



Erlanger Women's Health

Erlanger East Hospital
Patient Information Guide



ERLANGER Women's Health



Dear Patient,

Thank you for choosing Erlanger Women's Health. Our goal is to provide you with highest level of obstetrical care in the Chattanooga area. Please let us know if there is anything we can do to make your stay excellent.

If at any time your care does not meet your expectations, please contact the charge nurse for Labor & Delivery at 423-680-8851, and/or Mother Baby at 680-8751. You may also call the nurse manager Angie Phillips, Labor and Delivery, at 423-680-8852 or Jennifer Baker, Mother Baby, at 423-680-8752.

Our number one priority is a safe, secure environment for you and your baby. At Erlanger, we take this very seriously. If you have questions about the infant security system, please speak with your nurse.

Additionally, we set a priority on education and strive to send you home with adequate instructions on caring for yourself and your new baby. This booklet provides valuable information on caring for yourself and your newborn. Some documents will require your signature, documenting that you have received and understand this information. In addition, we have a specially trained discharge nurse who will explain your home care in a one on one session prior to your discharge.

Lastly, while you are here, your physician will determine your diet. When they feel you are ready for a regular diet, we will inform you. You will be given a menu from which you choose your meals. We have juice, saltines, graham crackers, and sandwiches available. These items are for patients only. However, the Eastside Cafe is located at the end of the first floor corridor, or visitors are welcome to bring items from home or from the cafeteria to your room. We have a microwave and a refrigerator in the nursing station should you need to utilize these appliances.

Again, congratulations from Erlanger Women's Health!



Each year, Erlanger delivers 70% of our area’s babies, far more than any other health system. It’s no wonder. As part of the region’s only academic obstetrics and gynecology program, our physicians not only practice, but teach the latest techniques in maternity care.

ERLANGER Women’s Health

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Erlanger is...

**#1 “Best Place
to Have a Baby”**

based on
Chattanooga’s annual
people’s choice poll.

**Gold-Level “Certified
Safe Sleep Champion”**

– the highest hospital
certification for
commitment to reducing
infant sleep-related
deaths.

Recognized as one of
**“Tennessee’s BEST for
Babies” hospitals**

– meeting standards
to reduce infant deaths.

WELCOME TO THE MOTHER BABY UNIT



In an effort to provide you optimal care while you are here, your nurses will be giving a report at your bedside upon transfer from one area of care to another and at each shift change.

Hourly Rounding

A member of the healthcare team (RN, Patient Care Tech, Lactation, Case Manager, Nurse Director, Discharge Nurse) will be checking on you hourly (every two hours at night). If you need anything at any other time please refer to the dry erase board in your room and call your nurse/tech directly or push your call button located on your hospital bed.

Quiet Hours: 9:00 PM to 9:00 AM

In order to provide as much security for our infants as possible and to allow our patients to get as much rest as possible, we ask that all visitors please leave the hospital by 9 PM and return no sooner than 9 AM.

We do offer sleeping arrangements for 1 person to stay overnight.

Please be respectful of other patients and remember to keep your voices as quiet as possible.



rooming-in

At Erlanger we are proud to provide you with “Rooming-in” Care. This means your baby will remain in your room and you will be cared for together (unless you or your baby is sick).

Why we allow you to “Room-in” with your baby:

- The time spent together in your baby’s first days of life helps you become more comfortable in caring for your new baby. By staying together, you’ll quickly learn your baby’s cues and get to understand what he or she wants.
- Being close to mom makes it easier for babies to get used to life outside the womb.
- Babies feel their mom’s (or dad’s) warmth and hear her (or his) heart beat and this helps them feel safe.
- Newborns sleep an average of 21 out of 24 hours. Surprisingly, many new moms sleep better when her baby is in her room. Staying together helps a mom get “in sync” with her baby’s sleep cycles.
- Frequent breastfeeding happens when babies stay with mom, and frequent breastfeeding is necessary for newborns and will help boost mom’s milk production.
- Rooming-in helps regulate your baby’s heart rate, body temperature and sleep cycle. Nurseries have lights, noise, and other distractions that can interfere with a baby’s body rhythms.
- A newborn’s attachment instinct is highest during the first days of life, so staying close together will have a positive impact on your baby’s growth and development, including brain development.

Learning about your baby is an important part of your stay here at Erlanger. Our staff will gladly teach you about caring for your newborn.

ENJOY

programming on baby care
and postpartum topics
24 HOURS A DAY

ENGLISH:
Newborn Channel 51

SPANISH:
Newborn Channel 45

You may also view programs at
TheNewbornChannelNow.com

Use password **00981**



keeping YOU & YOUR BABY SAFE

Security at the Hospital - Ankleband

This hospital has installed the **Safe Place® Infant & Pediatric Security Solution**, which is designed to protect infants from abduction using wireless technology.

How does the system work?

Each infant wears a small, lightweight transmitter (or tag) around their ankle. Tags continuously communicate or “check in” with wireless equipment in the Mother Baby Unit. Check-ins ensure the infant is where they should be. If someone tries to leave with an infant wearing a tag, the system will alarm.

Patient/Family Infant Security Precautions

- Never leave an infant unattended, even in your hospital room.
- If you are alone in your room with your baby and you must use the restroom, leave the restroom door open so you can keep your baby in your sight at all times.
- Know the names and titles of your infant’s caregivers. All of the staff on this unit will wear a specific color name badge. This should be prominent on their uniform. They should introduce themselves and write their name and contact number on the whiteboard in your room.
- Never give your baby to anyone not wearing the proper Mother/Baby Unit I.D. badge.
- Report any suspicious person(s) or activity immediately.
- Transport your baby in the bassinet. Do not ever carry your baby in your arms down the hallways.
- If you need to leave the unit for any reason, please notify your nurse that you are leaving. Infants cannot leave the unit. Please bring your baby to the nursery.



Important Notes for You & Your Family

- The tag is very small, lightweight and latex-free - it will not hurt your baby.
- If anyone tries to tamper with or open the tag, an alarm will sound and instantly notify staff.
- Do not pull on, remove, or cut the tag’s banding, as this could set off the security alarm.
- Tell your nurse if the tag is too tight, too loose, or soiled, and they will adjust or replace the tag/banding.
- The tag is constantly working, even if your baby is temporarily away from you.
- Try not to get too close to a monitored door with your baby if they are wearing a tag - if you’re unsure which exits to avoid, ask your nurse.
- Staff and nurses are trained in how to respond to alarms.



Understanding the Color-coded Alert(s) on Your Wristband

What is a Color-coded “Alert”?

Alert snaps are used in hospitals to quickly communicate a certain healthcare status or an “alert” that a patient may have. This is done so every staff member can provide the best care possible, even if they do not know that patient. The different colors have certain meanings. The words for the alerts are also written on the wristband to reduce the chance of confusing the alert messages.

What do the different colors mean?

There are five different color-coded “alert” snaps that we are going to discuss because they are the most commonly used.

Involving Patients and Family Members

It is important that the patient and families know these colors and their meanings because you are the best source of information.

Keep Us Informed

If there is information we do not know, such as a food allergy or a tendency to lose balance and almost fall, share that with us because we want to provide the best and safest healthcare to all of our patients.

Also, if you have an **Advance Directive**, let us know. An Advance Directive tells your doctor what kind of care you would like if you become unable to make medical decisions. We want to respect and honor a patient’s wishes and that is done best when we have all the information.



RED: ALLERGY ALERT

If a patient has any allergies – food, medicine, dust, grass, pet hair – tell us. It may not seem important to you but it could be very important in the care they receive.



YELLOW: FALL RISK

Nurses review patients to determine if they need extra attention to prevent a fall. Due to an illness or surgery, a person may become weakened. A yellow color-coded alert snap, lets the nurse know the person needs to be assisted when walking or they may fall.



PURPLE: “DNR” or Do Not Resuscitate

Some patients have expressed an end-of-life wish and we want to honor that.



GREEN: NO LATEX

If a patient has an allergy to latex – tell us. It is very important to ensure no latex products are used while care is provided.



PINK: LIMB ALERT

A patient may have an injury or medical procedure that causes their arm to be swollen or in pain, and applying blood pressure cuffs or IVs should be avoided. A wristband with a pink snap should be worn by the patient on their affected extremity.

medication EDUCATION

Medications that may be prescribed during your stay are listed below. Your nurse will specify medications your provider has ordered as part of your tailored care and will be able to answer any questions you may have. As part of our Patient Partnering program, please let your nurse know if you are given a new medication you have not seen or heard of before.



Medication	Prescribed for...	Common Side Effects
Oxytocin (Pitocin)	Inducing/augmenting labor and decreasing postpartum bleeding	GI upset, diarrhea, nausea
Cervidil (Dinoprostone)	Cervical ripening for induction of labor	GI upset, diarrhea, nausea
Cytotec (Misoprostol)	Inducing/augmenting labor and to decrease excessive postpartum bleeding	Itching, diarrhea
Antibiotics such as (Cefazolin), Gentamycin, Clindamycin, Penicillin, or Vancomycin	Treatment or prevention of bacterial infections (to mom or baby). Also given as preventative measure for patients with mitral valve prolapse.	Itching, diarrhea
Stadol (Butorphanol), Morphine, Fentanyl, Bupivacaine/Fentanyl	Pain medication	Itching, diarrhea
Percocet (Oxycodone), Dilaudid, Lortab	Pain relief after delivery	Itching, constipation. Frequent use may cause poor infant feeding
Demerol (Meperidine)	Pain relief after delivery if allergic to alternative medications	Itching, diarrhea
Ibuprofen, Ketorolac (Toradol)	Pain, uterine cramping	GI upset, nausea
Famotidine, Metoclopramide, Bicitra	Pre-op prevention of ulcer/stomach upset from procedure	Unlikely of side effects with just one dose
Naloxone (Narcan)	Reverses effect if pain meds cause over drowsiness	-
Benadryl (Diphenhydramine) Vistaril	Itching	Drowsiness
Phenergan, Zofran (Ondansetron)	Nausea/vomiting	Drowsiness
Tylenol (Acetaminophen)	Fever	-
Ambien (Zolpidem)	Sleep at bedtime	Daytime drowsiness next day
Methergine (Methylergonovine)	Decreases excessive postpartum bleeding	GI upset, nausea
Terbutaline	Decreases frequency of uterine contractions	Increased heart rate
Tucks Pads, Dennoplast Spray	Relieve discomfort in perineum area after delivery	-
Epifoam	Hemorrhoidal care	-
Prenatal Vitamin	Supplement for laboring and postpartum mothers	GI upset if taken on empty stomach
MMR	Vaccine given if not showing immunity to Rubella	Soreness at injection site
Colace (Ducosate Sodium)	Stool softener after delivery	Loose stools
Milk of Magnesia	Constipation after delivery	Loose stools
Maalox Plus, Mylanta, Simethicone	Indigestion, gas	Loose stools
Lanolin	Treatment of tender nipples from breastfeeding	-
Nicotine Patch	Smoking cessation (Erlanger is a smoke free facility)	Increased heart rate
Lactated Ringers	IV solution containing electrolytes	-



feeding your baby **THE GOLD STANDARD**

COLOSTRUM & BREAST MILK... The perfect food for your baby!

