Care for After You Leave the Hospital
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**Call 911 if you experience:**
- Pain in your chest
- Shortness of breath or obstructed breathing
- Seizures
- Thoughts of hurting yourself or your baby
After You Leave the Hospital

Congratulations on the birth of your child! The team at Orlando Health Winnie Palmer Hospital for Women & Babies would like to thank you for allowing us to care for you and your family during this very special time.

The focus of this book is to help you in your very first days at home with your new baby. We designed this book to answer the questions that come up most often in the minds of new parents after they leave the hospital. Questions such as:

- Is this symptom that I am having normal or should I call the doctor?
- When can I start exercising again?
- How do I know if my baby is getting enough to eat?
- How long can I store my breast milk?
- Is it okay to give my baby water?

The first part of the book discusses care of mom following delivery and when it’s okay to resume life’s normal activities. The remainder of the book is concerned with how to care for your new baby in your first days at home.

We hope that you will take the time to review this book before you leave the hospital so we can make sure that all of your questions have been answered. We recommend that you use the Notes area on pages 30-31 to jot down anything you would like us to cover with you before you go.

Again, thank you for sharing your birth experience with us. We hope that you enjoyed your stay with us and that we will see you again with your next addition to the family!
If you have any of these symptoms after giving birth, contact your healthcare provider and get help right away.

If you can’t reach your provider, go to the emergency room. Tell them that you have recently given birth or have given birth within the past year.

**Urgent Maternal Warning Signs**

- **Headache**
  - That won’t go away or gets worse over time

- **Dizziness or fainting**

- **Changes in your vision**

- **Fever**

- **Chest pain or fast-beating heart**

- **Severe belly pain that doesn’t go away**

- **Seeding**
  - Bleeding that requires a new sanitary pad every hour or persistent clots that are larger than an orange in size

- **Severe nausea and throwing up (not like morning sickness)**

- **Swelling, redness or pain of your leg**

- **Extreme swelling of your hands or face**

- ** Extreme swelling of your hands or face**

- **Severe nausea and throwing up (not like morning sickness)**

- **Thoughts about hurting yourself or your baby**

- **Trouble breathing**

- **Overwhelming tiredness**

- **Bleeding**
  - That requires a new sanitary pad every hour or persistent clots that are larger than an orange in size
When to Call the Doctor

As a new parent, there will be times when you become anxious about symptoms that you or your baby is experiencing. If you have the sense that something is not right, always get a medical opinion! Doctors are used to phone calls from new parents and will be happy to help you decide if a trip to see them is in order.

If there is a medical emergency, please call 911. If symptoms occur during business hours, call your doctor. Be sure to make the call yourself, as you may need to answer specific questions that a friend or family member won’t know the answers to. Be sure to have your pharmacy’s phone number handy when you call the doctor. Listed below are some guidelines for when you definitely should call the doctor.

For Mom

Contact your doctor right away if you’re experiencing:

- Fever of 100.4 or higher, with or without chills
- Headache that does not get better, even after taking medication, or a bad headache with vision changes
- Signs of infection near the incision or laceration site: warmth, redness, drainage and/or foul odor
- Bleeding that requires a new sanitary pad every hour
- Persistent clots that are larger than an orange in size
- Severe abdominal pain not controlled by medication
- Severe or new pressure or pain in the vaginal or rectal area
- Localized tenderness, redness or swelling of the breast (especially if only one breast)
- Pain in your calves or behind the knee, especially with swelling or redness
- Shortness of breath when walking short distances
- Difficulty urinating or frequent urination with pain or burning
- No bowel movement within seven days of giving birth
- Signs of postpartum depression
- Signs of hypertension or postpartum preeclampsia, found on page 9

For Baby

Call the doctor if your baby:

- Has a fever of 100.4 or higher
- Has swelling or drainage from the eyes, belly button or circumcision
- Changes his or her eating habits or refuses two or more feedings in a row
- Vomits two full feedings in a 24-hour timeframe
- Is fussy after every feeding or is excessively fussy in general
- Is hard to wake up or keep awake
- Is breathing very fast
- Develops bluish skin or exhibits jaundice (yellowing of the skin)
- Does not meet the goal for wet or dirty diapers
Your Body Returning to Normal

As your body gets back to normal, you may experience some or all of the following symptoms or conditions.

Vaginal Discharge (Lochia)
You may experience discharge, including a small amount of clotting, that may last up to six weeks after your delivery. The discharge may increase the first thing in the morning, after you have been sitting for a while or when you’ve been breastfeeding. The color will fade from bright red to brownish to tan. It will lessen in amount until finally disappearing altogether. During this time, be sure to change pads frequently and cleanse yourself with a peri-bottle each time you use the bathroom. Do not use tampons or place anything in your vagina. The timing of when your menstrual period will resume varies from person to person.

Uterine Cramping
After delivery you may experience “afterbirth pains” as your uterus continues to contract. These pains tend to be worse after a second or third baby. The pains typically last a few days. You may notice that they are stronger while you are nursing your baby. These contractions are actually a positive sign that your baby is nursing well. The uterus typically returns to its non-pregnant size by about 5-6 weeks after delivery.

Swelling of the Lower Extremities
During your delivery you may have received extra fluids. It may take several days for your body to reabsorb these fluids. Elevating your legs will decrease swelling and promote blood flow. If the swelling seems to be concentrated in only one leg, you should place a call to your doctor.

