust the temperature to your comfort level. Here are a few tips to remember when adjusting the thermostat. (1) The thermostat must be changed in small increments. The system is computer controlled and, if moved by more than a few degrees at a time, will shut down and have to be reset. (2) After changing the thermostat, it may take up to an hour for the temperature to adjust. If you do not notice a difference, please tell your nurse.

Who will be coming into my room?

Your provider and your baby's pediatrician will come into your room every day. If you have not seen a doctor by mid-afternoon, please inform your nurse. Be sure to write down any questions you may have.

In addition, you will see birth certificate clerks, hearing screeners, food service attendants and someone from housekeeping services. Hospital staff members should identify themselves and have appropriate name badges.

If you are unsure about anyone who enters your room, please call the front desk immediately. Do not let anyone take your baby from your room without the appropriate hospital identification.

How does the discharge process work?

Typical length of stay is two days for a vaginal delivery and three days for a C-section. Most families are discharged from the hospital between mid-morning and noon. Please plan to have someone at the hospital to take you and your baby home.

The morning of discharge, you will need to be seen by your provider, and your baby will need to be seen by his or her doctor. If both of you are ready for discharge, your providers will write discharge orders. The secretary will process this information and give the papers to your nurse.

Your nurse will come to your room and complete the discharge process. The discharge process usually is completed in the morning so that you may be on your way home by lunch. If you need to make special arrangements to leave earlier, please let your nurse know.

When your nurse confirms that all paperwork is completed, you can call for assistance with transporting your baby and belongings to your car. It is not necessary to have your car seat in the room. Please follow your car seat instruction booklet to ensure that your car seat is properly installed in your vehicle before discharge. Our staff cannot install or check car seats before discharge.

Safe Patient Handling

The Safe Patient Handling Program provides a way for staff to move, lift and transfer

patients safely.

Watch our video to

learn more by scanning this code with your smartphone or visit www.ghs.org/uplift.



Mothers who do not breastfeed experience higher rates of ...

- Postpartum depression
- Postpartum bleeding
- Difficulty in losing weight after childbirth
- Need for more pain medication
- Osteoporosis and arthritis
- Heart disease and diabetes
- Breast and ovarian cancer

Babies who are not breast-fed have higher rates of ...

- Food allergies and asthma
- Constipation and gas
- Acute gastroenteritis
- Diabetes and obesity
- Respiratory infections
- Chronic diseases
- Hospitalization
- Childhood cancers
- Death from sudden infant death syndrome (SIDS)

I have heard my doctors and nurses talk about three key components of being designated a Baby-Friendly™ hospital: skin-to-skin contact, breastfeeding and rooming-in. Can you give me an overview?

Skin-to-Skin

Skin-to-skin contact (also called kangaroo care) helps both mothers and babies. Babies who are placed skin-to-skin are more content and cry less, maintain body temperature and blood sugar better, and are more likely to breastfeed exclusively and longer than babies who do not receive skin-to-skin contact.

To help your healthy baby recover from birth, he or she will be placed skin-to-skin with you immediately after delivery. Frequent skin-to-skin contact benefits the baby and can be practiced any time at the hospital or at home. We encourage this when you are fully awake.

Care partners can help you get rest by providing skin-to-skin care, too. Mothers also benefit from skin-to-skin care by experiencing better early milk supply, bonding and less bleeding.

Breastfeeding

We recommend breastfeeding as the best feeding method because it provides optimal nutrition for your baby. Breastfeeding can protect your baby's health, help you recover from pregnancy, provide a lifetime of health benefits for both of you, and save your family money.

Rooming-in

At GHS Women's Hospital, we care for healthy mothers and babies together—this is called "rooming-in." Research shows that mothers sleep better when babies stay with them in the same hospital room as opposed to when babies stay in another location (such as a nursery). Babies startle and cry less when they are with their mother.

With your baby in your room, you can see all of the baby's "firsts" and will learn about your infant's personality and needs. Memorable moments include everything from the baby's first bath to the initial checkup and what works when your baby cries.

If you are concerned about how much your baby cries, our nurses teach new parents ways to calm a fussy baby. Crying is a normal part of infant development and is one of the ways your baby communicates with you. There are a few things to know about crying.





Crying tends to begin at 2 weeks of age and continues about 3-4 months and is a phase of a baby's life. It is referred to as the "Period of Purple Crying."

What the letters in PURPLE stand for:

P—crying peaks at 2-4 months of age

U—crying often is unexpected and may come and go

R—your infant may resist soothing

P—your infant often displays a pain-like face

L—long-lasting crying occurs, up to several hours a day

E—crying tends to be in the evening or late afternoon

Some babies are fussier and cry more than others, which can be frustrating and stressful for caregivers. Before you go home, a nurse will talk to you about crying, provide you with a *Crying the Color Purple* DVD to take home and help you develop a plan for those fussy days.

More information can be found on this subject at ghs.org/stork.

Source: National Center on Shaken Baby Syndrome 2007. The Crying Color Purple Program.

Babies startle
and cry less
when they
are with their
mother.



For months, you have focused on having a healthy pregnancy and a smooth labor and delivery. Now that your baby has arrived, your focus will shift to life at home.

Newborn Care

The following information will guide you through the first few weeks home on how to feed, change and bathe your new baby; ways to keep your baby safe; and when to call the doctor. This booklet, along with advice from your baby's doctor and other healthcare professionals, will help make the transition to life at home with a new baby a safe and happy time for your family.