Formulas & Breastfeeding

Giving formula to a breastfed baby can cause problems with feeding:

Breast Refusal: The suck on a bottle is different from the suck on a breast. A baby who gets a bottle too early can get used to the bottle and have difficulty latching on to the breast.

Sore Nipples: A mother's nipples become sore because of the improper suck developed by the baby using a bottle nipple.

Reduced Milk Supply: Lack of breast stimulation from bottle-feeding can result in delay in the milk production and a long term reduction in breast milk production.

Shortened Duration of Breastfeeding:

Because problems that develop may be difficult to resolve, your baby may quit breastfeeding sooner than you wanted.

Breast milk is Best

Breast milk contains antibodies that help your baby fight off colds, flu, and stomach viruses now and chronic diseases such as high cholesterol, diabetes, and hypertension for the rest of their life.

Breast milk reduces your baby's risk of having asthma and allergies.

Breastfed babies are more likely to gain the right amount of weight as they grow rather than become overweight children.

Breastfed babies score higher on IQ exams.

Moms who breastfeed decrease their risk of postpartum bleeding, postpartum depression as well as breast and ovarian cancer.

The American Academy of Pediatrics recommends that . . .

NO formula supplements should be given to breastfeeding newborns unless a medical indication exists.



FEEDING TIPS

Suckling

Babies suck differently at the breast than they do at a pacifier. This can interfere with effectively transferring milk to the baby. When infants suck they expend calories. If they suck on a pacifier for extended periods of time, the sucking may result in the baby losing weight.

Signs of Hunger

Rooting (Baby uses mouth to search for food)

Sucking motions, licking hands, smacking lips

Baby starts moving arms and legs more

Tense and tight fists, often putting them to the mouth

Crying is the last sign. If a baby waits too long they become frantic and cry

Signs That Baby is Getting Enough Milk

Mom hears the baby swallowing

Shifting gears, changing from short, firm sucks to slow rhythmic sucks

Hunger cues are gone

Baby is relaxed and in a state of bliss

Sleeping, with nipple left in the mouth. Often babies fall asleep at feeding and a sleeping baby is a satisfied baby

DID YOU KNOW - Formulas cost approximately \$2,000 - \$3,000 per year!
(If you have WIC, remember that WIC only provides about HALF the formula your baby will need the first year.)

breastfeeding CLINIC



Our lactation consultants are available for individualized breastfeeding guidance and encouragement.

- ▶ Breastfeeding mothers with babies of all ages are welcome.
- ▶ Appointments for newborns can be made prior to discharge or at any time afterwards for evaluation of nursing difficulties and breastfeeding support.
- ▶ Every patient is seen by a Board Certified Lactation Consultant.

Two Convenient Locations:

Kennedy Outpatient Center

900 E. 3rd Street | Chattanooga, TN 37403
(Monday, Tuesday, Thursday, & Friday)

Children's Specialty Clinic

Erlanger East Hospital, Building C

1635 Gunbarrel Road, Suite 410 | Chattanooga, TN 37421
(Wednesday)

Please call 423-778-4181 for an appointment.

Free valet parking at both locations.

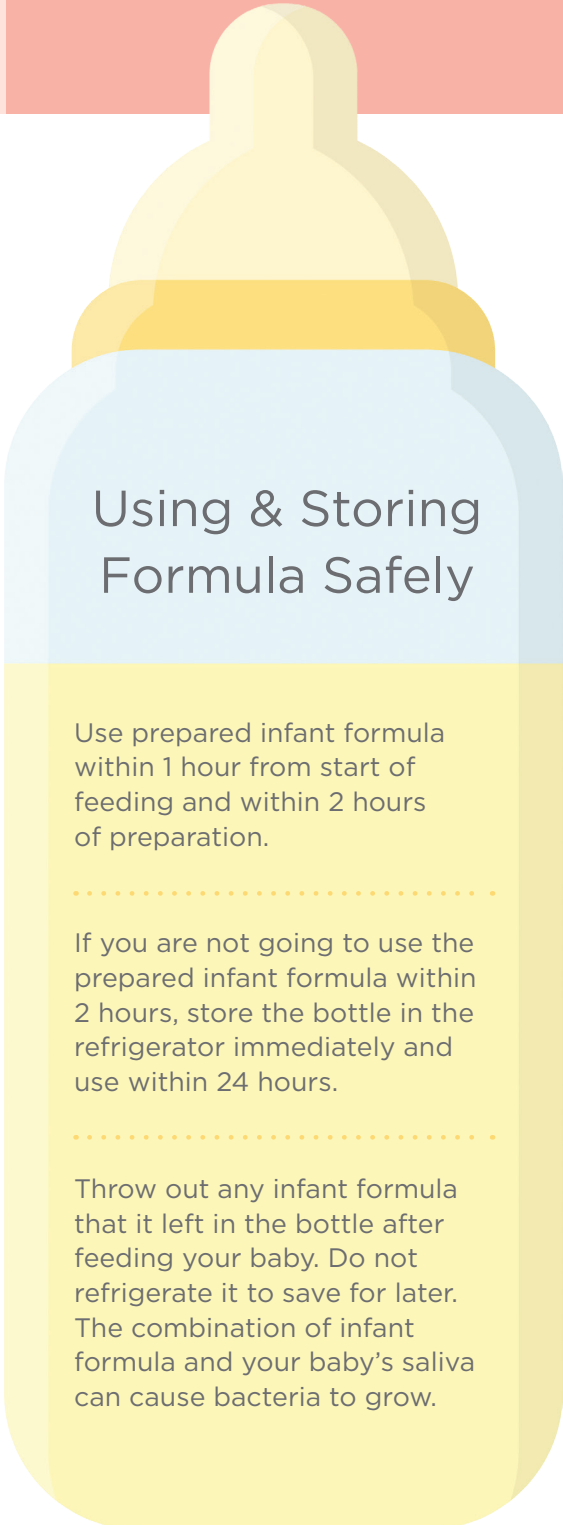


Breastfeeding provides all the nutrients your baby needs. Healthy, full-term babies do not need formula supplementation unless it is for medical treatment or breast milk is not available. Please consult your healthcare provider before using formula.

formula FEEDING

Guide to Preparing Powdered Formula

- Step 1:** Make sure the formula is not expired and the container is in good condition.
- Step 2:** Wash your hands with soap and warm water, and clean the area before preparing bottles. Use a clean bottle and nipple.
- Step 3:** Use water from a safe source to mix with formula. Tap water is usually safe, but contact your local health department if you are not sure.
- Step 4:** Use the exact amount of water and formula listed on the instructions of the infant formula container. Always measure the water first and then add the infant formula powder.
- NEVER dilute formula** by adding extra water. This can make your baby sick.
- Step 5:** Shake infant formula in the bottle to mix. Do not stir.
- Step 6:** You do not need to warm infant formula before feeding. If you decide to warm the formula, place the bottle under running warm water or into a bowl of warm water for a few minutes. Avoid getting water into the bottle or nipple, as this could contaminate the prepared formula. Test the temperature of the formula before feeding it to your baby by putting a few drops on the inside of your wrist. It should feel warm, not hot.
- Never warm infant formula in a microwave.** Microwaving creates hot spots, which can burn your baby's mouth.
- Step 7:** After feeding, be sure to thoroughly clean the bottle and nipple before the next use.



Using & Storing Formula Safely

Use prepared infant formula within 1 hour from start of feeding and within 2 hours of preparation.

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If you are not going to use the prepared infant formula within 2 hours, store the bottle in the refrigerator immediately and use within 24 hours.

.....

Throw out any infant formula that is left in the bottle after feeding your baby. Do not refrigerate it to save for later. The combination of infant formula and your baby's saliva can cause bacteria to grow.

things to know about PACIFIERS



Risks Associated With the Use of Pacifiers

- Missed feeding cues
- Decreased number of breastfeedings leading to complications
- Shorter duration of exclusive breastfeeding and reduced milk supply
- Altered suckling rhythm at breast leading to breastfeeding difficulties
- Dental and orthodontic problems
- Increased risk of oral thrush, ear infection and other infections
- Delayed speech development
- Increased risk of early weaning

Why We Do Not Routinely Give Pacifiers To Breastfed Newborns:

The breast both pacifies and nourishes the baby. All of a breastfed baby's suckling needs can and should be satisfied at the breast.

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The American Academy of Pediatrics recommends delaying pacifier use until 1 month of age to ensure that breastfeeding is firmly established.

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In some infants, early pacifier use may interfere with establishment of good breastfeeding practices, whereas in others it may indicate the presence of a breastfeeding problem that requires intervention.

.....

Babies suck differently at the breast than they do at a pacifier. This can interfere with effectively transferring milk to the baby.

.....

When infants suck they expend calories. If they suck on a pacifier for extended periods of time, the sucking may result in the baby losing weight.

.....

The use of a pacifier can interfere with breastfeeding and may cause you to miss early feeding cues.



Common Questions About pacifiers...

- Q** My baby is fussy. Can I use a pacifier?
- A** Once you rule out hunger or a dirty diaper there are other ways to soothe your baby including skin to skin care, cuddling, gentle rocking, and swaddling.
- Q** If I use a pacifier will it affect my baby's ability to latch and suck during breastfeeding?
- A** The use of pacifiers in breastfed newborns interferes with proper suckling at the breast and increases the probability of early weaning.
- Q** Does using a pacifier reduce my baby's chance of SIDS?
- A** While studies do show pacifier use at nap time/bedtime reduces the risk of SIDS, consider that breastfeeding significantly reduces the risk of SIDS, along with creating a safe sleep environment for your baby, not smoking around your baby, and keeping your well-baby doctor visits.



BABY care

Learning to care for **YOUR BABY & THEIR UNIQUE** — newborn needs —

Removing Mucus

For the first few days of life, your baby may have some mucus that can make them gag. You can help by turning your baby on their side and patting their back like you're burping them. If this does not work, you may need to use the bulb syringe:

- Squeeze the bulb until it collapses
- Place it about ¼ to ½ inch inside the nostril or cheek
- Quickly release the bulb to pull any secretions into the bulb
- Remove and quickly squeeze the contents into a tissue
- After using, clean and rinse thoroughly with hot soapy water



Umbilical Cord

Immediately after birth, your baby's umbilical cord will look shiny and yellow. It will continue to darken in color as it dries out and before it shrinks and falls off. If the area around the umbilical cord looks red, is draining fluid, has a bad odor, or has not fallen off by the third week of life, talk to your baby's healthcare provider.

Cord care:

- Wash your hands before touching the umbilical cord
- Fold the top of the diaper down below the level of the cord
- Do not use ointment, creams, or bandages on the cord
- If cord gets dirty, wash with warm water and pat dry



ALL THE little things

Diaper Rash

Diaper rash is usually not a serious problem and often improves in 3-4 days with simple treatment. However, the diaper rash can become painful – causing bumps, blisters or sores – if left untreated. Diaper rash can even cause a more serious bacterial skin infection or yeast infection.