Perineal Discomfort
Following childbirth, it’s normal to have some soreness in the perineum (the area between the vagina and the rectum). This may be due to an episiotomy, lacerations or tearing experienced in a vaginal delivery. Or it may be as a result of hemorrhoids that often develop in the later stages of pregnancy. You can find relief through topical treatments such as ice packs, sitz baths and spray-on anesthetics, such as Dermoplast or Epifoam. In addition, for hemorrhoids you can try Tucks or witch hazel wipes.

Constipation
Try not to strain when having a bowel movement. Straining can increase perineal discomfort and complications from hemorrhoids. The best ways to treat constipation are to increase your fluids (drink 6-9 glasses a day), consume plenty of fiber (fruits, vegetables and whole grains) and use stool softeners as recommended by your doctor. You can also use gentle laxatives, such as MiraLAX, mineral oil or Milk of Magnesia. Mild to moderate exercise may also help.
Breast Discomfort
Your breasts may feel heavier and firmer about 3-5 days after delivery, due to an increase in your milk production. Wearing a supportive, properly fitting bra can help you feel more comfortable, while an underwire bra or a bra that is too tight can actually block your milk ducts. If your breasts become engorged, applying warm packs can help your milk flow. Cold packs can reduce swelling and relieve pain. If your nipples are sore from breastfeeding, apply a few drops of breast milk after a feeding and then let the nipples air dry.

Baby Blues vs. Postpartum Depression
“Baby blues” are common after delivery and you may feel down, anxious and/or cry easily. This is normal and is due to hormonal fluctuations in your body. These feelings can begin 2-3 days after delivery and usually disappear in about a week or two. However, if you have crying, profound sadness or severe anxiety that lasts beyond the two weeks, or if you experience confusion, suspiciousness or irrational behavior, you may have postpartum depression. If any of these symptoms occur, you or your significant other should notify your doctor. Postpartum depression is treatable and temporary with professional help.

Pain Medication
Your doctor may be sending you home with one or more prescriptions for pain. Please discuss each of these medications with your nurse so that you are clear on the dosing and you are aware of any potential side effects. As you feel better, you may find that over-the-counter pain relievers, such as acetaminophen or ibuprofen, are all you need for pain control.

If you prefer to leave with your medications in hand (rather than with paper or electronic scripts), ask your nurse about the hospital’s Scripts-to-Go service in which your medications are delivered to your room prior to discharge. Most major insurance plans are accepted.
Incision Care Following Cesarean Birth

Try to keep your incision site clean and dry throughout the day, and always wash your hands before and after touching it. Avoid wearing clothing that may irritate your incision, such as bikini underwear or low-rise pants. You may or may not have a dressing on your incision after you leave the hospital.

Uncovered Incision

If approved by your doctor, gently cleanse the site with mild soap and water (no scrubbing) and then pat the area dry with a clean towel. Do not apply any topical agents to your incision unless directed by your doctor. If you have steri-strips, they probably will peel off on their own. If they are still on by postpartum Day 7, you should peel them off yourself to prevent infection.

Incision Dressings

You may have been sent home from Orlando Health Winnie Palmer wearing either a Mepilex Dressing or an Aquacel Ag Dressing. You can remove either of these dressings on postpartum Day 7 or as directed by your doctor. Using a mirror, look at the incision every day to see if it is healing properly. Do not use lotions or powders around your incision, and keep the area clean. Do not get in a bathtub, swimming pool or hot tub until your incision is completely healed.

Both dressings are waterproof, and you may shower while wearing one. Before entering the shower, be sure to press along the edges of the dressing for about 15 seconds to ensure a good seal and to prevent water from saturating the dressing. If the dressing becomes saturated with water, you must remove it immediately to prevent infection.

If you have the Mepilex dressing, call your doctor if at any point the drainage touches any border of the dressing or if it is more than 80 percent soaked with drainage. For those with the Aquacel Ag dressing, call your doctor if at any point the dressing shows drainage on one side or if it is more than 80 percent soaked with drainage.

Signs of Infection

Check your incision daily, or have someone check it for you, to look for any signs of infection. If any of the following signs are present, notify your doctor immediately.

- Redness or warmth
- Yellow or green drainage
- Active bleeding
- A foul odor
- A temperature of 100.4 or greater
Hypertension/Postpartum Preeclampsia

Postpartum preeclampsia is a rare condition that occurs when a woman has high blood pressure and excess protein in her urine soon after childbirth. Most cases of postpartum preeclampsia develop within 48 hours of childbirth; however, it can develop up to twelve weeks after childbirth.

Although rare, preeclampsia is very serious. Risks to you include seizures, stroke, organ damage and/or death. **Call your doctor immediately if you have any of these signs or symptoms:**

- Pain in the top right side of your belly
- Feeling nauseated; throwing up
- Swelling in your hands and face
- Constant headaches
- Seeing spots
- Trouble breathing or shortness of breath

If you were treated for high blood pressure before or during pregnancy, continue taking any medication that you were prescribed. Make arrangements to see your doctor within one week after you are discharged from the hospital (or as directed).

If you were diagnosed with high blood pressure but did not require treatment for it, you should see your doctor within 7-14 days after your baby’s birth. Your doctor will review your medication and monitor your blood pressure.
Resuming Your Normal Activities

Your doctor will tell you the best level of activity for you based on your condition and how well you are healing. The key is to take it slow for the first week or so. The following are some general guidelines.