Feeding Your Baby

Please remember your baby does not need food or drink other than milk in the first several months of life. Always check with your baby's doctor before introducing foods or changing diet.

Breastfeeding

We encourage and support you to provide your baby with breast milk. Evidence shows that breast milk helps improve newborn health and helps support maternal well-being. While in the hospital, your nurses and lactation consultants will be happy to help you with breastfeeding. You'll also receive a booklet on breastfeeding.

After you go home, you can refer to this booklet for answers to common questions and community resources for lactation help. You also may call your doctor or a lactation consultant if you have problems. Our Breastfeeding Helpline is (864) 455-BABY (2229).

- Feeding cues you should respond to include stretching arms and legs during sleep, head turning, lip-smacking, sucking motions, putting hands to the mouth and crying. Your baby should breastfeed as often and for as long as he or she wants during the first two weeks.
- Your baby should eat on demand at least eight to 12 times in 24 hours.
- Wash your hands before and after feeding your baby.
- Watch your baby instead of the clock to see how long your baby is feeding. Generally, you should let your baby remain on the breast until the baby releases the breast on his or her own. Watch for a wide-open mouth, strong movement of muscles in front of the ears and temples, and the dropping of the baby's chin toward the chest. The baby's mouth should be wide open and lips flanged out. The latch should be comfortable to you with the baby's tongue cupping around the nipple. The baby will take short breaks between sucking patterns.
- Allow the baby to finish nursing on one side, then offer the other breast. (This pattern allows the baby to get more of the hind milk with higher fat content.)
- Alternate the breast you start with at each feeding.
- Avoid pacifiers and bottles until breastfeeding is going well for approximately one month.



Immunizations

Immunizations are a critical part of your newborn's health. All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge. Your newborn will continue to receive immunizations throughout his or her life.

For additional information about vaccines, vaccine supply and contraindications for immunization, please visit the Centers for Disease Control and Prevention (CDC) at www.cdc.gov/vaccines or call the CDC at 1-800-232-4636 (1-800-CDC-INFO) (English and Spanish).



Always
keep a hand
on your
baby while
changing the
diaper.

Diapering Your Baby

Diapering will not be one of your favorite chores, but it is one that you will need to learn almost immediately when your baby is born. It may seem that you are changing diapers constantly. This is normal for newborns and will change as your baby grows.

Urination

- A newborn baby should have a minimum of one to three wet diapers daily in the first few days. Once feedings are well established, usually between four to six days, your newborn should have at least six wet diapers a day.
- At home if your newborn is staying dry for a long period of time (more than 12 hours), he or she may be dehydrated or have a urinary blockage. Notify your pediatrician if you are worried about your baby's urination.

Bowel Movements

- Babies have their own stool patterns.
- The first stools are black and tarry. These are called meconium stools and will lessen after the second or third day. If your baby hasn't stooled in 36 hours, notify your nurse or pediatrician.
- After a few days, stool color and texture will change.
- Breastfed babies will have loose, mustard yellow, "seedy," mild-smelling stools. They may have several bowel movements a day to one every three to four days.

Changing Your Baby

- To begin, gather all supplies needed and lay your baby on his or her back.
- Remove the dirty diaper and roll it up if it is soiled.
- Lift your baby's bottom by holding up his or her legs.
- Next, wipe the baby from front to back, which prevents the spread of bacteria from the baby's stool. Make sure you clean all of the skin folds and creases.
- Lift his or her bottom again to place a clean diaper underneath. The top of the diaper should be at waist level.
- Allow your baby's bottom to air dry. Apply a diaper rash ointment if needed.
- Fasten the diaper securely on each side in the front and fold below the belly button.
- Baby girls often will have a white vaginal discharge and spotting of blood during the first week. This discharge is because of the mother's hormones. Wipe your baby girl's genitals from front to back when changing diapers or bathing.

- For circumcised boys, apply petroleum jelly to the circumcision area at each diaper change for four to seven days to keep it from sticking to the diaper. Yellowish patches are normal to see as it heals. Some physicians use a plastic cover for the circumcision site. The cover should fall off on its own in about eight days.
- Clean the circumcised penis by dribbling water over it or by gently wiping with a soft washcloth. Do not use soap or wipes on this area until it is fully healed.
- Wash your hands before and after changing your baby.

Bathing Your Baby

Follow these simple steps to bathe your baby, but remember that newborns do not need bathing every day:

- Gather all supplies needed and wash your hands before starting the bath.
- Check water temperature with your hand to make sure it is not too hot.
- To keep your baby from getting too cold when getting a sponge bath, wash part of his or her body at a time, keeping the rest of the body covered with a towel or blanket.
- Wash your baby's face and head first. Use only plain water to clean around the eyes.
- When working your way down the rest of the body, pay special attention to the skin folds to be sure no moisture is left that may cause irritation.
- Wash the diaper area last.
- Always wash genitals from front to back.
- For an uncircumcised boy, keep the penis clean with soap and water. Don't force skin back from the penis.
- Avoid oils and powder. Use only unscented lotion if your baby has dry skin.



Newborns
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Umbilical Cord Care

- Keep the diaper folded down below the umbilical cord to help it dry out faster.
- The umbilical cord will fall off in one to three weeks.
- Keep the umbilical cord clean and dry during bathing.
- Report any redness, drainage or foul-smelling discharge to your baby's doctor.

