



Your Guide to Being Happily Nested

Newborn Care & Infant CPR Bootcamp

For additional resources, class information, and more, please visit nestedbaby.com

WHAT HAPPENS AFTER THE BABY IS BORN?

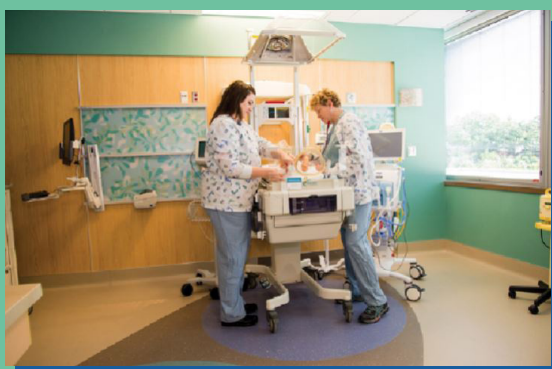
- Delayed cord clamping 30-60 sec in healthy babies
- Skin to skin
- Antibiotic eye gel (Erythromycin)
- Cord Blood and/or Cord Tissue Collection
- APGAR Scores at 1 minute and 5 minutes of life
- Pediatric Team may be present to help
- Glucose levels in some infants
- Vitamin K Injection
- Foot Prints
- Encourage skin-to-skin and breastfeeding within the 1st hour
- Length, weight, and head circumference



WHAT DO BABIES LOOK LIKE WHEN FIRST BORN?

1. Most infants will have blue hands and feet for hours to days after birth
2. Most infants have "vernix"
 - Vernix is a substance that facilitates passage through the vaginal canal
 - Great moisturizer for newborns
 - Helps infants maintain body temperature
3. Some infants may have hair on their bodies called "lanugo"

SPECIAL CARE NURSERY



★
**Private Special
Care Nursery
Rooms**

★
**Two visitors at
a time, and one
must be a parent
24/7**

- Prematurity #1 Reason
- Infants 32 weeks or less
- Severe jaundice
- Infants weighing under 5 lb 8 ounces
- Glucose monitoring
- Hyperthermic/Hypothermic infants
- Maternal fever/elevated heart rate
- Inadequate prophylaxis against GBS
- Meconium aspiration
- Difficult time transitioning
- Low Apgar scores
- Birth Injury



WHAT HAPPENS ON THE POSTPARTUM UNIT?



- First Bath (*most nurseries delay up to 12 hours*)
- Hepatitis B vaccine (*parents must consent*)
- Heel prick for Bilirubin and newborn genetic screen
- Hearing test
- Critical congenital heart disease screen
- Examination by Pediatrician
- Circumcision (*parents must consent*)

CIRCUMCISION

- AAP statement: *"Health benefits outweigh the risks, however, benefits may not outweigh religious or cultural beliefs"*
- Adverse effects are seen in only 0.2% of infants (**Bleeding, Infection, and Injury**)
- Pain is controlled during procedure — (*local anesthesia and sweetease*)

BENEFITS

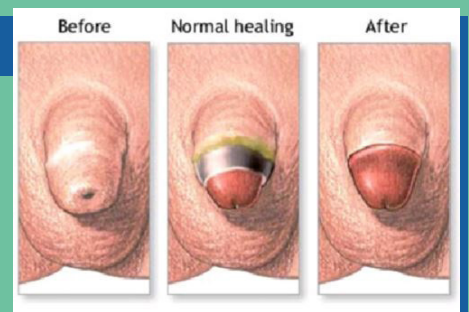
- Risk of acquiring and transmitting HIV & STI's is less
- Protects against Penile and Cervical Cancer
- Improves hygiene
- Same sensitivity, sexual satisfaction, and sexual function
- Performed by Obstetrician, Urologist or a Mohel

CONTRAINDICATIONS

- Tight phimosis
- Premature infants
- Sick infants
- Hypospadias
- Family history or infants diagnosed with bleeding disorders (*Hemophilia*)