Rest
Your body needs rest in order to heal. Nap when the baby naps. Be sure and let your partner help too. Not only will it give you a chance to rest, but it can also be a great bonding opportunity for them.

You may have family and friends who want to help you during this time. Here are some ideas for when people ask how they can help:

- Dropping off a home-cooked meal
- Babysitting for short periods of time so you can shower and nap or run a short errand
- Hosting a playdate for any older children you have at home
- Doing a few loads of laundry, or dropping the clothes off at a wash/dry/ fold laundromat for you
- Driving you to your postpartum doctor appointments

Physical Activity and Exercise
Do not lift anything heavier than your baby. Be careful when going up and down stairs. Short walks are okay, but listen to your body and don’t overdo it. Usually, you can begin mild strengthening exercises for your back and abdomen at 3-6 weeks, but avoid returning to an exercise routine until being cleared by your doctor.

Nutrition
Eat three balanced meals a day. Keep your stool soft by drinking plenty of fluids and eating fruits, vegetables and whole grains. Remember you can increase your calorie intake if breastfeeding. (This is not the time to diet!) You may want to limit your caffeine intake, as it can pass through your breastmilk.

Bathing and Hygiene
Do not enter bathtubs, swimming pools, the ocean, hot tubs or spas for six weeks. Likewise, do not use douches, tampons or vaginal suppositories for six weeks.

Driving
Your doctor will tell you when it is safe for you to drive, typically at about two weeks after delivery.

Sexual Activities and Birth Control
Don’t engage in sexual activities or place anything in your vagina for six weeks, and then only after your follow-up appointment with your doctor. Use birth control as soon as you resume sexual activity. Condoms are safe and easy to use. Breastfeeding alone is not effective contraception. Also, it is possible to become pregnant before your first menstrual period. Birth control methods will be discussed further at your final postpartum visit.
Perinatal Mood and Anxiety Disorders (PMADS)

**Perinatal: Anytime during pregnancy through the first year postpartum**

### Symptoms

- Feelings of guilt, shame or hopelessness
- Feelings of anger, rage or irritability, or scary and unwanted thoughts
- Lack of interest in the baby or difficulty bonding with baby
- Loss of interest, joy or pleasure in things you used to enjoy
- Disturbances of sleep and appetite
- Crying and sadness, constant worry or racing thoughts
- Physical symptoms like dizziness, hot flashes and nausea
- Possible thoughts of harming the baby or yourself

### Treatment Options

- Counseling
- Medication
- Support from others
- Exercise
- Adequate sleep
- Healthy diet
- Bright light therapy
- Yoga
- Relaxation techniques

### Risk Factors

- History of depression, anxiety, OCD
- Thyroid imbalance, diabetes, endocrine disorders
- Lack of support from family and friends
- Pregnancy or delivery complications, infertility, miscarriage or infant loss
- Premenstrual syndrome (PMS)
- Financial stress or poverty
- Abrupt discontinuation of breastfeeding
- History of abuse
- Unwanted or unplanned pregnancy
## Action Plan for Depression and Anxiety Around Pregnancy

*Having a baby brings a mix of emotions, including feeling sad and feeling overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. Watch for the signs.*

### If you...

<table>
<thead>
<tr>
<th>You may be experiencing mood swings that happen to many pregnant women and new moms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feel like you just aren’t yourself</td>
</tr>
<tr>
<td>• Have trouble managing your emotions</td>
</tr>
<tr>
<td>• Feel overwhelmed but are still able to care for yourself and your baby</td>
</tr>
</tbody>
</table>

These feelings typically go away after a couple of weeks.

- Take special care of yourself. Get your partner to watch the baby, get a babysitter or team up with another mom to share child care so that you can rest and exercise.
- Continue to watch for the signs of depression and anxiety in the yellow and red sections below.
- If things get worse, find someone to talk to. Talk to a healthcare provider if you feel unsure.

### If you...

<table>
<thead>
<tr>
<th>You may be experiencing postpartum depression and anxiety.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have feelings of intense anxiety that hit with no warning</td>
</tr>
<tr>
<td>• Feel foggy and have difficulty completing tasks</td>
</tr>
<tr>
<td>• Feel “robotic,” like you are just going through the motions</td>
</tr>
<tr>
<td>• Have little interest in things that you used to enjoy</td>
</tr>
<tr>
<td>• Feel very anxious around the baby and your other children</td>
</tr>
<tr>
<td>• Have scary, upsetting thoughts that don’t go away</td>
</tr>
<tr>
<td>• Feel guilty and feel like you are failing at motherhood</td>
</tr>
</tbody>
</table>

These feelings will not go away on their own.

- Get help. Contact your healthcare provider or visit a clinic.
- Call Postpartum Support International at 1(800) 944-4PPD (4773) to speak to a volunteer who can provide support and resources in your area.
- Talk to your partner, family and friends about these feelings so they can help you.

### If you...

<table>
<thead>
<tr>
<th>Get help now!</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feel hopeless and total despair</td>
</tr>
<tr>
<td>• Feel out of touch with reality (you may see or hear things that other people don’t)</td>
</tr>
<tr>
<td>• Feel that you may hurt yourself or your baby</td>
</tr>
</tbody>
</table>

- Call 911 for immediate help.
- Call the National Suicide Prevention Lifeline at 1 (800) 273-TALK (8255) for free and confidential emotional support – they talk about more than suicide.
- Call the Substance Abuse and Mental Health Services Administration’s National Helpline at 1 (800) 662-HELP (4357) for 24-hour free and confidential mental health information, treatment and recovery services referral in English and Spanish.

### Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit [nichd.nih.gov/MaternalMentalHealth](http://nichd.nih.gov/MaternalMentalHealth).

To find a mental health provider in your area, call 1 (800) 662-HELP (4357).
Viruses or Bacteria – What’s got you sick?

*Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.*

<table>
<thead>
<tr>
<th>Common Condition</th>
<th>Common Cause</th>
<th>Are Antibiotics Needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bacteria</td>
<td>Bacteria or Virus</td>
</tr>
<tr>
<td>Strep throat</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sinus infection</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Middle ear infection</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Bronchitis/ chest cold (in otherwise healthy children and adults)*</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Common cold/runny nose</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Sore throat (except strep)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Flu</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

*Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won’t help you feel better.

To learn more about antibiotic prescribing and use, visit [CDC.gov/Antibiotic-Use](https://www.cdc.gov/Antibiotic-Use).
Breastfeeding Your Baby

Breastfeeding is the healthiest thing for both you and your baby. It isn’t always easy, especially in the beginning when you are sleep deprived, your breasts may hurt and you might be worried whether your baby is getting enough milk.

The American Academy of Pediatrics recommends that you breastfeed exclusively for the first six months of your baby’s life. Some of the benefits to you and your baby include:

• Strengthens baby’s brain and immune system
• Lowers the risk of Sudden Infant Death Syndrome (SIDS)
• Lowers the risk of diabetes in both mother and baby
• Lowers the risk of osteoporosis and certain cancers in mother
• Speeds up the time your body takes for your uterus to return to its normal size
• Helps mother burn calories and lose weight
• Is much more cost-effective

For a list of breastfeeding resources, please refer to the Community Resources on pages 25–28. Also, certified lactation consultants are available to offer one-on-one consulting services and assistance to new parents. For an appointment, call (321) THE-BABY / (321) 843-2229.

How Should I Hold My Baby for Feedings?

Feeding is a bonding time between mother and baby. Hold your baby close, talking and making eye contact as you feed him or her, without the distractions of televisions or cell phones. This should be a very special experience for both of you.

Always hold your baby in an upright position. Cradle your baby with his or her head slightly elevated. This makes it easier for baby to swallow and helps to prevent choking. Cup your breast behind the areola using the “C” hold. Gently introduce the nipple into your baby’s mouth. Don’t force or jab! Baby’s lips should be turned out, with your nipple on top of the baby’s tongue.

In the first few weeks after your baby is born, the recommendation is that it’s better to breastfeed from both sides at each feeding. Breastfeeding on both sides will help to stimulate the production of breast milk while you’re establishing your milk supply. It can also prevent some of the common problems of breastfeeding, such as breast engorgement and plugged milk ducts.

If your baby doesn’t seem interested in feeding, try placing baby skin-to-skin. Make sure that your baby’s face can be seen, with his or her head tilted up slightly.
Nursing Positions
It takes practice to know which breastfeeding position will work best for you and your baby. There are a few different positions to try to see which one feels best for you.

Having a good latch and position with your baby is important for:

- Helping your baby to get enough breast milk
- Making enough milk for your baby
- Preventing nipple pain and damage

Our nurses and lactation consultants are experienced in helping new mothers get comfortable with breastfeeding. Ask for help if you experience any challenges.

Cradle hold
Find a comfortable chair to sit on. Place a pillow on your lap to support your arm. Have your baby face you, tummy-to-tummy. Support baby’s head in the bend of your elbow, and allow your arm to wrap around and support baby’s bottom. If needed, support your breast with your free hand.

Cross-cradle hold
Many moms find this position helpful in the beginning when their baby has trouble latching on. Place a pillow on your lap at breast level. Hold the baby’s body with the arm opposite of the breast your baby is going onto. Support the baby’s head and neck with your hand. Bring your baby across the body to the opposite breast.

Leaning back
Lying belly-to-belly with baby will help your baby initiate their first feed. Baby may search for your breast – help your baby find it. Laying back is one of the most natural ways for you to begin breastfeeding soon after birth.

Football hold
Place a pillow on the side of the breast you’ll be feeding from. Support your baby’s head and neck with your hand while you tuck baby’s legs and body under your arm. Use your forearm to support baby’s back. Use your free hand to lift and support your breast.

Side lying
Once you feel comfortable breastfeeding your baby, you may want to try this restful position. While lying on your side, place one pillow under your head for support and another behind your back. It’s also helpful to place a pillow between your knees. Cuddle your baby, tummy-to-tummy, next to you. Use your free hand to guide and support your baby onto your breast.
The Size of an Infant’s Stomach

DAY 1
Cherry
5 – 7 ml

DAY 3
Walnut
22–27 ml

DAY 7
Strawberry
45–60 ml

1 MONTH
Lime
80–150 ml

Infant Hunger Cues: Feed Me!
- Nuzzling the breast
- Eye movement under closed eyelids
- Increased alertness (waking)
- Rooting/searching for something to suck
- Bringing hand to mouth
- Squeaking or light fussing
- Tongue thrusts
- Crying (this is a LATE sign of hunger)