Nail Care

- Keep your baby's nails short to prevent scratching.
- Use a file, rather than clippers, to trim nails straight across.
- You might find it easiest to trim your baby's nails while he or she is asleep.

After discharge, your baby should see a newborn healthcare provider by 5 days of age.

If you have any other reason to be concerned about your baby, call your doctor. Parents' instincts usually are correct.

Call the doctor if your baby ...

- **Is having feeding difficulty within 24 hours of discharge**
- **Has a rectal temperature of 100.4°F or greater**
- **Has a rectal temperature of less than 97.0°F (take the baby's temperature only if you are concerned about symptoms)**
- **Appears to be working hard to breathe**
- **Is vomiting so much that you are concerned that the baby is not keeping down enough fluids**
- **Has watery stools that overflow the diaper or pasty stools that are white or gray**
- **Has skin or whites of the eyes that look yellowish**
- **Is decreasing the amount of food he or she is eating or is refusing feedings**
- **Has redness, swelling or drainage around the umbilical cord**
- **Has a skin wound that shows signs of infection: redness, swelling or drainage**
- **Has no wet diapers for 12 hours**

Newborn Appearance

Some details of your new baby's appearance may not be expected though they may be perfectly normal. You may see the following:

Common Newborn Birthmarks

Stork bites (also called angel kisses or salmon patches) are common birthmarks in children and usually begin as a flat pink or red area on the skin on the back of the neck, forehead, eyelids or around the nose. Stork bites usually fade as your child gets older, but faint remnants may persist.

Mongolian spots are dark, flat, bluish-black areas on the lower back or buttocks. These birthmarks will darken at first and then fade by the time the child is 6 to 7 years old. Occasionally they may be seen on the upper back, arms or legs. Mongolian spots often are mistaken for bruises.

Café au lait spots are flat, light brown, oval-shaped patches of skin that may occur anywhere on the body. They do not fade and may even increase in number as your child gets older, especially around adolescence.

Common Newborn Rashes

Newborn acne—More than 30 percent of newborns develop acne of the face, mainly small, red bumps. This neonatal acne begins at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause appears to be the transfer of maternal androgens (hormones) just before birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will make it worse.

Drooling rash—Most babies have a rash on the chin or cheeks that comes and goes. This reaction often is related to contact with food and acid that have been spat up from the stomach. Rinse the baby's face with water after every feeding and every spit-up.

Heat rash—Other temporary rashes on the face are heat rashes seen in areas held against the mother's skin during nursing (especially in the summertime). Change your baby's position frequently and put a cool washcloth on the area.

Erythema toxicum—More than half of all babies get a rash called *erythema toxicum* on the second or third day of life. The rash is composed of red blotches with a small white or yellow lump in the center. They look like insect bites. They may be numerous, may keep occurring and may be anywhere on the body surface. Their cause is unknown; they are harmless and resolve themselves by 2 weeks of age.

Milia—Milia are tiny white bumps that occur on the faces of many newborn babies. The nose and cheeks most often are involved, but milia also are seen on the forehead and chin. Although they look like pimples, they are smaller and not infected. They are blocked-off skin pores and will open up and disappear by 1 to 2 months of age. No ointments or creams should be applied to them.

Blisters—True blisters (little bumps containing clear fluid) on the skin that occur during the first month of life must be examined by a doctor. If they are caused by a serious virus, treatment may be required. If you suspect blisters, call your doctor immediately.

Jaundice in Newborns

What is jaundice?

Jaundice is a yellowing of the skin and whites of the eyes. It is caused by the buildup of a pigment in the blood called bilirubin. Bilirubin is a yellow pigment released during the normal breakdown of red blood cells. Jaundice can occur in babies of any race or color.

The liver of a newborn often is immature. Before birth, the mother's body helps remove bilirubin from the baby's blood. Most babies develop jaundice in the first few days of life because it takes a few days for the baby's liver to get better at removing bilirubin. Jaundice occurs in approximately six of every 10 newborns.

Will my baby be screened for jaundice?

We screen all babies for jaundice by checking their bilirubin levels before leaving the hospital. At your newborn's first office visit, the provider will assess your baby for signs of jaundice as well.

How can I check my baby for jaundice?

Gently press your baby's forehead, nose or chest with your fingertip. Your baby's skin should be white once you remove your fingertip. If a yellowish color is present after you remove your finger, your baby probably has jaundice. It is very important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old—that's usually when the bilirubin level is the highest.

Can jaundice hurt my baby?

Most babies have mild jaundice that is harmless. However, in unusual situations, the bilirubin level can get very high and may cause brain damage. This possibility is why newborns should be checked carefully for jaundice and then treated to prevent a high bilirubin level.

How is jaundice treated?

Treatment depends on the amount of bilirubin present in your baby's blood. When necessary, a baby can be treated with special blue lights called phototherapy. The lights help change bilirubin in the baby's blood so that it can be easily disposed of in the urine. Your baby's doctor will tell you if phototherapy is needed in the hospital.

Sunlight used to be the only treatment available for jaundice, but it is less effective and can burn your baby's skin. Never place your baby in direct sunlight to treat jaundice.

When should I call the doctor?

Call your baby's doctor right away if ...

- Your baby's skin or eyes look more yellow
- Your baby's abdomen, arms or legs are yellow
- Your baby is jaundiced and is hard to wake, fussy or not well
- Your baby is not wetting at least four diapers a day

When does jaundice go away?