Tips to treat diaper rash:

- Change the baby's diaper every 1-3 hours during the day
- Pat the baby's skin with a soft cloth to clean the diaper area
- If the diaper area becomes red, apply a thick layer of non-scented petroleum jelly or a zinc-based diaper cream. Keep using the product with every diaper change until the redness disappears.
- Allow your baby some time without a diaper. This increases air flow and helps heal the rash.

Nail Care

A baby's nails can grow quickly. Even though the nails are very soft and flexible, babies can still scratch their own face because they don't have a lot of control over their body movements. It's best to trim or file your baby's fingernails 1-2 times a week and toenails about every 2 weeks.

Tips:

- To keep nails short, use a nail file or emery board
- Use baby-sized clippers or blunt-ended scissors
- Trim nails right after the bath or while the baby is sleeping or feeding



bath time



Bathing Baby at Home

At home, you can begin giving your baby sponge baths using warm water and a washcloth. Once the umbilical cord has fallen off, you can begin bathing your baby in the sink or baby bathtub.

Tips:

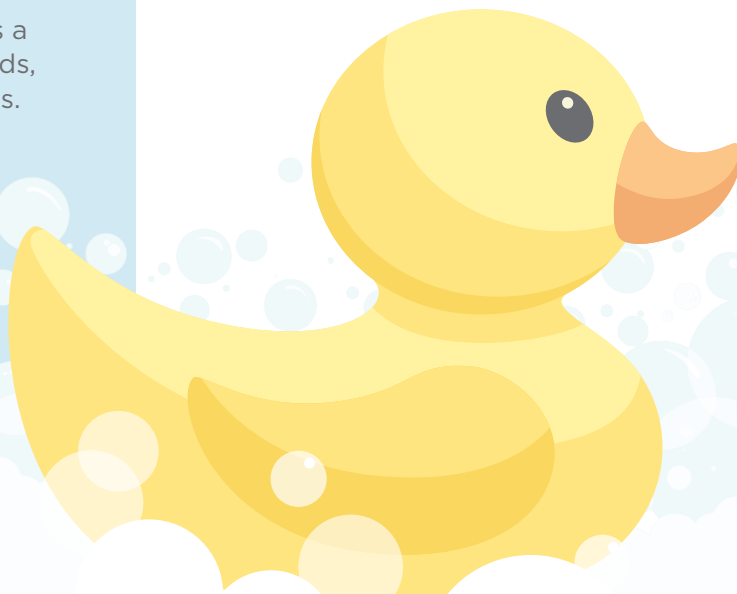
- Fill water about 3 - 4 inches
- Water temperature should feel warm, about 90° F
- Wash baby's face, body, and diaper area - *in that order*. Be sure to clean all creases.
- Rinse baby with warm water, then dry with a warm towel.
- Give baby a bath 2 - 3 times a week, washing the face, hands, diaper area in between baths.

Why Delayed Bathing?

Delayed bathing is an evidence-based practice to improve the overall health of your baby.

Benefits of delayed bathing include:

- Reduced risk of infection
- Stabilized infant blood sugar
- Improved temperature control
- Improved maternal-infant bonding
- Improved breastfeeding
- Vernix (the white substance that covers skin of the newborn) is a natural skin protectant
- Parents get to enjoy the infant's first bath



A normal temperature range for a baby is between 97.5 F and 100.3 F. **Call your healthcare provider immediately if:**

- Your baby is 2 months or younger with a temperature of 100.4° F or higher
- Your baby (any age) has a fever that repeatedly rises above 104° F

TAKING BABY'S temperature

Temperature

It is important to have a baby thermometer where you can easily locate it if needed.

Digital thermometers are recommended for checking temperature under baby's arm:

- Place the thermometer under baby's bare armpit
- Fold baby's arm down so thermometer is held in place
- Hold thermometer there until it reads temperature

Rectal temperatures are another option that can be more accurate but can irritate the baby's rectum. Your healthcare provider will provide additional guidance on how to take your baby's temperature and what type of thermometer is best for your baby.

NOTE: Do not use mercury thermometers.



BABY boys

The American Academy of Pediatrics (AAP) advises parents to learn the facts about circumcision and weigh the pros and cons before making a decision.

Circumcision is the surgical removal of foreskin, the skin covering the tip of the penis. Soon after birth, you will be asked to make the choice to circumcise or leave the baby's penis intact. A surgical consent form must be signed before circumcision can take place. Based on your understanding of the procedure (risks, benefits, implications) you can either agree or decline to have your baby boy circumcised.

If you have any questions, talk to your healthcare provider.

Circumcised

If you aren't present for the surgery, your baby will be comforted and returned to you. Some babies will fuss for several hours while others will go into a deep sleep.

What to expect:

- Baby's penis will be swollen and dark red in color
- Within 24 hours, the penis will be covered with a crusty discharge. This will last for about 7 days.
- Your baby should urinate within 12 hours after the procedure

Caring for a circumcised penis:

- If there's any visible bleeding, apply gentle pressure to the area
- Gently clean the area with warm water only until it heals (7 - 10 days)
- **Call your provider if you see signs of infection: redness, fever, swelling, discharge, or odor**

Uncircumcised

In time, the foreskin will naturally separate from the tip of the penis. This could take anywhere from just a few weeks to several years. Once this happens, the foreskin can be pulled back (retracted) from the tip of the penis. Most boys will be able to retract their foreskins by the time they are 5 years old, although others will not be able to do so until they are teenagers. Never forcibly pull the foreskin back because it could cause pain, bleeding, or tears in the skin.

Caring for an uncircumcised penis:

- Gently clean only what you can see of the penis with warm water
- Never pull, manipulate, or retract the foreskin in any way



WHAT YOU NEED TO KNOW regarding late preterm infants:

Feeding

Late preterm infants tend to feed slower and may need to be fed more often than full term babies. A late preterm infant may not be able to take in as much breast milk or formula as a full-term infant. It is essential these infants feed often for the first several days to help prevent jaundice. If a baby begins to refuse feedings, even for less than a day, the parents or caregiver should contact the baby's nurse practitioner or pediatrician. Some late preterm infants may have problems initiating or maintaining breastfeeding; so a mother who chooses to breastfeed may need to ask for support from a nurse, physician or lactation consultant.

Sleeping

Late preterm infants may be sleepier than most full-term infants and may sleep through needed feedings, in which case they should be awakened to eat after three to four hours. All infants should always be placed on their backs to sleep.

Breathing

Late preterm infants may be at greater risk for respiratory distress. **If a baby seems to be having trouble breathing, parents or a caregiver should contact the baby's nurse practitioner or pediatrician immediately or dial 911.**

Temperature

Late preterm infants, like all preemies, have less body fat and may be less able to regulate their own body temperature than full-term infants. Like all newborns, late preterm infants should be kept away from drafts. Room temperatures should be warm enough to maintain a baby's normal temperature. A good rule of thumb is to dress your baby in one more layer than you are wearing.

Jaundice and Infections

Late preterm infants may be more likely to develop jaundice, a symptom of a condition called hyperbilirubinemia that can lead to severe nervous system damage if not identified and treated early. Parents should make sure that their infant is screened for jaundice prior to discharge. Infants should be seen by their nurse practitioner or pediatrician within 24 to 48 hours of discharge; and should be seen at any time if their skin becomes yellow or if they are not feeding well. Late preterm infants have immature immune systems and may be more likely to develop infections and like all babies, should always be watched for signs of illness or infection such as high fever or difficulty breathing.

late preterm INFANTS

A late preterm (near-term) infant is a baby born 3 to 6 weeks early, or between 34 and 36 completed weeks of gestation (almost 37 weeks). In the last 6 weeks of pregnancy, the baby usually gains about one half pound per week, so babies born a few weeks early are somewhat smaller than full-term newborns. Although late preterm infants are usually significantly larger than very premature newborns, they are still premature and have their own, unique health considerations.

Recent studies show that babies born just 3 to 6 weeks early are at greater risk for potentially serious health problems than full-term newborns. It is important for parents to be alert for the special situations or needs that may arise because their baby is a few weeks early.

SCREENINGS & VACCINATIONS

Spinal Muscular Atrophy

Spinal Muscular Atrophy (SMA) is a rare, progressive neuromuscular disease caused by mutations in the survival motor neuron gene 1 (SMN1). In people affected by SMA, the degeneration of motor neurons leads to progressive muscle weakness and atrophy. Although there is currently no cure for SMA, treatments are available to manage associated symptoms and improve quality of life. Certain therapies may even stabilize or slow disease progression in some affected people. The identification of newborns with SMA by newborn screening facilitates the initiation of disease modifying treatments as early as possible.

During your stay, your baby will be screened for rare treatable disorders and will be vaccinated for several diseases.

Metabolic Newborn Screening

Every baby born in the state of Tennessee is tested for rare treatable disorders. Testing will occur before your baby goes home from the hospital or between 24 – 48 hours after birth if your baby is not born in a hospital.

A nurse will perform the screening by obtaining a few drops of blood from your baby's heel. The blood is absorbed onto a special filter paper, and sent to the State Newborn Screening Laboratory in Nashville for testing. This testing will determine if your baby may have any of the disorders. It is important to note that these are screening tests, not diagnostic tests. More testing will need to be done if the screening test is abnormal.

The test is given because babies with these disorders usually appear completely normal at birth. However, without treatment, they can become very sick and can be prevented or reduced with treatment if detected early.

There is an “invisible” problem in one of the many chemicals that are produced in the baby's body. The special screening tests detect these chemical changes before problems develop.

Test Results

Your doctor or health department will be informed of the results. Generally parents are notified only if retesting is needed. You can ask your baby's doctor to share the test results with you.

If any of the tests are abnormal, showing a possible disorder, the follow-up program will contact your health department or the baby's doctor immediately to request another blood sample. You will be asked to bring your baby in for a retest as soon as possible. Prompt action is very important. You should make sure the hospital where your baby was born has your contact name, address, and phone number in case your child should need to be retested.

If you are asked to have your baby retested, it does not necessarily mean your baby is sick. Retesting may be required for several reasons such as the first test was improperly collected, the baby received a blood transfusion, the specimen was collected when your baby was less than 24 hours of age or it could indicate a possible disorder. Only on a very rare occasion will the doctor insist on treating the baby immediately while waiting on the results of the second test.

If your baby tests positive for a disorder, there is a chance that future children you birth may also have a disorder. Families who have children with one of these disorders should obtain information about their future risks from trained professionals with Tennessee Genetics Network.



DISORDERS

Congenital Heart Defect

Babies with a critical congenital heart defect (CCHD) are at significant risk for death or disability if their condition is not diagnosed soon after birth. Newborns are screened using pulse oximetry which can identify some infants with a CCHD before they show signs of the condition.