CIRCUMCISION CARE

- **1st week:** Every diaper change put Vaseline on a gauze over the tip of the penis
- Clean what is seen gently with water or baby wipe. Do NOT apply lotion
- Observed for at least 2 hours after procedure and infant must urinate before discharge
- Call pediatrician for **bleeding pus, fever, or crying when area is touched**



NOTE: For uncircumcised infants, do not retract the foreskin
To clean → use a cotton swab (Q-Tip) with soap and/or water when bathing
TIP: Clean what is seen



DISCHARGE CRITERIA FROM THE HOSPITAL

- Stable vital signs for 12 hours
- > 2 successful feedings
- Discharged at least 1 hour after circumcised
- Must have urinated and had a bowel movement
- Bilirubin level is measured
- Hepatitis B Vaccine given/discussed
- Screenings completed
- Parental education
- < 10% weight loss
- Parents demonstrate proper use of car seat
- Follow up appointment with pediatrician

PREMATURE INFANTS SPECIAL CRITERIA

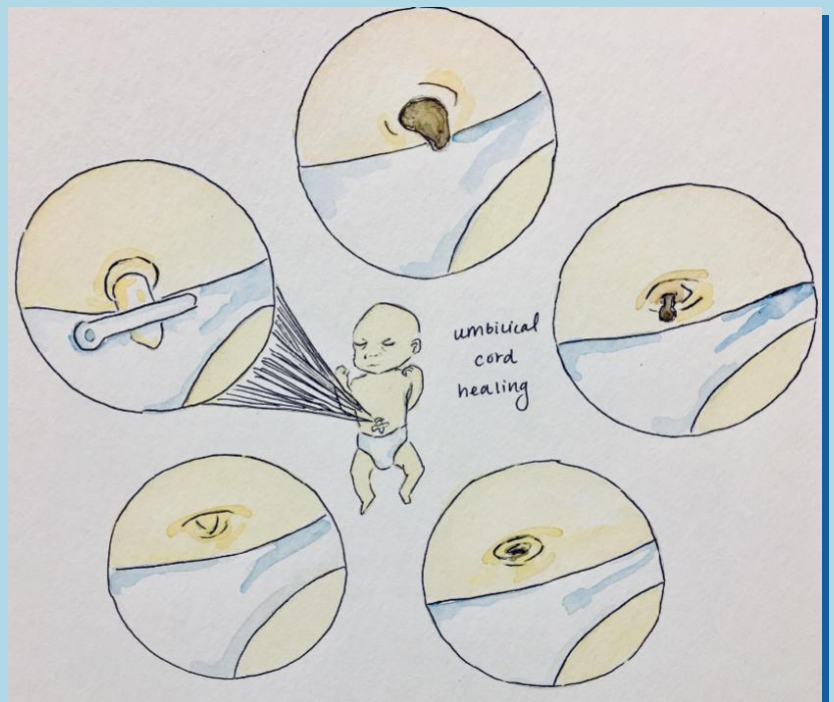
- Able to maintain their temperature in an open crib
- < 7% weight loss
- car seat trial

CORD CARE

- Sponge bath until the cord falls off
- Clean around the area with water
- Fold top of diaper down
- Dries up and turns a black color
- Do not apply lotion, ointment, alcohol, or hydrogen peroxide