Jaundice usually goes away within a week or two. Consult your baby's doctor, who can confirm when jaundice is no longer a concern for your baby.

Safety First

Infant CPR

CPR saves lives: The American Heart Association estimates that up to 200,000 lives could be saved each year if CPR were performed early enough. If you have not had Infant CPR training recently, consider taking a class. For more information on classes (known as "Friends and Family CPR" at Greenville Memorial Hospital), call 1-877-GHS-INFO (447-4636).

Safe Sleep Environment for Your Baby

To help keep your baby safe when sleeping, please read the following information on sudden infant death syndrome (SIDS) and how to create a safe sleep environment for children under age 1. If you have any questions, talk to your baby's doctor.

- SIDS occurs when a healthy baby under age 1 dies in his or her sleep with no obvious reason. Babies also can die in their sleep from other causes that are a result of unsafe sleep practices or being in an unsafe sleep environment. Such deaths may be sudden, unexpected infant deaths that are sleep related and the result of suffocation, entrapment, strangulation or being rolled over by another person.
- The American Academy of Pediatrics, Eunice Kennedy Shriver National Institute of Child Health & Human Development, and Upstate Cribs for Kids program recommend that babies sleep alone in their cribs without other people or objects. Bed-sharing (co-sleeping) with adults, children or pets on any surface (adult bed, couch or chair) increases the risk of SIDS, suffocation, roll-over deaths, entrapment, strangulation or injury resulting from falls.
- Always place the baby on his or her back to sleep for naps and at night. The back sleep position is the safest.
- Babies should sleep in a safety-approved crib, bassinet, Pack 'n Play or Playard.
- Safety standards for cribs changed as of June 2011. Check to make sure that your baby's crib, Pack 'n Play or Playard has not been recalled by going to cpsc.gov.
- Crib slats should be no more than 2 3/8 inches apart. The mattress should be firm, fit snugly in the crib and be covered by a fitted sheet.
- Never place the baby to sleep on pillows, quilts, sheepskins, positioners or other soft surfaces.
- Keep soft objects, toys and loose bedding out of the baby's sleep area. Don't use pillows, blankets, quilts, sheepskins or crib bumpers in the baby's sleep area.
- Infants should be breastfed when possible and immunized with all of their recommended shots. Studies have shown both reduce the risk of SIDS.



Always place the baby on his or her back to sleep for naps and at night.

Babies should sleep alone in their cribs without other people or objects.



Other Safety Tips

- **Wash your hands before and after feeding or diapering your baby.**
- **Use a bulb syringe when your baby is congested. Squeeze the air out before using it. Clean the mouth first, then the nose. To clean the bulb, soak in hot soapy water and rinse with clear water.**
- **Call Safe Kids Upstate for a free Home Safety Checklist, (864) 454-1100.**
- **Most important, never leave your baby alone (except when the baby is safely in the crib to sleep). Do not step away from your baby while he or she is on a tabletop or in the tub.**

- Do not smoke during pregnancy or let anyone smoke around your baby. Studies show smoke exposure increases the risk of SIDS as well as other respiratory infections and illnesses.
- Keep the baby's sleep area close to but separate from where you and others sleep (room-sharing without bed-sharing). If you bring the baby into bed with you to feed, return the baby back to the crib, bassinet or Pack 'n Play when finished.
- Consider using a clean, dry pacifier when placing the baby down to sleep, but don't force the baby to take it. Wait to introduce it until breastfeeding is well established (in approximately one month). Evidence shows that pacifier use during sleep may reduce the risk of SIDS, even if the pacifier falls out of the baby's mouth.
- Do not overheat or "over bundle" the baby. Dress the baby in light sleep clothing, and keep the room temperature comfortable for a lightly dressed adult. Consider using a wearable sleep sack for the baby. If swaddling your baby, use a lightweight receiving blanket, avoiding thick or heavy fleece blankets. Stop swaddling once your baby can break free of the swaddle, can roll on his or her side, or can roll over.
- Avoid products that claim to reduce the risks of SIDS or other sleep-related causes of infant death because most have not been tested for effectiveness or safety.
- Do not rely on home monitors to reduce the risks of SIDS. If you have questions about using monitors for other conditions, talk to your healthcare provider.
- Reduce the chance that flat spots will develop on the baby's head: Provide "tummy time" when the baby is awake and someone is watching; hold the baby upright when he or she is not sleeping; change the direction that the baby faces (left or right) in the crib from one week to the next; and avoid too much time in car seats, carriers and bouncy seats. Infants should not routinely sleep in sitting devices such as car seats (when not in the car), bouncy seats, swings or infant slings. Tummy time helps your baby strengthen muscles and avoid flat spots.
- If you or someone you know cannot afford a crib, check out Upstate Cribs for Kids. Cribs for Kids brings free education and portable cribs to eligible families. For more information, contact cribsforkids.org, safekidsupstate.org or (864) 454-1100.

Share these messages with parents, childcare providers, grandparents, babysitters and everyone who cares for your baby.

Sources: Eunice Kennedy Shriver National Institute of Child Health & Human Development. (2012). What does a safe sleep environment look like? Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-related Causes of Infant Death. NIH Pub. No 12-5759. SIDS and Other Sleep-related Infant Deaths: Expansion of Recommendations for a Safe Sleeping Environment. Task Force On Sudden Infant Death Syndrome. Originally published online in Pediatrics October 17, 2011.