Infant Fullness Cues: That’s Enough!
- Position relaxes
- Eating pace slows
- Sucking stops
- Face turns away from nipple
- Lips close tightly when nipple is presented
- Becomes fussy
- Pays more attention to surroundings
- Falls asleep (some infants have to be woken up to feed enough)

How Much Is Enough?
Your baby’s tummy is small: it won’t hold much at a time! Start with small but frequent feedings. Here are some ways you can judge whether your baby is getting enough:

- Baby is back to birth weight in two weeks
- Baby makes swallowing sounds when nursing
- Baby is nursing at least 8 times in 24 hours
- Baby seems satisfied after nursing
- By the end of the first week, baby has approximately 6-8 wet diapers and 3-6 stools a day

Cluster Feeding
Cluster feeding occurs when your baby wishes to nurse several times during a short period of time. All babies are different, but this may occur most often in the evening hours. Your baby may take longer naps after a cluster feeding. This is very common and may also take place during a growth spurt phase.
Breastfeeding Concerns

**Sore nipples**
You may experience nipple tenderness during the first week of breastfeeding. If this should occur:

- Try different nursing positions
- Ensure you have a good latch
- Prior to removing the baby from the breast, ensure that you break the suction by sliding your finger between the corner of the baby’s mouth and your breast
- Dab some breast milk on the nipple area and allow to air-dry
- For severe pain, cracked or bleeding nipples, call your lactation consultant or healthcare provider

**Engorgement**
This occurs when your breasts become heavy, hard and swollen, usually between the second and fifth day of nursing. This can cause some breast soreness and throbbing. The swelling should go down in 1-2 days, but there are steps that you can take to assist with the discomfort, which include:

- Breastfeed often
- Hand express or use a breast pump to make the areola and nipples softer
- Apply cold packs to your breasts after feedings, up to 20 minutes at a time

**Blocked ducts**
This occurs when your milk flow becomes clogged. This can occur due to engorgement, skipping feedings or from wearing a bra that is too tight. Steps to take include:

- Breastfeed often
- Massage your breasts before nursing
- Increase your fluid intake
- Place a warm compress on the area

**Mastitis**
This can occur due to a blocked milk duct that does not clear, causing inflammation and sometimes infection. Patients may experience breast pain, redness, swelling, fever or chills. You may also feel achy all over. If this should occur, notify your healthcare provider immediately.
**Tips for Pumping and Storing Breast Milk**

Pumping between feedings can help you from becoming engorged, and it helps maintain your milk supply. If you plan to pump frequently, you may wish to purchase or rent an electric pump, which is much easier and faster to use than a manual one. Many insurance companies will pay to provide an electric pump, so you might want to call your insurer to check. (Electric pumps are available for rental at Orlando Health Winnie Palmer.)

Try to pump for 10-15 minutes on each breast. If you are away from your baby, pump as often as your baby would nurse. Store your breast milk in single-size servings (2-4 ounces) to avoid waste.

**Breast Milk Storage Guidelines**

<table>
<thead>
<tr>
<th>Type of Breast Milk</th>
<th>Storage Locations and Temperatures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Countertop 77°F (25°C) or colder (room temperature)</td>
</tr>
<tr>
<td></td>
<td>Refrigerator 40°F (4°C)</td>
</tr>
<tr>
<td></td>
<td>Freezer 0°F (-18°C) or colder</td>
</tr>
<tr>
<td>Freshly Expressed or Pumped</td>
<td>Up to 4 Hours</td>
</tr>
<tr>
<td></td>
<td>Up to 4 Days</td>
</tr>
<tr>
<td></td>
<td>Within 6 months is best</td>
</tr>
<tr>
<td></td>
<td>Up to 12 months is acceptable</td>
</tr>
<tr>
<td>Thawed, Previously Frozen</td>
<td>1 – 2 Hours</td>
</tr>
<tr>
<td></td>
<td>Up to 1 Day (24 hours)</td>
</tr>
<tr>
<td></td>
<td>NEVER refreeze human milk after it has been thawed</td>
</tr>
<tr>
<td>Leftover from a Feeding</td>
<td>Use within 2 Hours after the baby is finished feeding</td>
</tr>
<tr>
<td>(baby did not finish the bottle)</td>
<td></td>
</tr>
</tbody>
</table>

To warm the milk for your baby, place the bottle or bag in a bowl of warm water or hold it under the faucet. Make sure to never heat the milk on the stove or in a microwave. *(Not only might you burn your baby’s mouth on a “hot spot,” but extreme heat also can destroy the nutrients in your breast milk.)*
How to Keep Your Breast Pump Kit Clean

Providing breast milk is one of the best things you can do for your baby’s health and development. Pumping your milk is one way to provide breast milk to your baby. Keeping the parts of your pump clean is critical, because germs can grow quickly in breast milk or breast milk residue that remains on pump parts. Following these steps can help prevent contamination and protect your baby from infection. If your baby was born prematurely or has other health concerns, your baby’s healthcare providers may have more recommendations for pumping breast milk safely.

Before every use
1. Wash hands with soap and water.
2. Inspect and assemble clean pump kit. If your tubing is moldy, discard and replace immediately.
3. Clean pump dials, power switch and countertop with disinfectant wipes, especially if using a shared pump.

After every use
Store milk safely. Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer or cooler bag with ice packs.

Clean pumping area, especially if using a shared pump. Clean the dials, power switch and countertop with disinfectant wipes.