**CALL! Pediatrician for
bleeding, redness, foul odor,
pus, tenderness, or Fever**

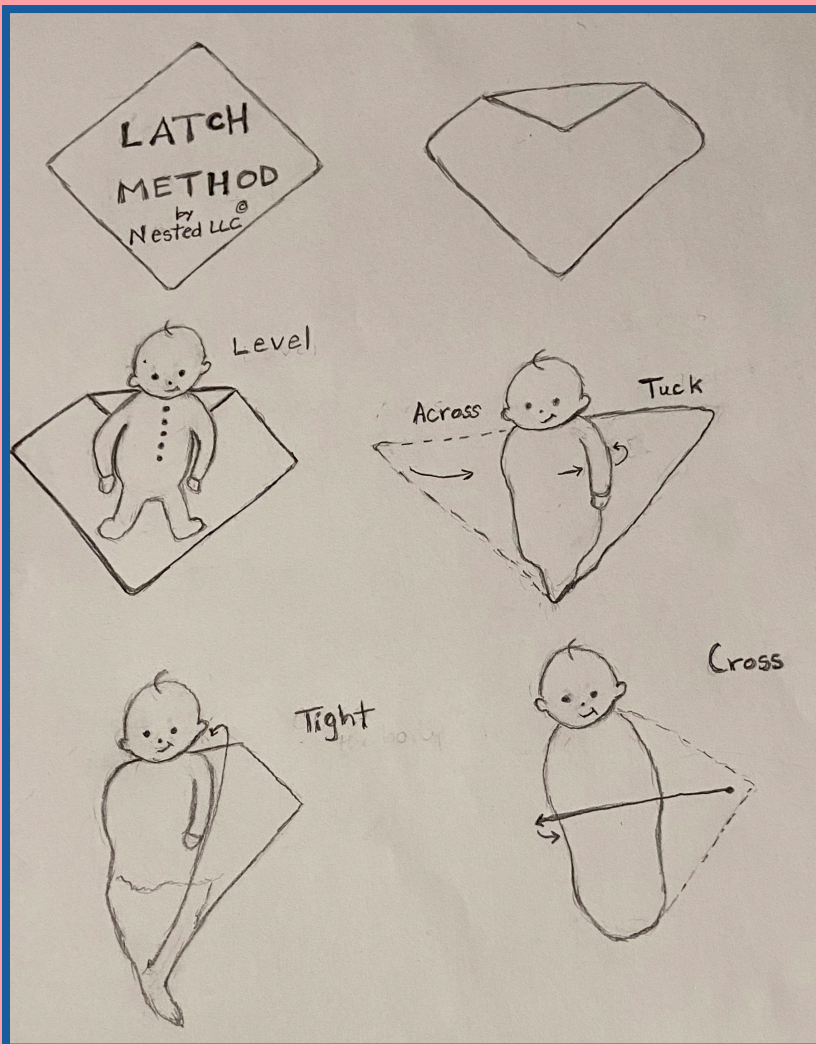


GOING HOME

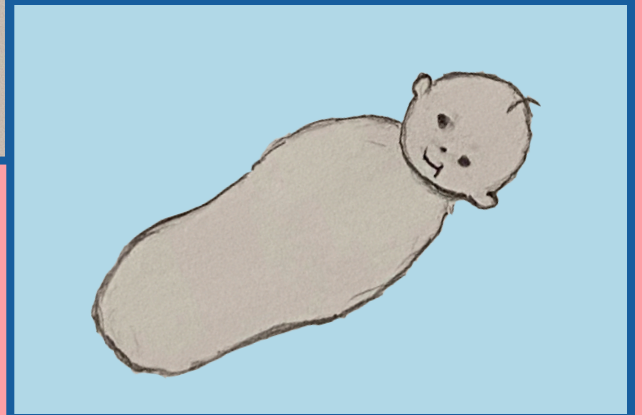


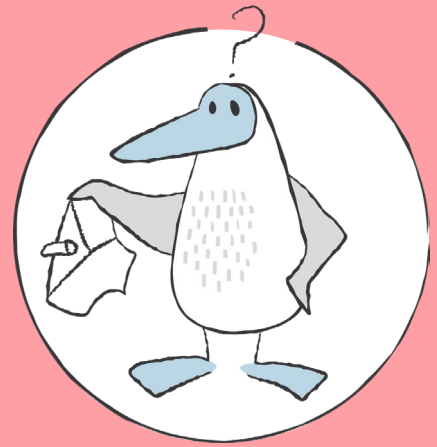
NEWBORN CARETAKING SKILLS

Nested's L.A.T.C.H. Swaddling Method



Hold your perfect "baby burrito"!