Car Seat Safety

Before the first ride home, Safe Kids™ Upstate, led by Greenville Health System, encourages you to act on the following questions:

What is the best car seat for my child?

- It fits the child birth (or a starting weight of 4 pounds) to 40 pounds.
- It fits the car/truck/van. Try the seat in the vehicle before buying it.
- The back of the front seat does not touch the back of the infant carrier or convertible seat.
- Best practice is to purchase a new car seat. You must know the history of the car seat, and it must be less than six years from the manufacture date. All stickers must be intact and readable.
- If the car seat has been in a crash—even a minor fender bender—it is not recommended to use that seat.

Where is the safest position to place my child in the back seat?

- First, check the owner's manual of your car/truck/van for guidance.
- Second, if there are two drivers and one is taller than the other, make sure the seat back of the front seat does not touch the back of the car seat.
- As a parent, you make the final call unless the car or car seat manual gives very specific directions. Best practice is to follow the owner's manual.

When should I install my infant car seat?

- Install it no later than the seventh month of pregnancy. Babies don't always arrive when scheduled, and we want you to be ready!
- If the seat is purchased well before the baby arrives and does not fit the car, you will have time to make adjustments.
- Purchasing the seat by the early part of the third trimester will give you time to have a prenatal car seat inspection.

What is a car seat inspection?

Safe Kids Upstate has trained certified technicians who can inspect your installed car seat. They will help you make any corrections so that the seat is ready for your new precious cargo. These technicians continue their training to stay current on all advancements and recalls of car seats.

Safe Kids Upstate has six Child Safety Seat Inspection Stations in Greenville, Pickens and Oconee counties. All inspections are by appointment. Slots fill quickly, so we urge you to make your appointment early in the third trimester. We also have translators available on request. Please call (864) 454-1100 for Greenville County (English) or (864) 454-1187 (Spanish), and (864) 885-7390 for Oconee and Pickens counties. For locations or to make an appointment online, go to ghschildrens.org/kohls.

For car seat inspection locations or to make an appointment online, go to ghschildrens.org/kohls. Safety checks are by appointment only.

What if I still have questions?

Call (864) 454-1100 to speak with the Special Project Coordinator for Kohl's "On the Way" Child Passenger Safety Program.



Hand Hygiene

One of the easiest things we can do as parents and caregivers is to wash our hands properly. Hand hygiene saves lives.

Why?

Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu and even hard-to-treat infections such as MRSA (methicillin-resistant *Staphylococcus aureus*)

When?

You should practice hand hygiene:

- Before preparing or eating food
- Before touching your eyes, nose or mouth
- Before and after changing wound dressings or bandages
- After using the restroom
- After blowing your nose, coughing or sneezing
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls or the phone
- After feeding or diapering your baby

Healthcare providers should practice hand hygiene:

- Every time they enter your room*
- Before putting on gloves—wearing gloves alone is not enough to prevent the spread of infection
- After removing gloves

*If you already have an infection, your healthcare providers may take special precautions to prevent the spread of your infection to others. They might enter your room wearing protective equipment (such as gloves, gown or a mask). You do not need to ask them to clean their hands because they should have done so before they put on gloves.



Keeping hands clean is one of the most important ways to prevent the spread of infections. Hand hygiene saves lives.

How?

With soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.
2. Rub your hands together until the soap forms a lather. Then run the lather over the tops of your hands, in-between fingers and in the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.
6. When to use soap and water:
 - When your hands look dirty
 - After you use the bathroom
 - Before you eat or prepare food

Proper hand
washing
lasts 40-60
seconds.

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much product to use.
2. Rub hands together and then rub the product over the top of your hands, in-between your fingers and in the area around and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.
4. When to use an alcohol-based hand rub:
 - When your hands do not look dirty
 - If soap and water are not available

Information provided by the CDC.





Your newborn baby will require a great deal of attention his or her first few weeks of life, but don't forget to take care of yourself, too!

Postpartum Care

Your body has been through major changes in the last nine months, and it will take several months for you to return to your pre-pregnancy state. This booklet, along with advice from your provider and other healthcare professionals, will help you recover more quickly from the childbirth experience so you can enjoy being home with your new baby.

Abdominal/Perineal Care

Sitz Bath—If you had a vaginal delivery and have episiotomy stitches or have had hemorrhoids, you will continue using your sitz bath at home at least twice a day for a week or longer. Use warm water in the sitz bath.

Peri Bottle—Use your peri bottle with warm water every time you use the bathroom for as long as your bleeding continues.

- Direct the spray from front to back.
- Always wipe from front to back.
- Put on a clean pad every time you go to the bathroom.

Other Peri-care Supplies—Your doctor may order other products if you need them after you deliver. Always wash your hands before and after use.

- Epifoam—This product soothes the area and promotes healing. Apply a small amount to your fingers or a Tucks pad if you have those ordered. Put the foam directly on your stitches or hemorrhoids. You may use this product three or four times a day.
- Tucks or witch hazel pads—Putting a pad over the stitches or hemorrhoids may help soothe the area.

Bleeding—You will experience vaginal bleeding called lochia over the next several weeks.

- For the first one to three days after your delivery, it will look like a period. It should be dark red, and it may have small clots.
- From Day 3 to Day 10, this flow turns to pink or brown.
- After 10 days, the flow should be white or pale yellow. You may experience bleeding for up to six weeks. You may pass clots. If you are soaking a pad every 30 minutes to an hour, you should call your doctor.

