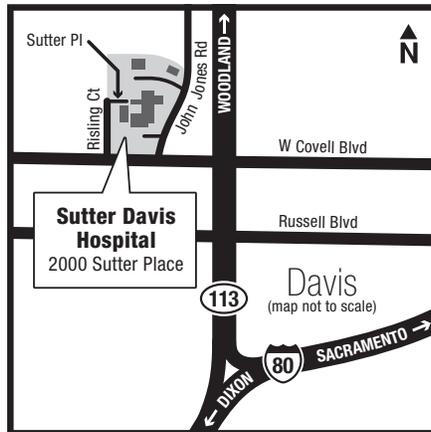




## Caring for Your Baby

Sutter Davis Hospital Birthing Center



*Dear New Parents,*

*The moment that you have been anticipating and planning for has finally come...the birth of your new baby! We would like to take this opportunity to share with you how we will care for your baby after his or her birth at Sutter Davis Hospital. Our philosophy of evidenced-based, family centered care continues during your postpartum experience, offering you the highest level of care in partnership with you and your family. Our pediatric providers follow the American Academy of Pediatrics (AAP) guidelines as well as guidelines from the Centers for Disease Control (CDC) and the World Health Organization (WHO) for newborn care. Guidelines are reviewed annually to ensure that we safely care for your baby according to the most current recommendations based on the most up-to-date research in newborn health.*

*Our goal is to give your baby the best care our expertise provides.*

*Respectfully,*

*The Pediatric Providers of Sutter Davis Hospital Birthing Center*



## Caring for Your Baby at Sutter Davis Hospital Birthing Center

### Throughout your stay at Sutter Davis Hospital, we will:

- Encourage and support **exclusive breast milk feeding**
- Encourage “**rooming-in.**” You and your baby will not be separated during your hospital stay unless for medical reasons
- Discourage the use of pacifiers or non-medically indicated formula supplementation
- Be active partners in educating you and your family about newborn care
- Include you in our bedside nursing report at the end of every nursing shift (7 a.m. and 7 p.m.)

### Immediately after your baby is born, we will:

- Put your baby on mom’s chest skin to skin, unless immediate medical attention is needed
- Assist mom and baby with breastfeeding
- Frequently check baby’s vital signs (heart rate, respirations and temperature) to safely monitor your baby after he or she is born (checks are done while baby remains skin to skin with mom)
- At 1-2 hours old we will weigh baby, give baby a full newborn assessment, take your baby’s footprints and administer the standard newborn medications: **hepatitis B vaccine, vitamin K injection, and erythromycin** eye ointment

### Upon transfer to postpartum, we will:

- Continue to encourage skin-to-skin contact throughout your postpartum stay
- Check your baby’s vital signs every eight hours at approximately midnight, 8 a.m. and 4 p.m. *If mom is Group B Strep (GBS) positive, or if other risk factors are present, vital signs will be checked every four hours at midnight, 4 a.m., 8 a.m., noon, 4 p.m. and 8 p.m.* Assessments--including vital signs--may increase in frequency on an individualized basis if indicated.
- Check your baby for **jaundice** by assessing your baby’s skin between 4-6 a.m. every morning
- Have your pediatrician or pediatric nurse practitioner/physician assistant examine your baby within 24 hours of birth and then every morning until discharge
- Weigh your baby every night at midnight in order to check your baby’s **weight loss** (a certain amount of weight loss is expected). Babies are weighed at midnight each day in order to have consistent information available for the pediatricians during their daily morning visits.
- Encourage **quiet time** every day from 1-3 a.m. and 1-3 p.m. We will not interrupt you during these times unless there is a medical need; we encourage you to limit visitors during this time in order to take advantage of this therapeutic time.
- Screen your baby for congenital heart disease by providing **pulse oximetry** testing
- Provide routine **hearing screening** to assess that your baby is able to hear in both ears prior to discharge

### Before discharge, we will:

- The lab will collect a small sample of your baby’s blood from the bottom of his or her foot for the newborn screening test when your baby is around 24 hours old at 6:45 a.m.
- Ask you to complete a worksheet with information needed for your baby’s birth certificate

## Glossary of Terms

**Erythromycin Ointment:** Antibiotic ointment applied to the newborn's eyes within two hours after birth to prevent neonatal gonorrhea and chlamydial ophthalmia. These conditions left untreated could result in blindness.