BATH TIME

TIP: have all of your products ready nearby

- Sponge baths until the cord falls off (2-3 / week)
- Test water temperature on forearm (around 98 degrees)
- Easy to do at the sink or tub
- Keep one hand on infant at all times
- Genital area last
- Use products for babies or sensitive skin, including lotion (**no powder**)



DIAPERING

- 1-3 wet and dirty diapers to start
- Week 1-2 = 6-8 wet diapers AND 4-6 dirty diapers per day
- Wipe front to back
- A way to monitor hydration status
- Diaper-free time
- Use cream, as needed, only if rash present

DIAPERING AND STOOL DEFINITIONS



Meconium: Baby's 1st stool should be passed by 2nd day of life



Day 3: Mom's milk comes in Yellowish-brown and seedy appearance

Day 4: Yellow to golden color and can be pasty to watery

Formula: Typically have darker, firmer, more odorous stool

Breastfed: Many stool with every feeding



CLOTHING & NAIL CARE

NAIL CARE

- Use emery board or baby clippers (can do when baby sleeping)
- Fingernails 1-2x per week
- Toenails 1-2x per month
- Inspect digits for hair tourniquets if inconsolable



CLOTHING

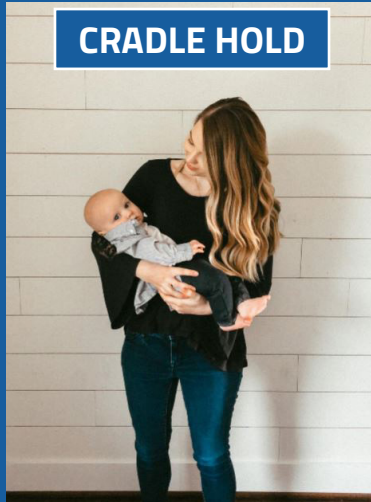
- Wash all clothing ahead of time
- NO dryer sheets
- Infants should wear one more layer than parents
- Use hats when outside and while bathing
- Avoid bracelets and necklaces

BABY HOLDS

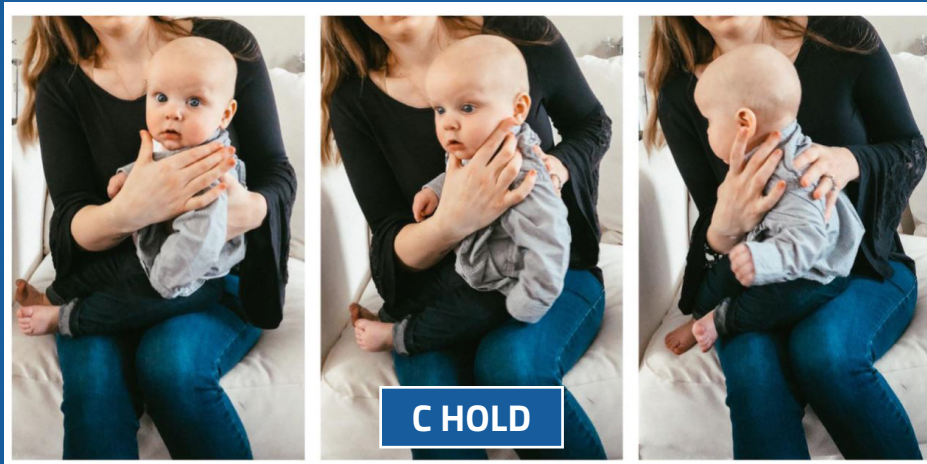
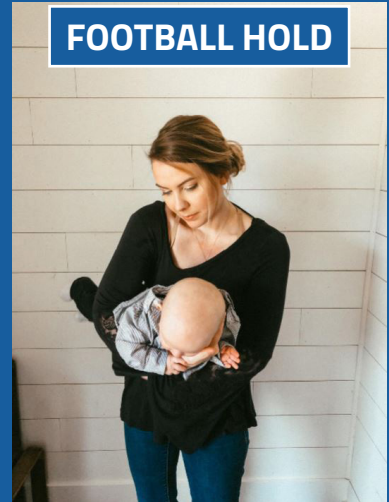
SHOULDER HOLD