Uterus—Your uterus stretched to hold your infant and now needs to shrink back to a tight ball of muscle. Right after birth, the uterus is just below the belly button. Each day after your delivery, the uterus shrinks about one finger width. By the end of the second week, you should no longer be able to feel the top of your uterus through your belly.

Remember to schedule your six-week postpartum appointment.

Date: _____

Time: _____

Doctor: _____

Phone: _____

Call your doctor if you experience any of the following:

- Increased pain not relieved by your pain medicine
- Bleeding heavier than a period (soaking a pad every 30 minutes to an hour)
- A foul odor to your bleeding
- A temperature above 100.4°F
- Redness, swelling or drainage at your stitches and/or incision
- Inability to pass gas, increased stomach swelling or nausea
- Depression or feeling that you cannot care for yourself or your baby

Care for C-section Incision

- In the shower, simply allow water to run over the incision area to clean it.
- No covering is necessary for your incision area.
- If Steri-Strips are used on your incision, they may peel off on their own. If not, carefully remove them after one week.
- Report any drainage or swelling in the incision area to your doctor.

Medications

Talk to your doctor before taking any prescription or over-the-counter medications.

Ibuprofen

- Take this medicine with food or milk. Use caution or avoid this medicine if you have high blood pressure of any kind. Talk to you doctor about this situation.

Stool Softeners

- Stool softeners may be taken two times a day, if needed.
- This medication will help you avoid constipation.

Pain Medication

- Your doctor will send you home with pain medicine, if necessary.
- Prescription medicines for pain may cause drowsiness and also may lead to constipation.

Breast Care

Breastfeeding Mothers

- While nipple tenderness is normal, breastfeeding should be comfortable (not painful) for you. Call your lactation consultant if pain is present.
- Clean breasts by letting water run over them in the shower. Do not use soap or lotion on breasts.
- Hydrogel pads and Lansinoh cream may be used on sore nipples.
- Allow breasts to be exposed to the air whenever possible.
- Use specially designed breast pads or a large handkerchief in your bra to prevent leakage through to your clothes.
- Please call us with your concerns: (864) 455-BABY (2229).



Visit our
Women's
Boutique
located just
outside Family
Beginnings or
on the main
floor.

Engorgement

- Frequent feeding is the best way to avoid engorgement.
- An engorged breast will tighten the nipple, making it difficult for your baby to get enough of the nipple in the mouth.
- Apply warm compresses to the breast before the feeding.
- If the nipple is very tight, expressing milk for a few minutes before breastfeeding will soften your nipple.
- Cold packs after and in-between feedings may be necessary.

Breast Pumps

- Most breastfeeding mothers do not need a breast pump in the hospital.
- We offer a manual pump or a universal electric breast pump kit for use in the hospital, if needed. Please talk to your nurse or lactation consultant.
- For information on renting or purchasing breast pumps from GHS Women's Hospital, ask your lactation consultant or visit our Women's Boutique located just outside Family Beginnings or on the main floor, near the fountain.

Hand Expression

Hand expression is a useful skill when you need to empty your breasts (such as when you are separated from your baby or your baby is temporarily unable to breastfeed). In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first few days, use hand expression to provide the milk he or she needs.

The hand expression routine is simple but takes practice and patience. Wash your hands. Relax and think about your baby. Use warm, wet washcloths on your breasts. Then, gently massage each breast in a circular motion using the flat part of your fingers. Make a "C" or a "U" with your fingers about an inch back from the edge of the areola (dark part of the breast). Press your hand inward toward your chest, not out toward the nipple. Compress the breast (not the nipple) with the soft pads of your thumb and fingers. Continue to press backward and avoid sliding your fingers down toward the nipple. Relax the pressure and start over again.

Change the position of your thumb and fingers on your breast. Rotate your hand position. This step will help stimulate milk from many of the ducts in your breast. After 10-20 compressions on the first breast, switch to the other breast. Continue switching back and forth between breasts until the flow of milk slows.

For additional help, watch Dr. Jane Morton's video at newborns.stanford.edu/Breastfeeding/HandExpression.html.

To reach a lactation consultant when you are home, please call the breastfeeding helpline at (864) 455-BABY (2229).



Postpartum Depression

As many as half of all postpartum women experience some type of depression shortly after delivery. The depression varies in severity from mild to serious.

Baby Blues

The baby blues occurs soon after the baby's birth and lasts less than a week. During this time, you may cry easily or be very emotional, which may be related to a drop in hormone levels after delivery. About 80 percent of all women who have children experience baby blues.



Postpartum Depression

True postpartum depression occurs between one week and one year after the baby's birth, but it is most likely to occur one week to six months postpartum. Around 10 percent of women suffer from postpartum depression or anxiety. Symptoms include anxiety, nervousness, panic, sadness, depression, poor concentration, uncontrollable crying, irritability, exhaustion and sluggishness.

Postpartum Psychosis

Postpartum psychosis is the least common but the most severe type of postpartum depression. Symptoms are exaggerated and may include insomnia, hallucinations, agitation, and very unusual feelings and behavior.

What new moms can do to help relieve postpartum blues:

- Don't be afraid to ask for help in taking care of your baby.
- Rest so that you can regain strength. Lack of sleep heightens feelings of depression and anxiety.
- Eat a healthy diet and try to get some exercise. The better you feel about yourself, the better you will feel about everything else.
- Talk to other women who understand what you are going through.