Once identified, babies with a CCHD can be seen by cardiologists and can receive special care and treatment that can prevent death or disability early in life. Certain hospitals routinely screen all newborns for CCHDs. However, CCHD screening is not currently included in most state newborn screening panels.

The Importance of Pulse Oximetry Screening

Some babies born with a heart defect appear healthy at first and can be sent home with their families before their heart defect is detected. These babies are at risk for having serious complications within the first few days or weeks of life and often require emergency care.

This screening can identify some infants with a CCHD before they show any signs. This test determines the amount of oxygen in the blood and pulse rate and is most likely to detect the following seven CCHDs:

- Hypoplastic left heart syndrome
- Pulmonary atresia (with intact septum)
- Tetralogy of Fallot
- Total anomalous pulmonary venous return
- Transportation of the great arteries
- Tricuspid atresia
- Truncus-arteriosus

Congenital heart defects account for nearly 30% of infant deaths due to birth defects.

In the United States, about 7,200 (or 18 per 10,000) babies born every year have critical congenital heart defects (CCHDs, which also are known collectively in some instances as critical congenital heart disease).

Babies with CCHDs usually require surgery or catheter intervention in the first year of life.

DISORDERS



Critical Congenital Heart Defects (CCHD)

- **Coarctation of the aorta** - The congenital narrowing of a short section of the aorta.
- **Double-outlet right ventricle defect** - The aorta connects to the right ventricle instead of the left.
- **D-transposition of the great arteries** - The two main arteries are connected to the wrong chambers of the heart.
- **Ebstein anomaly** - The tricuspid valve does not close correctly which causes blood to flow in the wrong direction.
- **Hypoplastic left heart syndrome** - The left side of the heart is severely underdeveloped at birth.
- **Interrupted aortic arch** - The aorta is formed with a gap or is incomplete.
- **Pulmonary atresia (intact septum)** - Blood is unable to flow from the right ventricle of the heart to the lungs because the pulmonary valve did not form properly.
- **Single ventricle defect** - One of the lower chambers of the heart is underdeveloped or missing a valve.
- **Total anomalous pulmonary venous connection** - The four veins that carry blood from the lungs to the heart are not attached to the left atrium as they should be. Instead, they are attached to another blood vessel or the wrong part of the heart.
- **Tetralogy of Fallot** - The structure of the heart is formed incorrectly, causing oxygen-poor blood to be circulated throughout the body.
- **Tricuspid atresia** - The tricuspid heart valve is missing or has developed abnormally thus preventing blood flow from the right atrium to the right ventricle.
- **Truncus arteriosus defect** - Only one large blood vessel leads out of the heart instead of two. Often a ventricular septal defect (a hole in the wall between the two lower chambers) is also present.





Newborn Conjunctivitis

Ophthalmia neonatorum, also known as conjunctivitis of the newborn, is an eye infection that occurs in babies within the first few weeks after birth.

Typical symptoms include thick discharge from the eyes as well as redness of the conjunctiva or white portion of the eye. A newborn can become infected while passing through the birth canal or through other contact with maternal infection. Unfortunately, the mother may not have any signs or symptoms of infection but is still able to transmit the infection.

Conjunctivitis in newborns is a major cause of blindness, however it is preventable. The current preventive treatment is a thin strip of Erythromycin ointment applied to each eye following birth. Because this ointment is highly effective, and because of the devastating consequences of untreated Conjunctivitis in newborns, the state of Tennessee requires by law that all newborns receive the preventive treatment. The antibiotic ointment is applied to the infant's eyes within the first hours of being born.

Newborn Hearing Screening

Babies may have their hearing checked soon after birth. The test is very safe, does not cause any pain, and does not require blood to be drawn. Your baby may “pass” the hearing test or may need to be “referred” for further testing. Half of the babies identified with hearing loss do not have a known cause for hearing loss. Babies identified with a hearing loss will be encouraged to be evaluated at a genetic center. Only 10% of babies with a hearing loss are born to parents who have a hearing loss.

For more information, call 615-741-8530 or 615-262-6160.



VACCINATIONS



If you or someone else experiences a bad reaction to a vaccination...

Contact the National Vaccine Injury Compensation Program (VICP). This program was created to compensate people who may have been injured by certain vaccines. Learn about the program and filing a claim by calling **1-800-338-2382** or visiting **www.hrsa.gov/vaccinecompensation**. There is a time limit to file a claim.

Talk to your healthcare provider. They can give you the vaccine package insert or suggest other sources of information.

Call your local or state health department.

Contact the Centers for Disease Control and Prevention (CDC) by calling **1-800-232-4636** (1-800-CDC-INFO) or visit CDC's website at **www.cdc.gov/vaccines**

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety**

Vaccination Concerns

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death. After receiving a vaccination, look for anything that concerns you, such as a very high fever, unusual behavior, or signs of a severe allergic reaction. Signs of a severe allergic reaction would start a few minutes to a few hours after the vaccination and can include:

- Hives
- Swelling of the face and throat
- Difficulty breathing
- Fast heartbeat
- Dizziness
- Weakness

If you or someone else may be experiencing a severe allergic reaction call 9-1-1 or get to the nearest hospital. Otherwise, call your doctor or clinic. Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling 1-800-822-7967. VAERS does not give medical advice.

Information is provided by U.S. Department of Health and Human Services Centers for Disease Control and Prevention 7/20/2016. 42 U.S.C. § 300aa-26



Hepatitis B

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness. Hepatitis B virus infection can be either acute or chronic.

Hepatitis B Infection

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Acute Hepatitis B Virus Infection

This type of infection is short-term and occurs within the first 6 months after someone is exposed to the Hepatitis B virus. This can lead to:

- Fever, fatigue, loss of appetite, nausea, and/or vomiting
- Jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- Pain in muscles, joints, and stomach

Chronic Hepatitis B Virus Infection

This is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- Liver damage (cirrhosis)
- Liver cancer
- Death

VACCINATIONS continued

Hepatitis B VACCINE

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.

Hepatitis B vaccine is recommended for unvaccinated adults who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Healthcare and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

When Getting Vaccinated:

Tell the person who is giving the vaccine if the person receiving the vaccine has any severe, life-threatening allergies. If you are receiving the vaccine and have ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your healthcare provider if you want information about vaccine components.

Let the person giving the vaccination know if the person getting the vaccine is not feeling well. If you are receiving the vaccine and have a mild illness, such as a cold, you can probably get the vaccine. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.



hepatitis

B

Possible Side Effects of the Hepatitis B Vaccine

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are possible. Most people who get hepatitis B vaccine do not have any problems with it. Minor problems following hepatitis B vaccine include:

- Soreness where the shot was given
- Temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days. Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the routine soreness that can follow injections. This happens rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare and would happen within a few minutes to a few hours after the vaccination.

To learn more on what to do if a problem occurs after being vaccinated, read “Vaccination Concerns” in this booklet or visit: www.cdc.gov/vaccinesafety

VACCINATIONS continued



Influenza (flu) symptoms:

- Fever/chills
 - Sore throat
 - Muscle aches
 - Fatigue
 - Cough
 - Headache
 - Runny or stuffy nose
-

Getting vaccinated for the flu can:

- Prevent you from getting flu.
 - Make flu symptoms less severe if you do get it.
 - Prevent you from spreading flu to your family and other people.
-

Flu vaccine cannot prevent:

- Flu that is caused by a virus not covered by the vaccine.
- Illnesses that look like flu but are not. It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

Influenza (Flu) VACCINE

Influenza (“flu”) is a contagious disease that spreads across the United States every year, usually between October and May. Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing and close contact. Anyone can get the flu. Flu strikes suddenly and can last several days.

The Dangers of Flu

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse. Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk. Each year thousands of people in the United States die from flu, and many more are hospitalized.

Inactivated & Recombinant Flu Vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season. Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available. There is no live flu virus in flu shots. They cannot cause the flu. There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that

are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Risks of a Flu Vaccine Reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own in 1 or 2 days, but serious reactions are also possible. Most people who get a flu shot do not have any problems with it.

MINOR problems following a flu shot include:

- Hoarseness
- Headache
- Cough
- Itching
- Fever
- Fatigue
- Aches
- Sore, red or itchy eyes
- Soreness, redness, or swelling where the shot was given

SERIOUS problems following a flu shot can include:

- **A small increased risk of Guillain-Barré Syndrome (GBS)** after inactivated flu vaccine. This risk has been estimated at one or two additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time may be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems After Having the Flu Vaccine

People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, have vision changes or ringing in the ears after receiving a vaccination.

Some people may experience severe pain in the shoulder and have difficulty moving the arm where a shot was given however, this happens very rarely.

Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about one in a million doses, and would happen within a few minutes to a few hours after the vaccination. There is a very remote chance of a vaccine causing a serious injury or death. The safety of vaccines is always being monitored.

To learn more on what to do if a problem occurs after being vaccinated, read "Vaccination Concerns" in this booklet or visit: www.cdc.gov/vaccinesafety

FLU

Some people **SHOULD NOT** get the flu vaccine. Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- If you ever had Guillain-Barré Syndrome (also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- If you are not feeling well. It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

VACCINATIONS continued

Pros of the MMR Vaccine

The measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases. Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return. These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

MEASLES, MUMPS, & RUBELLA...

these are serious diseases. Before vaccines, these diseases were very common, especially among children.

Measles symptoms:

- Fever
- Rash
- Eye irritation
- Cough
- Runny nose

Measles can lead to:

- Ear infection
- Brain damage
- Pneumonia
- Death
- Seizures (jerking and staring)

Mumps symptoms:

- Fever
- Loss of appetite
- Headache
- Swollen glands
- Muscle pain

Mumps can lead to:

- Deafness
- Meningitis (infection of the brain and spinal cord covering)
- Painful swelling of the testicles or ovaries
- Sterility (rarely)

Rubella (German Measles) symptoms:

- Rash
- Mild fever
- Arthritis (mostly in women)

Rubella can lead to:

- Miscarriage or serious birth defects for her baby if a woman gets rubella while she is pregnant.



RECEIVING THE MMR VACCINE

MMR

Who should get the MMR vaccine and when?

- Children should get 2 doses of MMR vaccine:
 - First Dose: 12–15 months of age
 - Second Dose: 4–6 years of age (may be given earlier, if at least 28 days after the 1st dose)
- Infants younger than 12 months should get a dose of MMR if they are traveling out of the country. *This dose will not count toward their routine series.*
- Anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

How is the MMR vaccine given?

The MMR vaccine is given as a single injection into the muscle of the thigh or upper arm.

Can the MMR be given with other vaccines?

The MMR vaccine may be given at the same time as other vaccines. Children between 1 and 12 years of age can get a “combination” vaccine called MMRV*, which contains both MMR and varicella (chickenpox) vaccines.