CRADLE HOLD



FOOTBALL HOLD



LET'S TALK ABOUT BABY NUTRITION: FOOD IS A NECESSITY

BREASTFEEDING AND/OR FORMULA

- Mom to continue prenatal vitamin
- Feed every 2-3 hours (10-15 min per breast)
- Formula is very close to breast milk
- No limit on feeding until infant regains birth weight and gains appropriately at visits
- Establish breastfeeding before instituting bottles and pacifiers (2-4 weeks)



BREASTMILK DEFINITIONS



Colostrum: Liquid gold!

- Nutrients, proteins and boosts immunity
- Ideally all infants should consume colostrum

Mature milk: Comes in ~ day 2-3

- Carbohydrates, proteins, and fats
- Laxative effect
- Loosens mucus
- Coats the stomach
- Easily digestible
- Birth Injury

BENEFITS FOR BABY

Decreases ear infections, risk for asthma, SIDS, and overall boosts immune system

BENEFITS FOR MOM

Weight loss, less risk for osteoporosis, and breast, ovarian, and uterine cancer

BREASTFEEDING TIPS

- Use Lactation consultants
- Know your breastfeeding rights
- Breast pads and nursing bra
- 500 more calories per day
- Avoid underwire bras
- Hydrate, hydrate, hydrate
- Rent/Buy breast pump
- Avoid caffeine and alcohol



TIP: When mom is given the baby to nurse, she should also receive a glass of water and a snack to keep up her caloric intake and hydration



HUMAN MILK STORAGE GUIDELINES

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

FORMULA GUIDELINES

- Store unopened infant formula containers in a cool, dry, indoor place—not in vehicles, garages, or outdoors:
 - Prepared infant formula can spoil if it is left out at room temperature;
 - Use prepared infant formula within 2 hours of preparation, and within 1 hour from when feeding begins;
- If you do not start to use the prepared infant formula within 2 hours, immediately store the bottle in the fridge and use it within 24 hours;
- Throw out any infant formula that is left in the bottle after feeding your baby. The combination of infant formula and your baby's saliva can cause bacteria to grow. Be sure to [clean and sanitize](#) the bottle before its next use.

For more information please visit:

https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.html

HOW DO I KNOW MY BABY IS HUNGRY?

- Rooting
- Turning head side to side
- Sucking on their hands
- Smacking lips
- Has been 2-3 hours?
- Is infant still fussy after feeding?

TIP: crying is a late sign of hunger...that means the baby is HANGRY



WHEN STARTING SOLID FOODS THESE ARE THINGS YOU CAN DO TO PREVENT CHOKING:

- Recognize that children under 3 are at the highest risk
- Be aware of the common choking hazards: foods (60%), coins and balloons (30%), toys (10%)
- Cut up foods in quarters (not just in half)
- Avoid distractions while eating (watching TV, on smart phone)
- Eat in a high chair



COMMON FOOD CHOKING HAZARDS:

- | | |
|------------|------------------|
| ▪ HOT DOGS | ▪ PEANUT BUTTER |
| ▪ GRAPES | ▪ MARSHMALLOW |
| ▪ POPCORN | ▪ HARD CANDY/GUM |
| ▪ CARROTS | ▪ NUTS |
| ▪ APPLES | ▪ SEEDS |



DEMO WHEN BABY IS CHOKING

1. Pick up your baby.
2. Position the infant face-up on your forearm with the baby's head lower than your chest.
3. Support the head and neck by holding it firmly in the palm of your hand.
4. Then turn the infant face-down while supporting your forearm on your thigh.
5. This is when the **C POSITION HOLD IS IMPORTANT**.
6. With the heel of your hand give 5 back blows between the infant's shoulder blades.
7. If the object is not ejected with back blows, turn the infant face-up, and give 5 chest thrusts.
8. To give chest thrusts, push down with two to three fingers at the center of the chest as you do for infant CPR.