If you feel depressed for a long time, feel like you cannot take care of yourself or your baby, or think you might hurt yourself or your baby, get professional help at once.



Basic Nutrition

Increase your fiber intake to prevent constipation.

- High-fiber foods include fresh fruits, vegetables, bran cereals and whole-grain breads.
- Drinking six to eight glasses of water a day may help prevent constipation, too.

Increase your protein intake to promote healing.

- Good protein sources include milk, eggs, chicken, turkey, lean red meat, dried beans and peas, and peanut butter.

Calcium and iron also are necessary for postpartum women.

- Good sources of calcium are dairy products and leafy green vegetables.
- Good sources of iron are liver, cream of wheat, spinach and raisins.
- Calcium and iron also can be found in supplements.

Breastfeeding mothers require an additional 500 calories each day. Try to consume as a minimum the following amounts:

- Four servings of dairy—milk, cheese, yogurt
- Three servings of protein—fish, chicken, meat, beans
- Five servings of fruits and vegetables
- Nine servings of bread/grains—whole-grain breads, pasta, cereal

You will continue your prenatal vitamins while you are nursing. Avoid gas-producing foods, carbonated drinks and drinking with straws (which increases air in the stomach) if you have had a C-section or a tubal ligation.

Talk to your provider before starting any exercise program after your baby is born.



Activity

Exercising postpartum may help speed your recovery by improving circulation and building strength.

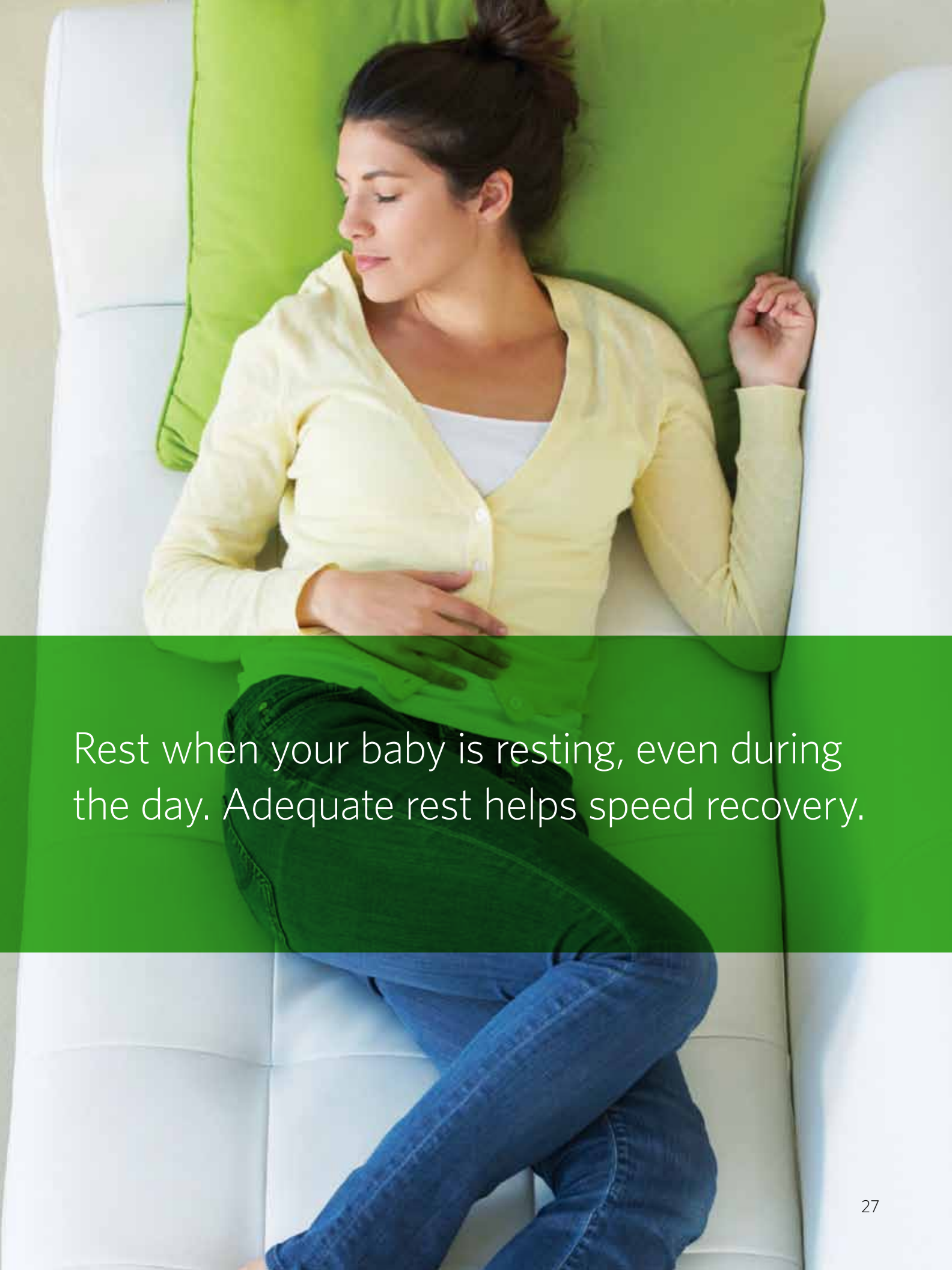
Good postpartum exercises include Kegel exercises, stationary cycling and walking.