**There is a separate Vaccine Information Statement for MMRV.*

Tell your doctor if the person getting the vaccine:

- Has HIV/AIDS, or another disease that affects the immune system
- Is being treated with drugs that affect the immune system, such as steroids
- Has any kind of cancer
- Is being treated for cancer with radiation or drugs
- Has ever had a low platelet count (a blood disorder)
- Has gotten another vaccine within the past 4 weeks
- Has recently had a transfusion or received other blood products

The following people SHOULD NOT get MMR vaccine or should wait:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, you should not get the MMR vaccine.
- **If you had a life-threatening allergic reaction to a previous dose** of MMR or MMRV vaccine should not get another dose.
- **If you are not feeling well** you may be advised to wait until you recover before getting MMR vaccine.
- **Pregnant women should not get MMR vaccine.** Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.

Any of these situations might be a reason to not get the vaccine, or delay vaccination until later.

VACCINATIONS continued

problems from **MMR** VACCINE

Risks of the MMR Vaccine

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small. Getting MMR vaccine is much safer than getting measles, mumps or rubella. Most people who get MMR vaccine do not have any serious problems with it.

MINOR problems following a MMR vaccination may include:

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Sore, red or itchy eyes
- Swelling of glands in the cheeks or neck (about 1 person out of 75)

If the problems above occur, it is usually within 6-14 days after the shot. Problems occur less often after the second dose.

MODERATE problems following a MMR vaccination may include:

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

SERIOUS problems following a MMR vaccination may include:

- Serious allergic reaction (less than 1 in a million)
- Several severe problems that have been reported after a child gets MMR vaccine include deafness, long-term seizures, coma, lowered consciousness, and permanent brain damage. These are so rare that it is hard to tell whether they are caused by the vaccine.

After receiving a MMR vaccination, be on the alert for severe allergic reactions and anything that concerns you, such as a very high fever or behavior changes. Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness and weakness. These would start a few minutes to a few hours after the vaccination.

If you think someone is experiencing a severe allergic reaction or other emergency, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor. To learn more on what to do if a problem occurs after being vaccinated, read "Vaccination Concerns" in this booklet or visit: www.cdc.gov/vaccinesafety

4/20/2012 - 42 U.S.C. § 300aa-26



VACCINATIONS continued



Encourage other family members and adults who have contact with your baby to get vaccinated for pertussis.

Pertussis Vaccine

Pertussis is a serious disease that can affect your family.

Key facts:

- Pertussis is commonly referred to as whooping cough
- The disease causes severe coughing that can last several weeks

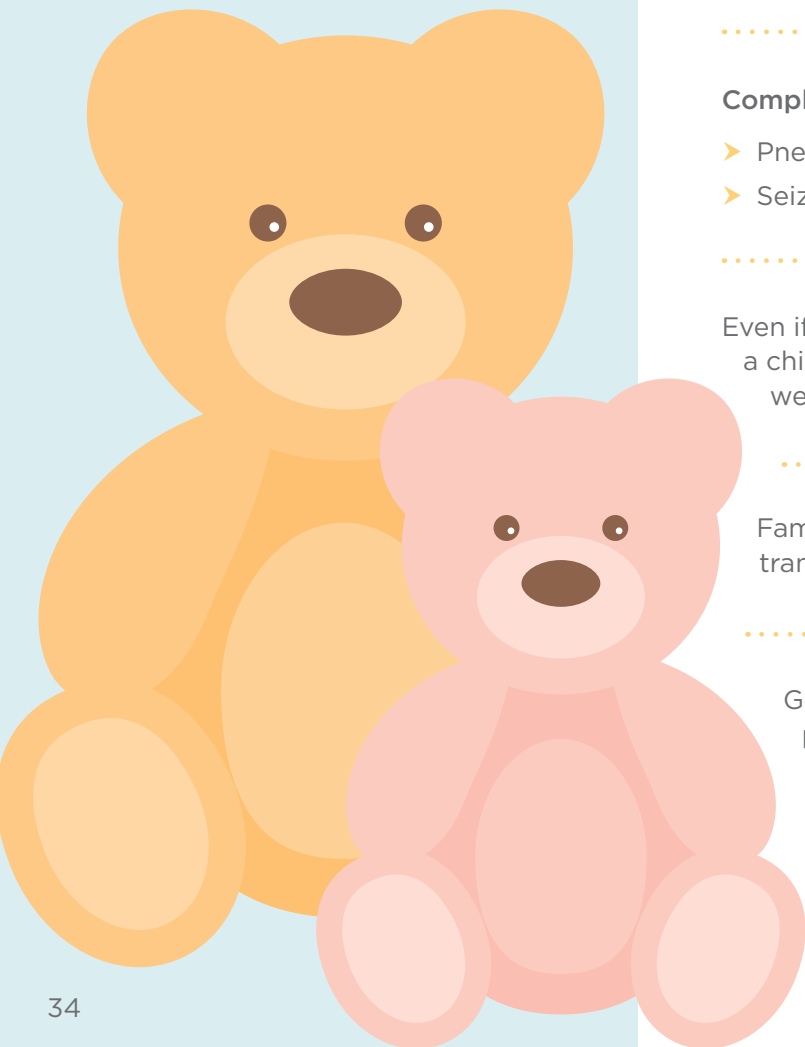
Complications of pertussis may include:

- Pneumonia
- Hospitalization
- Seizures
- Death

Even if you receive the required vaccination against pertussis as a child, you may still be at risk because immunity to pertussis wears off 5-10 years following childhood vaccination.

Family members are the source in up to 83% of cases transmitted to infants.

Getting vaccinated can help ensure you don't spread pertussis to your infant.



disorder

— SCREENINGS —

Your baby will be screened for the following disorders:

Amino Acid Disorders such as PKU or Phenylketonuria (Fen-il-ke-to-nu-ree-ah)

Amino acid disorders are a group of conditions in which there is a problem with breaking down certain components of food called amino acids. These disorders are caused by a specific defect in one of the many enzymes that perform these tasks. The specific amino acid can build up in the blood and other organs, including the brain. This amino acid and any of its metabolites can cause serious health problems such as mental retardation, damage to vital organs, seizures or coma. The effects of the disorder will vary, and depend on the age at which symptoms occur and the specific amino acid(s) elevated. Treatments vary and may include special dietary intervention, replacement medications, acute illness protocols, and metabolic genetic and nutritional monitoring.

Biotinidase Deficiency (bi-oh-tin-l-das)

This disorder is caused by the lack of an enzyme in the baby's body called biotinidase. Babies with biotinidase deficiency can have seizures, feeding difficulties, illness soon after birth, low muscle tone, skin rash or infection, developmental delays and hearing loss. Biotinidase Deficiency occurs in about one out of every 61,000 babies born. Problems with the disorder can be prevented with biotin treatment.

Congenital Adrenal Hyperplasia (CAH) (con-gen-i-tal ad-re-nal hi-per-play-see-ah)

CAH occurs when the baby cannot make certain hormones. This results in abnormal hormone levels, which can cause infants to become very sick. Baby girls with this disorder may also be assigned the wrong gender at birth. CAH can be treated with medication and occurs in about one out of every 19,000 babies born.

Congenital Hypothyroidism (con-gen-i-tal hi-po-thi-royd-ism)

Congenital Hypothyroidism occurs in about one out of every 3,000 babies born. Hypothyroidism occurs when the body does not make enough thyroid hormone. Thyroid hormone is needed for brain and body growth. Babies with this disorder may not grow well and be mentally retarded. If hypothyroidism is detected early and the baby is given medicine, normal growth and development can take place.



DISORDER screenings

Cystic Fibrosis (CF)

Occurs in about one out of every 3,500 babies born. Most common in Caucasians but affects all races and ethnic groups. CF affects the lungs and digestive system. A defective gene causes the body to produce thick mucus that clogs the lungs causing difficulty in breathing. The mucus also blocks the pancreas and stops enzymes from helping the body break down and absorb food. Symptoms can include salty-tasting skin, frequent lung infections, poor growth and frequent greasy stools. Patients are treated in CF centers where there is a team of physicians, nurses, nutritionists, respiratory therapists and social workers. Treatment plans are different for each patient and include multiple therapies particularly for nutrition and for the lungs.

Fatty Acid Oxidation Disorders

Fatty Acid Oxidation Disorders are a group of conditions that affect the breakdown of certain fats called fatty acids. A defect in a specific enzyme leads to a buildup of fatty acids in the body. When a baby with one of these conditions “fasts” (goes for a long period of time without eating), problems can happen. This occurs because the baby cannot use the energy stored in the fats of the body. This kind of metabolic crisis can sometimes lead to seizures, failure to breathe, cardiac arrest, and death. It is extremely important to identify a child with this disease so that crisis can be prevented. Treatment may include avoiding fasting, replacement medications, monitoring the diet for specific metabolic nutritional requirements and blood levels of certain metabolites.

Galactosemia (ga-LAK-toe-see-mi-ah)

Babies with galactosemia do not have an enzyme needed to break down galactose, a kind of sugar found in milk. Galactosemia occurs in about one out of every 53,000 babies born. Babies with galactosemia can become very sick after a few days of normal feeding. This disorder can be treated by putting the baby on a special galactose free diet. Some infants may have a milder form of galactosemia, which may require treatment for 6 - 12 months.

Hemoglobinopathies (he-mo-glo-bi-nop-a thes)

Hemoglobin is the part of the red blood cells which makes them look red and carries oxygen to the body. Sickle cell disease is the most common hemoglobinopathy. Sickle red blood cells can clog blood vessels so that parts of the body do not get enough oxygen. Good medical care, parent education, and antibiotics can lessen life threatening complications. Hemoglobinopathies can occur in all racial groups. The most common form, sickle cell disease, occurs more often in African Americans in about one out of every 500 babies born. People of Hispanic, Asian, Arabic or Mediterranean backgrounds are also more likely to have a hemoglobinopathy.

Organic Acid Disorders

Organic acid disorders are a group of conditions in which there is a problem with breaking down protein and amino acids in foods due to a specific defect in one of the enzymes. These organic acids can build up in blood and urine, and can lead to problems such as low blood sugar, failure to thrive, developmental delays and infections. Delay in the recognition and treatment may have serious consequences. Treatment may include special dietary intervention, replacement medications, acute illness protocols, and metabolic genetic and nutritional monitoring.



DISCHARGE process

We know you are anxious to go home. However, there are many items that must be attended to once both your obstetrician and pediatrician write an order to dismiss you.

Discharge Process:

- **Baby photos** – A number of baby photo packages are available so you can share this special event with friends and family. They will take digital photos in your patient room if you wish to have them taken. Speak to your nurse if you have not been offered the opportunity to have your baby photographed.
- **Birth certificates** – Tell your nurse if you have not completed the proper paperwork for your child's birth certificate.
- **Car seat Installation** – Tennessee State law mandates that your child must go home in a properly installed child restraint seat. The latest statistics show that some 90% of parents in our region do not properly install their child's safety seat. Members of Safe and Sound staff are certified car seat technicians and conduct free car seat installations and checks by appointment. They can be located by calling 423-778-6691. There are other area locations where seats can be checked. Our staff cannot check your car seat installation.
- **Discharge** – Our goal is to ensure that you are well educated in the care of yourself and your infant prior to going home. We know that the first few weeks at home with your baby can be exhausting and more than a little frightening. Our goal is to equip you with the information to help you through this period of adjustment into parenthood. The nurse who discharges you will go over all the home care instructions for both you and your baby in your room. This is the opportunity for you to clarify any questions you have.