Take apart breast pump tubing and separate all parts that come in contact with breast/breast milk.

Rinse breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.

Clean pump parts that come into contact with breast/breast milk as soon as possible after pumping. You can clean your pump parts in a dishwasher or by hand in a wash basin used only for cleaning the pump kit and infant feeding items.

Follow the cleaning steps given on the next page.
Clean Pump Kit

Clean by hand

Place pump parts in a clean wash basin used only for infant feeding items. Do not place pump parts directly in the sink!

Add soap and hot water to basin.

Scrub items using a clean brush used only for infant feeding items.

Rinse by holding items under running water or by submerging in fresh water in a separate basin.

Air-dry thoroughly. Place pump parts, wash basin and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry!

Clean wash basin and bottle brush. Rinse them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

Or clean in dishwasher

Clean pump parts in a dishwasher, if they are dishwasher-safe. Be sure to place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).

Remove from dishwasher with clean hands. If items are not completely dry, place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry!

After Cleaning

For extra protection, sanitize

For extra germ removal, sanitize pump parts, wash basin and bottle brush at least once daily after they have been cleaned. Items can be sanitized using steam, boiling water or a dishwasher with a sanitize setting. Sanitizing is especially important if your baby is less than 3 months old, was born prematurely, or has a weakened immune system due to illness or medical treatment.

For detailed instructions on sanitizing your pump parts, visit https://CDC.gov/HealthyWater/Hygiene/HealthyChildcare/infantfeeding.html

Store safely

Store dry items safely until needed. Ensure the clean pump parts, bottle brushes and wash basins have air-dried thoroughly before storing. Items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at https://CDC.gov/HealthyWater/Hygiene/HealthyChildcare.
Caring for Your Newborn

Taking care of a newborn can be overwhelming, especially if it’s your first baby. Remember that there is no single right way to do most things … just be gentle as you figure out the techniques that work best for you and your baby.

Baby’s First Doctor Appointment

Your baby’s discharge paperwork has the contact and scheduling information for your first appointment with the pediatrician. If your baby is being discharged at 24 hours old, you will need to see the doctor tomorrow. If you have not already picked out a pediatrician, please speak to your nurse.

Be sure to take a copy of your baby’s discharge paperwork to the first visit, as it includes important information such as the results of the hearing screen and any immunizations your baby received while in the hospital.

Bathing and Hygiene

Diaper changes
Change your baby’s diapers frequently to prevent diaper rash. If your baby develops a mild rash, you may use over-the-counter diaper creams. When changing your baby’s diaper, have everything with you that you will need; never leave baby alone and unstrapped on the changing table!

Nail care
You can gently file your baby’s nails while he or she is sleeping. Do not clip or trim the nails until you get the okay from your pediatrician. Hand mittens can be used to prevent baby from scratching his or her face.

Bathing
Until the umbilical cord falls off (usually within 1-3 weeks), it is best to only give your baby sponge baths, using a gentle cleanser. Powders and lotions are not necessary and may irritate a newborn’s delicate skin. It is fine to bathe baby every 2-3 days, with spot-cleaning as needed.

Cord care
Your baby’s umbilical cord should fall off in 1-3 weeks; do not attempt to pull the cord off yourself. The cord should be kept dry during this time. Do not fully submerge your baby’s abdomen in water until the cord has fallen off. Sponge baths are allowed. There is no need to apply cleansers or creams to the cord unless you have special instructions from your pediatrician.

Circumcision care
Use a generous amount of petroleum jelly with each diaper change to prevent the area from sticking to the diaper. Gently push back the foreskin to prevent adhesions after the area is healed. (Refer to the circumcision care instructions given to you by your pediatrician for more information.)
Skin-to-Skin

The Why, When and How of Skin-to-Skin Contact
The simple act of skin-to-skin contact with your baby has many benefits for baby’s health, both immediately after birth and in the days that follow. Both mom and dad are encouraged to participate in skin-to-skin. While enjoying this type of contact with your baby, make sure you can see the baby’s face. If you get sleepy while holding the baby, be sure to place him or her back in the crib or bassinet.

Why
For mothers of preterm and full-term babies, some of the benefits of skin-to-skin immediately after birth include regulating you baby’s body temperature, making your baby’s heart rate and breathing more regular, reducing baby’s stress which leads to more stable blood sugar, helping your baby become more content and cry less, encouraging your baby to learn to breast feed faster.

When
Skin-to-skin contact can be done before and during breastfeeding, during or following bedside procedures or after baby is separated from his or her parents. Skin-to-skin contact is encouraged as much as possible during your hospital stay and should continue at home.

How
Dress your baby in a diaper only and place the baby against your bare chest and over your heart. Cover your baby with a warm blanket or wrap your shirt or bathrobe around both of you.
Safety
Your child’s safety is your responsibility. The following tips should help you keep your baby out of harm’s way.

Feeding
Breast milk is all that your baby needs right now. Never introduce anything new into your baby’s diet (not even water or baby cereal) until your doctor has instructed you to do so, usually after 4-6 months.

Medications
Do not give your infant any over-the-counter medications or herbal supplements unless prescribed by your pediatrician.