**Exclusive Breast Milk Feeding:** Recommended by AAP, WHO and UNICEF. Evidence has shown that exclusive breast milk feeding for the first 6 months of life promotes optimal health for your baby's body and brain, protecting the baby from childhood infection and chronic disease. Exclusive breastfeeding right after childbirth is needed to establish an adequate milk supply and provide your baby with much needed colostrum. At Sutter Davis Hospital, we encourage exclusive breastfeeding throughout your stay at the hospital even if your plan is to both breast and bottle feed. Sutter Davis Hospital has been awarded the distinct Baby Friendly designation from WHO because of our evidence-based infant feeding practices.

**Group B Strep (GBS):** A normal bacteria that can live without symptoms in a woman's vagina or rectum. It is the leading cause of infection in the lungs, blood or brain of the newborn during the first week of life. The risk of infection to the newborn can be decreased significantly by receiving antibiotics in labor. Those babies whose mothers do not receive sufficient antibiotics in labor should have a blood test performed after they are born to rule out GBS infection.

**Hearing Screening:** A simple and painless test that measures your baby's response to sound; while your baby sleeps, soft sounds are played through earphones specially made for babies. Your baby's responses to the sounds are measured by Otoacoustic Responses (OAE). Babies who do not pass their hearing screens in the hospital will be referred for outpatient follow-up and testing.

**Hepatitis B Vaccine:** A vaccine that prevents hepatitis B, a disease of the liver. Per CDC, all babies should receive the first dose of this vaccine at birth. The remaining two doses of the series are given between 2-6 months of age.

**Jaundice:** When an infant has higher than normal levels of bilirubin, a breakdown product of red blood cells. This can cause the newborn's skin to have a yellow appearance. Some infants' bilirubin levels can rise to a point in where photo light therapy is necessary.

**Newborn Screening Test:** State mandated blood test that screens for specific metabolic, endocrine, hemoglobin and other genetic diseases of the newborn. Information about this screening can be found at [cdph.ca.gov/nbs](http://cdph.ca.gov/nbs).



**Pulse Oximetry:** A simple and painless test that measures how much oxygen is in the blood. A stick strip, like a band-aid, with a small red light, or "probe," is placed on the baby's hand or foot. The probe is attached to a wire, which is attached to a special monitor that shows the baby's pulse oximetry reading. It takes just a few minutes to perform when a baby is still, quiet and warm. This test will be performed after the baby is 24 hours old.

**Quiet Time:** A scheduled time each day between 1-3 a.m. and 1-3 p.m., where interruptions to the newborn and their family are limited in order to promote rest, sleep and bonding. Signs are put on each patient door indicating "quiet time" and the lights on the unit are dimmed.

**Rooming-In:** Your baby stays in your room with you throughout your hospital stay unless medical reasons require more intensive monitoring.

**Vitamin K:** A vitamin in the body that helps clot blood and prevents bleeding. Newborns have very little vitamin K in their bodies at birth which puts them at high risk for hemorrhagic disease of the newborn (first week of life) and late hemorrhagic disease (2-12 weeks of age). Both are serious diseases that can cause death in the newborn. Injectable vitamin K has proven to reduce the incidence of both these diseases.

**Weight Loss:** Healthy, full term newborns can lose some of their birth weight within the first few days of life. Babies are born with natural fat stores to provide protection after they are born. Weight loss is normal and babies should return to their birth weight between 2 to 3 weeks of age. Additional lactation support may be required to help prevent weight loss greater than 10 percent.