- **Written permission** – Both your pediatrician and obstetrician must submit release forms in order for you to be discharged.
- **Your physician will electronically send your prescriptions to your pharmacy.**
- **Going home from Erlanger East Hospital** – You have the option of either walking out at discharge or we are happy to take you in a wheelchair if you desire. Just let your tech know which method you prefer. We have carts available to transport luggage, etc.



BIRTH certificates



You will receive a mother's copy of the birth certificate either before you are discharged or within a few days of your discharge. This is a temporary copy, not a certified copy. You will be given instructions about applying for the certified copy.



**Erlanger Baroness Hospital
Birth Certificate Office**
423-778-4178

**Erlanger East Hospital
Birth Certificate Office**
423-680-8135

**Tennessee Acknowledgement
of Paternity Hotline**
1-800-457-2165

**Hamilton County Health
Department**
423-209-8025

If you marked "yes" for us to apply for your baby's social security card, you will receive the card in the mail in about 8 weeks.

.....

If you are legally married, your husband is the legal father of your baby.

.....

If you have never been married and you want to name the baby's father on the birth certificate, you and the father must follow these steps:

- Complete the Voluntary Acknowledgement of Paternity form and have it notarized before you are discharged from the hospital. The notary is available from 9 AM – 4 PM Monday through Friday. If you are discharged over the weekend, the Birth Certificate Specialist will contact you to make an appointment to complete the Voluntary Acknowledgement of Paternity form.
 - Have valid-state issued picture identification.
 - If either you or the father is under 18 years of age, you must each have the consent of a parent or legal guardian. This person must also have identification and be present to sign the Voluntary Acknowledgement of Paternity.
-

If you have been married and are not currently married and want to name a father on the birth certificate, there are legal guidelines that the Birth Certificate Specialist will discuss with you.

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If you do not complete the Voluntary Acknowledgement of Paternity form at the hospital, the father's information will not be on the original birth certificate but you may make an appointment with the Health Department, Juvenile Court or the Child Support office to complete it at a later date.

Car Seat Inspection Stations:

Bradley County Health Department | 423-728-7020 ext 121

201 Dooley St. SE, Cleveland, TN 37311

Pregnancy Help Center | 423-826-0673

5720 Uptain Rd., Suite 4800, Chattanooga, TN

Safe Journey | 423-428-9324 | Rhea County

Safe and Sound | 423-778-6691

Children's Hospital at Erlanger | 910 Blackford St.,
Chattanooga, TN 37421

For more information please contact the closest inspection station near you or visit seatcheck.org.

car SAFETY

Kids & Cars Safety Check List:

Planning can help keep your child from being hurt.

- Put something in the backseat of your vehicle that requires you to open the back door every time you park - cell phone, employee badge, handbag, etc.
- Every child should be correctly restrained in the back seat of the vehicle.
- Keep a stuffed animal in your child's car seat. Place it on the front seat as a reminder when your baby is in the back seat.
- Ask your babysitter or child care provider to call you if your child hasn't arrived on time.
- Avoid cell phone calls and texting while driving.
- Make it a routine to open the back door of your car every time you park to check that no one has been left behind.

Age Group	Type of Seat	General Guidelines
Infants and Toddlers	Rear-facing only; Rear-facing convertible	All infants and toddlers under the age of 2 should always ride in a rear-facing car seat and should remain rear-facing for as long as possible until they reach the highest weight or height limits as designated by their car seat manufacturer.
Toddlers and Pre-schoolers	Convertible forward-facing with harness	Children ages 2 to at least 4, who have outgrown the rear-facing weight or height limits for their convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height limits designated by their car seat manufacturer.
School-aged Children	Booster seat	All children whose weight or height exceeds the limits of their forward-facing car safety seats should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they reach 4 feet 9 inches in height and are 8-12 years of age. All children younger than 13 should ride in the back seat.
Older Children	Booster seat	When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use the lap and shoulder seat belts for the best protection. All children younger than 13 should ride in the back seat.

CRIB safety



ABCs of Safe Sleep

A for Alone:

- Put baby to sleep alone in their own crib or bassinet.
- Never put baby to bed with other children or adults.
- Keep soft items away from baby when sleeping.
- Dress baby in a blanket sleeper or sleep sack.
- Don't use heavy blankets or quilts.

B for Back:

- Put babies to sleep on their backs.
- Teach others that “back to sleep” is safest for babies.

C for Crib:

- Cribs and bassinets are the safest places for babies to sleep.
- Cribs should be free of pillows, bumpers, stuffed toys and blankets.
- Unlike firm crib mattresses, adult beds are soft and can cause suffocation.
- Always return your baby to their crib after nursing.
- Mothers who exclusively breastfeed should discuss infant safe sleeping with their lactation consultant.

If you are alone with the infant give 2 minutes of CPR before calling 911.

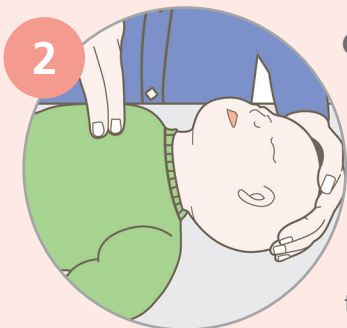
CPR

for infants



1 Shout, Tap, Check for Breath

Shout and gently tap the infant on the shoulder. If there is no response and the infant is not breathing or not breathing normally, position the infant on his or her back and begin CPR.



2 Give 30 Compressions

Give 30 gentle chest compressions at the rate of at least 100 per minute. Use two or three fingers in the center of the chest just below the nipples. Press down approximately one-third the depth of the chest (about 1 and a half inches).



3 Open the Airway

Open the airway using a head tilt lifting the chin. Do not tilt the head too far back.



4 Give 2 Gentle Breaths

If the infant is not breathing or not breathing normally, cover the baby's mouth and nose with your mouth and give 2 gentle breaths. Each breath should be 1 second long. You should see the baby's chest rise with each breath.

Continue with 30 pumps and 2 breaths until help arrives.



SHAKEN BABY SYNDROME PREVENTION

Signs of Shaken Baby Syndrome

Your baby may have been shaken if they are:

- Irritable
- Sleeping too much
- Less alert
- Pale or has bluish skin
- Vomiting
- Not sucking or swallowing well
- Unconscious
- Having seizures
- Not breathing

If you think that your baby has been shaken, don't wait. Get medical help right away.

This information is provided by the Tennessee Parent Hotline. Have a plan @2014, White Noise Productions, Inc. @Copyright 2005 Rev. 01/04

Frustrated? It's Normal.

All babies cry. It's okay. Crying is one way your baby can tell you what he or she needs. It's normal for babies to cry from two to four hours a day. The peak of crying is around 2 months. After this, crying begins to decrease. But even though you know crying is normal it can still be stressful.

Calming Baby Tips

Planning can help keep your child from being hurt.

Hungry?

Breastfeed or give your baby a bottle.

Burp?

Burping makes your baby feel better.

Diaper?

Make sure baby is comfortable.

Tired?

Hold or cuddle your baby.

Just needs to cry?

Your baby may need to cry to settle down.

Sick?

Check your baby's temperature.

Bored?

Rock, walk or go for a ride.

Too much activity?

Move the baby to a quiet room.

Have a Plan

All babies cry and a crying baby can be stressful, so it's important to have a plan. Having a plan will help you stay calm if you've tried everything and your baby is still crying.

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Take care of yourself so you can take care of your baby. These calming activities can be a part of your plan:

- **Breathe** – Take some deep breaths to help reduce feelings of anger and tension.
- **The 10-foot rule** – Place your baby in a safe place and walk 10 feet away until you have calmed down
- **Take a break** – Gently lay your baby down on his or her back and take a break.
- **Talk to someone** – Call a friend or a relative who will listen and be caring. It can help to share your thoughts and feelings.
- **Go for a walk with your baby** – A simple walk around the block can help calm both you and your baby.
- **Talk with your pediatrician about your baby's crying** – Even a “colicky” baby is normal but you may need extra support.
- **Share your plan** – Share your plan with everyone who cares for your baby. Encourage your baby's other caregivers to come up with their own plan. Make sure they know that shaking a baby can cause lasting injuries and even death. Tell them to call you anytime if they become frustrated or have concerns.

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Get Assistance

If you need help or are at a breaking point, call:

The Tennessee Parent Hotline | 1-800-356-6767

Physical Changes

Uterus

Your uterus, commonly referred to as the womb, is the muscular organ that contains the products of conception – baby, placenta, membranes, amniotic fluid and umbilical cord. It will take a few weeks for your uterus to return to its pre-pregnancy size/weight. Your provider will check your uterus regularly to make sure it is returning to its former size.

You may experience “afterbirth” pains (belly cramps) as your uterus shrinks. This is completely normal, and keeping your bladder empty can help. By the end of your first postpartum week, these pains should begin to go away on their own. If the pains become too uncomfortable, ask your health care provider about taking pain relief medications.

Bladder

For your first few postpartum days, try to empty your bladder every 3 – 4 hours if possible. A full bladder can push on the uterus and the pressure may prevent the uterus from shrinking. It can also increase your bleeding.

It is normal to pass large amounts of urine during your first few postpartum days, as your body is getting rid of the extra fluid it held during pregnancy. If you had a cesarean birth, you may have a catheter in your bladder the day following your surgery. This allows you to rest and makes emptying your bladder easier for you.

Bowels

It may be 2-3 days postpartum before you have your first bowel movement. Hormones, medication, dehydration, fear of pain, and decreased physical activity are all things that can make your bowel function slow-moving. When you feel the urge, it will help to relax and take deep breaths. For additional support, you can also position yourself with your feet on a stool and your elbows on your knees.

Helpful tips:

- Drink 6-8 glasses of water a day
- Eat fiber-rich foods
- Go when you feel the need
- Walk or do yoga stretches
- Take stool softeners

caring for YOURSELF

Contact your healthcare provider if you...

- Have severe pain or rectal bleeding
- Have a frequent or urgent need to urinate
- Feel you need a laxative

.....

If you cannot reach your provider, go to an emergency room or call 911.

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caring for **YOURSELF**

Vaginal discharge: Contact your healthcare provider if you...

- Go through more than one pad an hour
- Have a steady flow that continues over time
- Have bright red vaginal bleeding day 4 or after
- Pass egg-sized or larger clots after hour 1
- Notice your bloody vaginal discharge has a bad odor
- Have a fever of 100.4°F or higher
- Have severe lower abdomen pain

Physical Changes

Hemorrhoids

Hemorrhoids are swollen veins at the opening or inside of the rectum, or outside the anus. It is common to develop hemorrhoids during pregnancy. Though they are usually not serious, they can cause discomfort or bleeding.