Crying
Crying is how babies communicate with us. Babies may cry when they are hungry, tired, stressed, bored, hot, cold, uncomfortable, want to be held or need a diaper change. Your baby may also cry for hours every day for no clear reason. Learning your baby’s cries and what they are telling you will help you handle your baby’s fussy times better. Some ways to comfort a fussy baby include:

- Rock or walk with your baby. Body contact may help soothe a fussy baby.
- Take your baby into a quiet, dark room.
- Take a drive.
- Play soft music or an instrument, or sing.
- Swaddle your baby.
- Run the vacuum in the next room. The steady sound may soothe your baby.

Try to stay calm. If you need a break, place your baby somewhere safe, leave the room and take deep breaths. If you need a longer break, call someone you trust to come watch your baby so you can take a walk or leave the house for an hour or two. Sometimes taking small breaks will help you cope. For excessive or high-pitched crying, notify your pediatrician.

Shaken baby
Shaken baby syndrome occurs when a child is violently shaken, often resulting in severe injury or death. It happens most often when a caregiver becomes angry with a baby who won’t stop crying. It is 100 percent preventable. Never shake your baby and never leave your baby with anyone who is angry or under the influence!

For more information on shaken baby syndrome, go to [DontShake.org](http://DontShake.org).

Sun safety
Babies who are less than 6 months old should be kept out of the direct sunlight. This is especially important between the hours of 10:00 am and 4:00 pm when the sun’s rays are the strongest. If you are outside during this time, ensure that you keep your baby in the shade or under an umbrella. Dress your baby in lightweight, sun-protective clothing, such as a long-sleeved shirt and pants. You may also use a wide-brimmed hat and/or sunglasses as additional protection. Always check with your pediatrician about using sunscreen if your baby is less than 6 months old.

Hot car safety
Never leave your baby unattended in a vehicle, even if you leave the air conditioner on. The temperature in a car can heat up fast, and babies do not have the ability to regulate their temperature as quickly as adults do. Leaving a baby in a hot car can lead to a heat stroke, which can occur within a few minutes.
Sleep Safety

What Does A Safe to Sleep® Environment Look Like?

• Keep baby in your room close to your bed, but on a separate sleep surface designed for infants.

• Use a firm and flat sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.

• Baby should not sleep in an adult bed or on a couch, even if accompanied by you or another adult; nor should baby be left to sleep alone on a chair or other raised surface.

• Do not smoke or let anyone else smoke around your baby.

• Do not put pillows, blankets, sheepskins or crib bumpers anywhere in your baby’s sleep area.

• Keep soft objects, toys and loose bedding out of your baby’s sleep area. Make sure nothing covers the baby’s head.

• Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

• Always place your baby on his or her back to sleep, both for naps and at night, to reduce the risk of SIDS.

*A crib, bassinet, portable crib or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1(800) 638-2772 or CPSC.gov.

For more information about the Safe to Sleep® campaign, contact: 1 (800) 505-CRIB (2742)
SafetoSleep@mail.nih.gov SafeToSleep.NICHD.NIH.gov

Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.
Car Seat Safety Tips

Never let your baby ride in someone’s lap and never place a car seat in the passenger side of the front seat.

The best car seat is one that fits your child correctly, as each baby has a different size torso and length. The correct fit is described below:

• The harness comes from the slot below the infant’s shoulder
• The harness is snug enough that you cannot pinch any belt at the shoulder
• The chest clip is placed at armpit level

Do not use any accessories (mirrors, toys, extra padding, etc.) that did not come with the car seat. (The only thing you might consider adding to the car seat is a rolled-up receiving blanket on each side of the infant for head support.) Make sure that your baby is not wrapped in a blanket or wearing bulky clothing when you apply the car seat straps.

All car seats have an expiration date (it can be found somewhere on the car seat) and should not be used past that date. All transportation team members at Orlando Health Winnie Palmer are certified in car seat safety and are available to assist with car seat installation and education upon request.

You should read the instructions that came with your car seat carefully so that you will know how to install a car seat properly yourself if you need to transfer it between cars.

Some people make it a rule to always place a cell phone (or something else they would miss right away) next to the car seat; that way even if the baby is quiet and you are distracted, he or she won’t be left behind.
Community Resources

Phone Lines

Postpartum Support International (PSI) Warmline – (800) 944-4PPD (4773)
Orlando Health Winnie Palmer Hospital for Women & Babies:
Breastfeeding Helpline – (321) THE-BABY / (321) 843-2229

Mental Health Services

Aspire (Orange County)  
(407) 875-3700

Park Place Behavioral Health (Osceola County)  
(407) 846-0023

Aspire/Seminole Behavioral Health  
(Seminole County) – (407) 831-2411

211 Crisis Hotline (24-hour crisis counseling, English & Spanish) – (407) 425-2624

LifeStream Behavioral  
(Lake County) – (866) 355-9394

Stewart Marchman Act Behavioral Healthcare  
(Volusia County) – (800) 539-4228

Domestic Violence Resources

National Domestic Abuse Hotline  
(800) 799-SAFE

Harbor House / Orange County  
(Helpline/Hotline) – (407) 886-2856

Help Now of Osceola, Inc.  
(Helpline/Hotline) – (407) 847-3286

Human Trafficking Hotline  
(888) 373-7888 or text 233733

Safe House of Seminole County  
(Helpline/Hotline) – (407) 330-3933

Beacon Center - Volusia County  
(Helpline/Hotline) – (386) 255-2102
Pregnancy/Parenting Resources
Florida Adoption Information Center
(800) 962-3678

Healthy Families:
Orange – (407) 649-9595
Osceola – (321) 841-1121
Lake – (352) 742-6170
Volusia – (386) 254-1226