Kegel exercises improve the tone of the pelvic floor muscles, which may have been weakened during childbirth. To perform Kegel exercises, follow these steps:

- Empty your bladder and lie on your back. With your knees bent, place one hand on your stomach and the other hand over your vagina and contract (tighten) the same muscles that you would contract if you were trying to prevent gas from leaking from your rectum or urine from your bladder.
- While you are contracting your pelvic floor muscles, the hand on your abdomen should not feel any contraction of the abdominal muscles—the abdomen should be soft. The hand over your vagina should feel some movement, even if it is very small.
- Repeat the exercise until you are able to contract only your pelvic floor muscles without contracting your abdominal muscles.
- Once you find the correct muscles, contract these muscles for five seconds, then release.
- Repeat 15 times. As these muscles strengthen, increase the number of repetitions and/or the length of time you hold the contraction.

Instructions for Postpartum Activity

- Do not drive for at least two weeks postpartum or as your provider instructs.
- Avoid douches, tampons and sexual activity for six weeks or until instructed by your provider.
- Do not exercise strenuously until your six-week checkup.
- Do not lift anything heavier than your baby.
- You may climb stairs, but you will want to take it easy. Spending most of your time either up or downstairs will be helpful when first at home.
- Rest when your baby is resting, even during the day. Adequate rest helps speed recovery.



Rest when your baby is resting, even during the day. Adequate rest helps speed recovery.

Breastfeeding Helpline: 455-BABY (2229).

Birth Control Options

Your healthcare provider will help you decide which method of birth control is right for you. The best birth control is a method that fits your lifestyle and plans for the future.

There are many options including hormonal, non-hormonal and permanent birth control. Our goal is to have satisfied patients making educated decisions about their family planning.

Lactation Services at Women's Hospital

During the hospital stay, breastfeeding mothers will be seen by a lactation consultant. You typically will be seen on your second day. All of our nurses have received special training on breastfeeding and can help you if you have questions.

Lactation consultants can help you during your stay with us and at home. To reach a lactation consultant when you are home, please call (864) 455-BABY (2229). This breastfeeding helpline will prompt you to leave a message. A lactation consultant will call you back. Questions and concerns often can be handled over the phone; however, scheduled outpatient appointments are available. The phone line is checked daily from 8:00 a.m. to 4:00 p.m.

Our Women's Boutique has two locations: outside Family Beginnings and on the main floor of the hospital. We provide breast pumps (for sale or rent) as well as nursing bras and camisoles. Please stop by the sixth floor boutique, which is open weekdays 9:00 a.m. to 4:00 p.m. and 11:00 a.m. to 3:00 p.m. Saturday and Sunday, or the main floor boutique, which is open from 11:00 a.m. to 7:00 p.m. weekdays, if you are interested in these items. If you are already home, call our Women's Boutique at (864) 455-8449 or 455-1050 for more information.

In addition, lactation consultants sponsor a support group that meets the first and third Thursday monthly from noon until 3:00 p.m. at St. Michael Lutheran Church on Augusta Street, Greenville. Other breastfeeding support groups take place at Greenville Midwifery Care (35 Medical Ridge Drive) on the second Thursday monthly from noon until 3:00 p.m. and GHS OB/GYN Center (1120 Grove Road) on the fourth Thursday monthly from noon until 3:00 p.m. For more information, please call (864) 455-BABY (2229).

Other Resources

In addition to GHS resources, La Leche League (call 455-BABY for a referral to a group near you) and Greenville County Health Department (372-3257 or 372-3258) provide breastfeeding support.



Early Developmental Milestones

Research shows that during the first three years of life, the brain grows and develops significantly. During this time, your baby will develop patterns of thinking and responding. As a parent, you have a special opportunity to help your baby develop appropriately and to reach his or her full potential. The experiences your baby has in these first months will have a great impact on how the brain develops. So how can you support your baby's brain development?

Use Language

Talk, read and sing to your baby. Face-to-face communication with your baby supports language development.

Provide a Stimulating Environment

Your baby learns by exploring the surroundings. Promote learning by playing music or by hanging a mobile above the crib.

The first year of your baby's life is when the most dramatic growth takes place. Your baby will grow not just physically but will develop motor, cognitive, communication and social-emotional skills as well. Help your baby by providing consistent and predictable daily routines. Your baby will learn to anticipate and trust the environment.

Identify Developmental Problems Early

Odds are that your child won't experience a developmental delay. But many developmental and medical problems can be treated if detected early. Educate yourself about age-appropriate skills by talking with your child's doctor and subscribing to a local weekly parent newsletter offered by Greenville County First Steps: greenvillefirststeps.org. Other great sites to explore are ghschildrens.org/healthy-child-development.php, healthychildren.org or cdc.gov.

The Healthy Child Development program at GHS Children's Hospital offers a variety of resources to help parents of young children increase their knowledge of early childhood development and enrich their parenting skills. For a complete listing of workshops, visit ghschildrens.org or call (864) 454-2102.

Information gathered from the American Academy of Pediatrics *Complete and Authoritative Guide: Caring for Your Baby and Young Child Birth to Age 5*.



The first year of your baby's life is when the most dramatic growth takes place. Your baby will grow not just physically but will develop motor, cognitive, communication and social-emotional skills as well.

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