Things that can help:

- Healthy, high-fiber diet
- Drinking plenty of water
- Avoid straining during bowel movements
- Avoid sitting/standing for too long
- Use pre-moistened wipes instead of toilet paper
- Soak in a warm tub daily
- Ask your provider about using topical creams, suppositories, and pain medication

Perineum

The perineum is the area between your vagina and rectum. If you have a vaginal birth, the perineum may tear from stretching. These tears can cause tenderness and pain for several weeks. In the first 24 – 48 hours, keeping the area clean/dry can help relieve pain, prevent infection, and help with healing. Discomfort can also be soothed by icing. (See other care tips on page 46.)

Though not common, some may have an episiotomy, or a surgical incision that enlarges the vaginal opening for birth. Those with an episiotomy may experience increased perineum soreness.

Vaginal Discharge

For a few days after giving birth, you can expect bloody vaginal discharge. This is normal, as it is part of your body's natural healing process. At the beginning, the flow will be heavy and it will present bright red and may have small blood clots.

You may notice a heavier blood flow after standing up or too much physical activity. If you had a cesarean birth, you may have a lighter flow.

Over the next week or so, you'll notice the flow getting lighter. This lighter discharge will last between 4-6 weeks. Use pads until the bleeding stops completely. Do not use tampons, as they can increase the risk for infection while your body is still healing.



caring for **YOURSELF**

Hair Loss

During pregnancy, your hair's growth cycle changes and goes into a resting phase. Therefore, you may start losing hair in large amounts for a few weeks after delivering your baby – this is normal. Your hair will start to return to its usual growth cycle over time. This could take several months.

Skin Changes

Due to the increased hormone levels during pregnancy, you may notice changes to your skin. Some potential changes include acne, blotchy markings on the face, or a dark line down the center of the belly. These skin changes tend to disappear completely or fade significantly in the months following the birth. Stretch marks will gradually fade as well but will likely not go away altogether.

Varicose Veins

During pregnancy, you may have started to notice blue-colored bulges on your legs called varicose veins. These appear when the blood vessels swell due to your veins becoming weak, which is common during pregnancy. Varicose veins tend to improve and go away on their own without treatment.

Tips for relief:

- Elevate your legs
- Wear support hose for 6 weeks postpartum



caring for **YOURSELF**

Bathing:

Vaginal Birth

- **Shower** – You may shower on day 1
- **Full Tub or Sitz Bath** – You may take a full tub or sitz bath after day 2

Cesarean Birth

- **Shower** – You may shower once your catheter and outer dressing have been removed. Be sure you are able to stand/walk without getting dizzy
- **Full Tub or Sitz Bath** – *Not recommended* for several weeks. Ask your healthcare provider when it is okay for you to take a bath.

Personal Care

Perineal Care

Cleaning the perineum area – Use a squeeze bottle, hand-held shower, or sitz bath. To dry, pat the area using moist antiseptic towelettes or toilet paper.

Tips for a healthy perineum:

- Wash your hands thoroughly before and after changing pads
- Wash daily with mild soap and water
- Rinse with lukewarm water 2-3 times daily and after using the restroom
- Wash, wipe, and apply your pad from front to back
- Change pads every time you use the restroom
- With each pad change, check the color and amount of bloody vaginal discharge

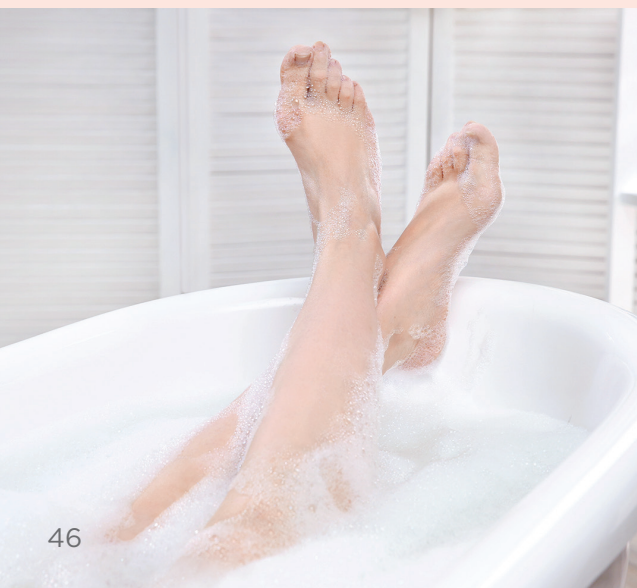
Cesarean Birth Incision Care

Your incision site may be closed with stitches, staples, wound closure strips, or surgical glue covered by a sterile dressing. Your healthcare team will inform you about next steps depending on the closure method used.

It is important to always wash your hands before and after touching your incision site. You will need to check your incision daily to be sure it is not infected. When cleaning your incision, make sure to use a freshly cleaned cloth each time. Wash with warm water and soap, but do not scrub the incision. Use a clean towel to gently pat dry.

Contact your healthcare provider immediately if the incision is:

- Red
- Separated
- Swollen
- Warm to touch
- Tender or painful
- Draining
- Not healing





caring for **YOURSELF**

Moving After Cesarean Birth

- To get out of bed, roll to your side and use your arm to push yourself up. Sit on the side of the bed for a minute to make sure you're not dizzy.
- Place a pillow over your incision when coughing or moving around in bed.
- Try to limit going up and down any stairs.

Menstrual Cycle

Your next period will probably come within 7-9 weeks after giving birth. For breastfeeding women, it could be delayed anywhere from 4-6 months or until you stop breastfeeding.

Important note: *Your body can begin producing eggs before your first period, meaning you can become pregnant during that time. Consult your healthcare provider before resuming sexual activity.*

Sex

After having a baby, an important step for couples is to have the open conversation of how they're feeling about resuming sexual activity. Depending on your experience during birth, you may have concerns about having sex again. Tears and incisions take at least a full 6 weeks to heal, so be sure to share this information with your partner.

The hormones associated with pregnancy and/or breastfeeding can cause vaginal dryness, but this will improve over time. If you're ready to begin having sex, a water-based lubricant can help. Always discuss any difficulties with sexual intercourse openly with your partner. Take the time to work on your intimacy and rebuild a sex life that is satisfying and healthy for you both - physically and emotionally.



PROTECTING YOURSELF AFTER DELIVERY

New mothers should be vigilant about infection prevention during the postpartum period, as infections can result in significant discomfort and complications at a time when their focus should be on their own recovery and caring for their newborn.

Urinary Tract Infection Symptoms:

Below is a list of symptoms related to CA-UTI. In some cases, individuals do not have these symptoms:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Catheter-Associated Urinary Tract Infection

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs, bacteria and yeast for example, do not normally live in these areas; but if germs are introduced, an infection can occur.

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own.
- To measure the amount of urine that you make, for example, during intensive care.
- During and after some types of surgery.
- During some tests of the kidneys and bladder.

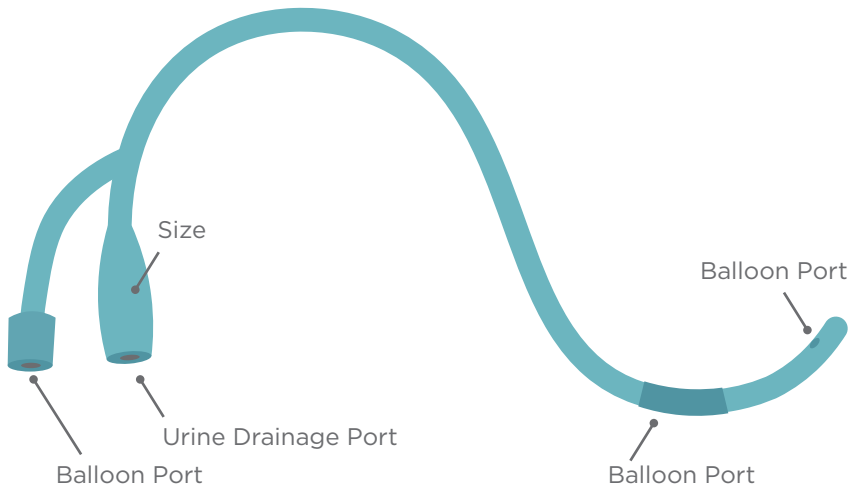
How do I get a catheter-associated urinary tract infection (CA-UTI)?

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”). Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

How are catheter-associated urinary tract infections treated?

Most CA-UTIs can be treated with antibiotics and removal or change of the catheter.





To prevent urinary tract infections, doctors and nurses take the following actions:

Catheter Insertion:

- Catheters are put in only when necessary and they are removed as soon as possible.
- Only properly trained persons insert catheters using sterile (“clean”) technique.
- The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.

Other method to drain urine is sometimes used:

- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care:

- Healthcare providers clean their hands by washing them with soap and water or using an alcohol based hand rub before and after touching your catheter.
- Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- The catheter is secured to the leg to prevent pulling on the catheter.
- Avoid twisting or kinking the catheter.
- Keep the bag lower than the bladder to prevent urine from back flowing to the bladder.
- Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

How to Help Prevent Infections:

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

Tips for Catheter Care and Post-Hospital Support:

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

PROTECTING YOURSELF AFTER DELIVERY

Surgical Site Infections

What is a surgical site infection?

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material.

Symptoms include:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most SSIs can be treated with antibiotics. The type of antibiotic given depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers should follow CDC infection prevention guidelines including:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- If indicated, remove some of your hair immediately before your surgery using electric clippers if the hair is in the area where the procedure will occur.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- You may be given antibiotics before your surgery. In most cases, you should receive antibiotics within 60 minutes before surgery and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.



PROTECTING YOURSELF AFTER DELIVERY

What can I do to help prevent SSIs?

Before surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.

After surgery:

- If you do not see your providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to wash.
- Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Make sure you know who to contact if you have questions or problems after you get home.
- **If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.**



COMPLICATIONS



Postpartum Hemorrhages

If you notice excessive bleeding outside of the normal postpartum bleeding, this could mean you have a hemorrhage. A postpartum hemorrhage can occur anytime during the 12 weeks following birth. Signs of a postpartum hemorrhage include:

- Bleeding/soaking through one pad in an hour or less
- Blood clots the size of an egg or larger
- Low blood pressure symptoms: Feeling faint, dizzy, weak, or clammy
- Fast heart rate or blurred vision

Call your healthcare provider immediately if you are experiencing these symptoms.

If you cannot reach your provider, go to an emergency room or call 911.

Blood Clot

Though uncommon, some may experience a condition called deep vein thrombosis (DVT). This is when clots form in the deep veins of the lower leg. To help prevent clots, stand and walk around whenever possible. The risk for DVT is at its highest 6 - 8 weeks after birth.