Healthy Start:
Orange – (407) 858-1472
Osceola – (407) 891-9199
Seminole – (321) 363-3024
Lake – (352) 314-6933
Volusia – (386) 252-4277

W.I.C. Supplemental Food Program:
Orange – (407) 858-1494
Osceola – (407) 343-2085
Seminole – (407) 665-3705
Lake – (352) 771-5559
Volusia – (386) 822-6223

Financial/Homeless Resources
Catholic Charities of Central Florida
(407) 658-1818

Crisis Assistance Program Orange County
(407) 836-6500

Salvation Army – (407) 423-8581

United Against Poverty / Community Food
and Outreach Center – (407) 841-2144

Low Income Home Energy Assistance Program
(407) 836-7429

Parent Needing Assistance (DCF Hotline)
(800) 962-2873

Coalition for the Homeless
(407) 426-1250
Local Support Groups

**Live Parent Chat**
This live virtual support group is for parents with infants up to 12 weeks of age. Interact with other parents as we discuss infant care, feeding, your baby’s growth and maternal postpartum adjustment throughout the 4th trimester and beyond. Ask questions and hear from other parents like you. Meetings are free of charge and are held Mondays from 1:00 pm - 2:00 pm. Register at [WinniePalmerHospital.com/ParentChat](http://WinniePalmerHospital.com/ParentChat)

**NICU Parent Hour**
Meetings for NICU parents only, on coping with the NICU hospitalization, including bonding with and parenting a baby in the NICU. Meetings are on Tuesdays from 11:00 am to noon in the 3rd floor Large Conference Room at Orlando Health Winnie Palmer. It is facilitated by Patient & Family Counseling licensed clinicians and former NICU parents experienced with the NICU hospitalization.

Phone App

Coffective (Community + Effective) for iOS and Android – Support for new parents.

Assistance Programs

**WIC**
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) providing grants for supplemental foods, healthcare referrals and nutrition education for low-income pregnant and postpartum women, and for infants and children up to age 5 who are found to be at nutritional risk. Review their website for eligibility rules and program details at: [FNS.USDA.gov/WIC/Women-Infants-and-Children-wic](http://FNS.USDA.gov/WIC/Women-Infants-and-Children-wic)

**Healthy Start**
A free program offered in the state of Florida available (on a risk basis) to all pregnant women and families with babies less than 3 years old. Services include education, counseling and support groups. [FloridaHealth.gov/Programs-and-Services/Childrens-Health/Healthy-Start](http://FloridaHealth.gov/Programs-and-Services/Childrens-Health/Healthy-Start)
Websites

2020Mom.org – Maternal mental health education, collaboration and advocacy

211.org – Crisis Hotline

BabyCenter.com – Resource for new parents

BabyZone.com – Local resources for new parents

HarborHousefl.com – Harbor House

HumanTraffickingHotline.org – National Human Tracking Hotline

KellyMom.com – Breastfeeding resource

MedlinePlus.gov/Languages/Breastfeeding – (Multiple languages supported)

NaturalBreastfeeding.com – Breastfeeding resource

Postpartum.net – (PSI) Postpartum Support International

PostpartumDads.org – Postpartum support for dads

PostpartumHealth.com – The Center for Postpartum Health

PostpartumStress.com – The Postpartum Stress Center

SBPEP.org – Postpartum Education for Parents
Mother/Baby Discharge Checklist

Before leaving the hospital, please be sure to review all of the items on this checklist. If you find statements that you do not believe you are prepared to check off, then please consult with your nurse.

<table>
<thead>
<tr>
<th>Mother’s Care</th>
<th>Baby’s Care</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I know the date and time of my first postpartum appointment and that I will have transportation to get to my appointment.</td>
<td>☐ I know the date and time of my first appointment with the pediatrician and that I will have transportation to get to my appointment.</td>
<td>☐ I have had all of my questions answered before leaving the hospital.</td>
</tr>
<tr>
<td>☐ I know the purpose of each medicine that I am being sent home with, as well as the correct dosing and any possible side effects.</td>
<td>☐ I am familiar with the danger signals to watch for, and when/how to contact the pediatrician.</td>
<td>☐ I have collected all of my possessions from my room, including phone chargers.</td>
</tr>
<tr>
<td>☐ I know what symptoms are normal as my body heals, and how to relieve them.</td>
<td>☐ I feel confident that I know how to feed my baby, and I know of the resources that are available to me if I need help.</td>
<td>☐ I have received printed discharge instructions for both me and baby, my medications or printed scripts and my baby’s souvenir footprint sheet and crib card.</td>
</tr>
<tr>
<td>☐ I am familiar with the danger signals to watch for, and when/how to contact my doctor.</td>
<td>☐ I understand how to care for my baby when I leave the hospital.</td>
<td></td>
</tr>
<tr>
<td>☐ I have a plan for how to use my friends and family as a support system as my body heals and I adjust to the demands of having a new baby in the household.</td>
<td>☐ I have my infant car seat and I understand how to strap my baby in safely.</td>
<td></td>
</tr>
<tr>
<td>☐ I know when I can resume activities such as exercising, sexual relations or driving a car.</td>
<td>☐ I have verified and signed off on the information for my baby’s birth certificate, and I know how to obtain the birth certificate by requesting online or collecting in person.</td>
<td></td>
</tr>
</tbody>
</table>