If untreated, these clots can cause numerous medical emergencies. If the clots break apart, they can travel to the lungs, potentially causing a pulmonary embolism, or to the brain which could cause a stroke. Signs of blood clots in the leg include:

- Pain or tenderness (may feel like a pulled muscle)
- Unexplained fever
- Slight to moderate swelling
- Tender, red, hard, warm area on the calf or thigh

Call 911 if you have:

- Chest pain
- Obstructed breathing or shortness of breath
- Facial drooping
- Arm weakness on one side
- Difficulty speaking

COMPLICATIONS

Blood Clot *(continued)*

Call your healthcare provider immediately if you have:

- Blood when coughing
- Rapid heartbeat
- Rapid breathing
- Red or swollen leg that is painful or warm to touch

Postpartum Preeclampsia

Preeclampsia is a serious condition that can include a rise in blood pressure, large amounts of protein in the urine, and/or swelling of the hands, feet and face. Postpartum preeclampsia symptoms often start in the first 48 hours but can happen anytime in the first 6 weeks after birth. Symptoms include:

- Headache that does not improve with medicine
- Vision changes (flashing lights, auras, light sensitivity)
- Swelling of hands or face
- Pain in upper abdomen or shoulder
- Nausea or vomiting
- Shortness of breath
- Confusion or anxiety

Call your healthcare provider immediately if you are experiencing these symptoms.

If you cannot reach your provider, go to an emergency room or call 911.

COMPLICATIONS

Most women who give birth recover without problems. However, any woman can have complications after giving birth. Trust your instincts and learn to recognize the signs.

Call 911 if You Have:

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else

Contact your healthcare provider if you have:

- Bleeding, soaking through one pad/hour, or blood clots the size of an egg or larger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to the touch
- Temperature of 100.4° F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes
- If you can't reach your healthcare provider **CALL 911 or go to an emergency room**

Get Care for These Post-Birth Warning Signs

If you don't receive medical care right away, the following post-birth warning signs can become life-threatening:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post-birth preeclampsia



Sepsis

Although pregnancy is the same for women worldwide, their safety varies greatly depending on where the women live and the type of medical care they receive, if any. Sepsis is an illness that can develop in some pregnant women, as well as in women who have recently delivered a baby or babies.

Sepsis is the body's life-threatening response to infection. It can occur because of an infection related to the pregnancy or an unrelated one, such as pneumonia or a urinary tract infection (UTI). Sepsis that occurs during pregnancy is called maternal sepsis. If it develops within 6 weeks of delivery, it is called postpartum sepsis or puerperal sepsis.

SEPSIS

breastfeeding
&
diaper schedules

All babies should feed 8 or more times in 24 hours

BREASTFED BABIES:

- DAY 1:** 1 wet diaper/1 black tarry stool
- DAY 2:** 2 wet diapers/2 black/brown stools
- DAY 3:** 3 wet diapers/3 greenish brown stools
- DAY 4:** 4 wet diapers/4 greenish seedy stools
- As volume increase:** 6 - 8 wet diapers a day and 4 or more stools

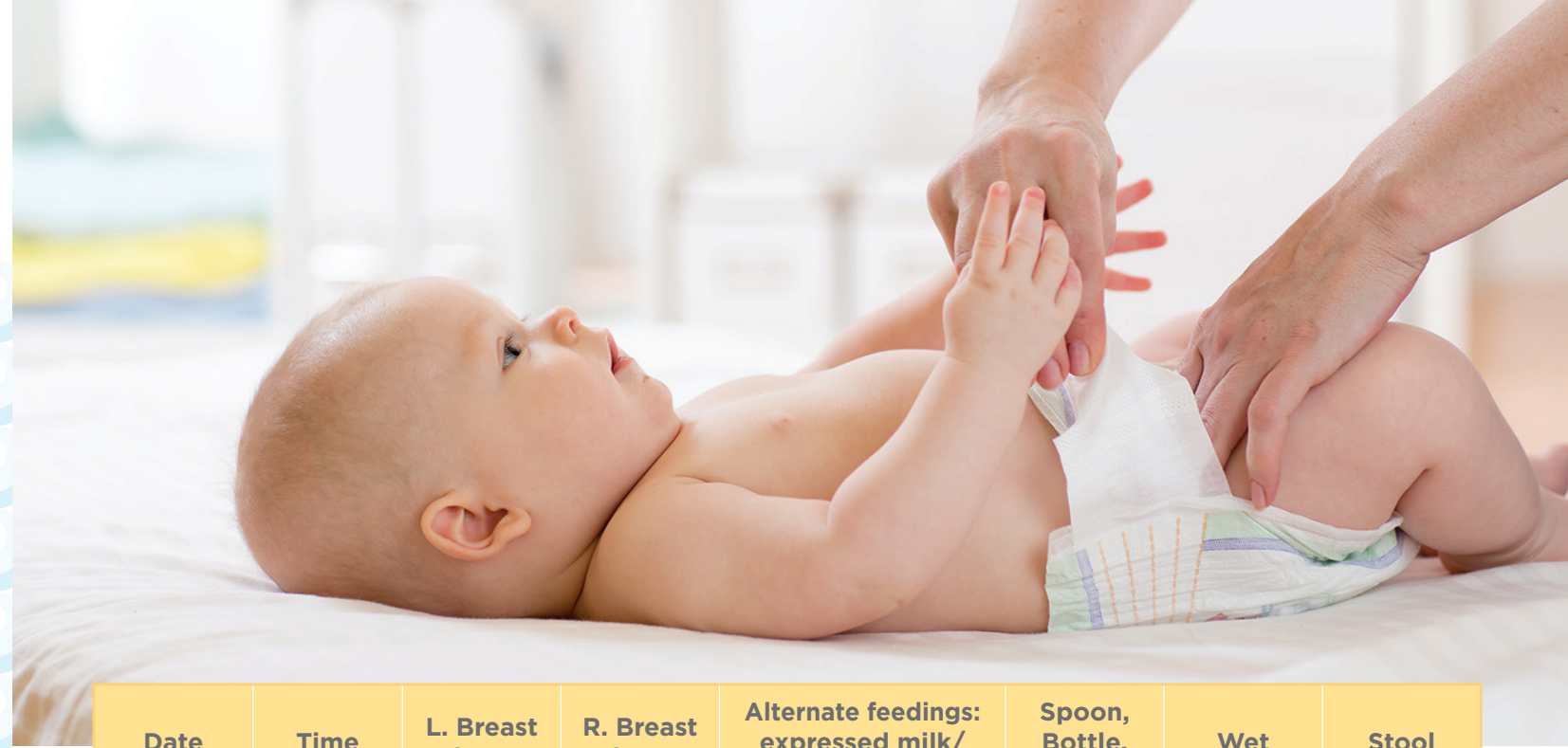
Date	Time	L. Breast Minutes	R. Breast Minutes	Alternate feedings: expressed milk/formula	Spoon, Bottle, SNS	Wet	Stool



Date	Time	L. Breast Minutes	R. Breast Minutes	Alternate feedings: expressed milk/ formula	Spoon, Bottle, SNS	Wet	Stool

breastfeeding & diaper schedules

Date	Time	L. Breast Minutes	R. Breast Minutes	Alternate feedings: expressed milk/ formula	Spoon, Bottle, SNS	Wet	Stool



Date	Time	L. Breast Minutes	R. Breast Minutes	Alternate feedings: expressed milk/ formula	Spoon, Bottle, SNS	Wet	Stool

BABY WARNING SIGNS



CALL 911

if your baby has difficulty breathing, is turning blue, or has blue lip color.

Baby's Healthcare Provider:

My Closest Urgent Care:

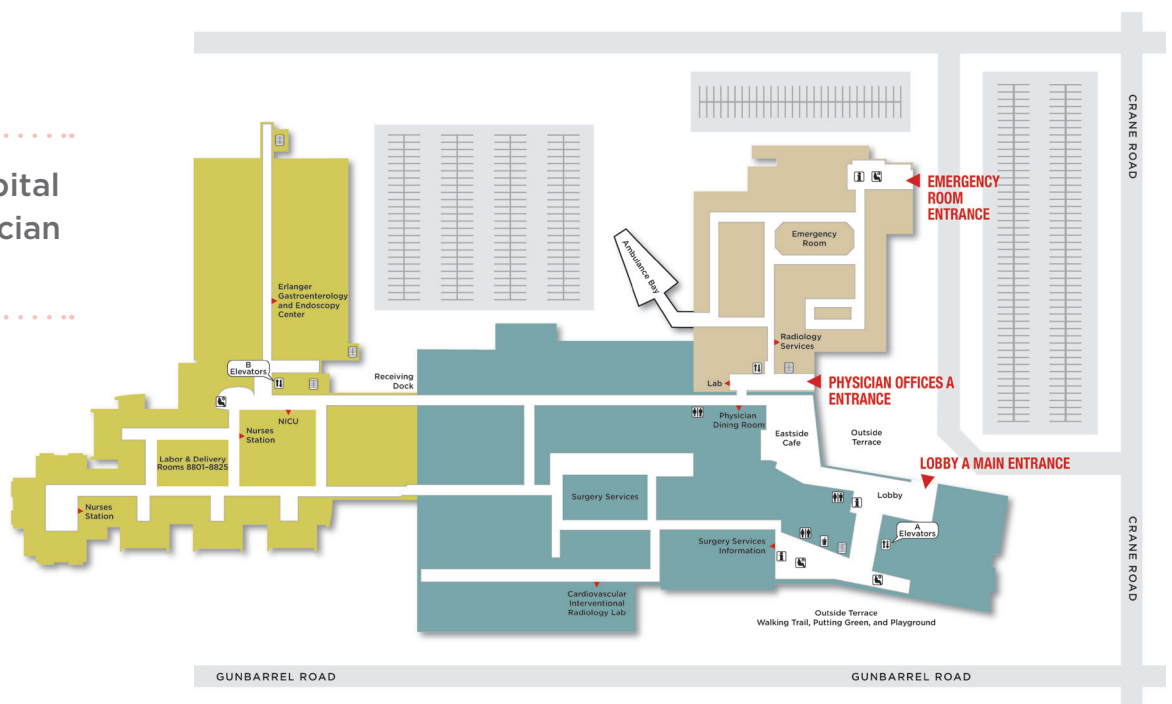
My Closest Hospital:

Contact your healthcare provider if your baby has any of the following symptoms:

- Temperature below 97.5°F or above 100.4°F
- Yellowing of skin or eyes
- Refusing to eat or eating poorly
- Repeated vomiting
- No wet diaper for 12 hours
- No stool for 48 hours
- Hard to wake up or low energy
- An uncommon or severe rash
- An unusual or high-pitched cry
- White patches found in baby's mouth
- Redness, drainage or odor from umbilical cord
- Frequent bowel movements with excess fluid, mucus, or unusually foul odor
- Changes in typical behavior
- Dehydration:
 - Dry or cracked lips
 - Dry skin
 - Dry or rough tongue
 - Increased sleepiness or irritability

Erlanger East Hospital Map

Erlanger East Hospital 1st Floor and Physician Offices B



Ground Floor and Physician Offices B

Free valet and street level parking is available in Parking Lot B, adjacent to the Women & Children Lobby (Entrance B).