TIPS OF CHOKING TECHNIQUES

- Use gravity to help
- Slide your elbow back to assist with back blows C position hold with hand
- Birth Injury

Cardiopulmonary Resuscitation (CPR)

1. **"C" for Compressions**
Rate of compressions: You should give at least 100 to 120 compressions per minute in cycles (or sets) of 30 compressions and 2 breaths (30:2). Chest recoil is vital after each compression.
2. **"A" for Airway**
Open the airway with the head-tilt chin-lift motion.
3. **"B" for Breathing**
2 rescue breaths.



NEW BABY NORMAL APPEARANCES



CAPUT SUCCEDANEUM

- Fluid collection from passing through the vaginal canal
- Looks like a conehead
- Resolves in a few days

TIP: Hats are a wonderful invention!



NEWBORN EYES

- Strengthening of the eye muscles occurs over time and should develop by 3 months
- See one foot away at birth
- Color differentiation by 5 months
- Permanent eye color around 6-9 months
- Visual acuity is ~20/25 at 6 months



"STORK BITES"

- Temporary pinkish red patch
- 30% of infants due to pressure on the skin during vaginal birth
- Largely appear on the back of the neck and forehead
- Usually resolves by 18 months
- Cosmetic surgery is available, if needed





CONGENITAL DERMAL MELANOCYTOSIS

- Temporary birthmark which is more common in African American, Hispanic, and Asian babies
- Can be as small as 1-2 cm and as large as 10 cm
- Largely appear on the back and buttock area
- Usually resolve in 1-2 years
- This is not a bruise
- Approximately occurs in 14% of newborns



MILIA & "BABY ACNE"

- Milia appear as white pustules and resolve within the first few weeks
- 20% of infants develop acne around 3 weeks
- Largely appear on the nose and cheek
- Usually resolves without intervention
- Clean with soap and water



CUTIS MARMORATA

- Normal reaction with exposure to low temperatures
- Net-like which resolves with warming
- Easily seen in fair skinned individuals

SOLUTIONS FOR COMMON PROBLEMS: NEW PARENTS FACE

JAUNDICE

WHY INFANTS?

- When RBC die, they release bilirubin
- RBC die much sooner in newborns
- Under-active liver, which breaks bilirubin down
- Bilirubin excreted in urine and stool
- Common issue: 50% of term / 80% preterm infants
- Peaks days 2-4 of life
- Resolves in 1-2 weeks
- Frequent doctors visits and blood tests to assess bilirubin levels until normalizes
- Though very rare, very high levels of bilirubin can cause brain damage



Treatment: supplementing with formula, and blue light therapy - phototherapy lights or blanket

SIGNS OF JAUNDICE

- Yellow color to eyes and body
- Poor feeding
- Lethargic
- High pitched cry
- As levels increase, yellow color moves down the body

CRADLE CAP



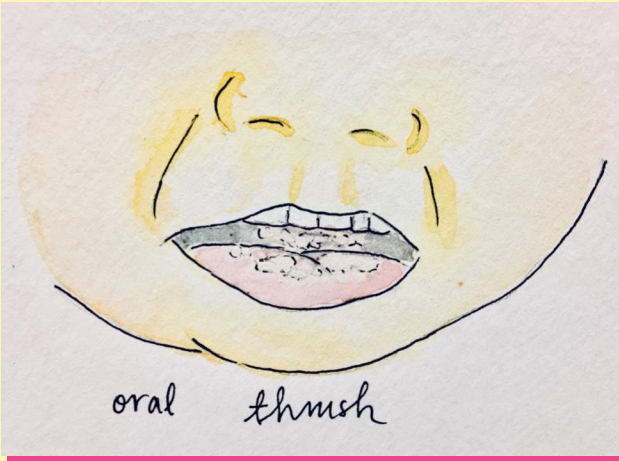
- Very common and sets around 3 weeks of age
- Infantile seborrhea dermatitis: scalp, behind ears, eyebrows and forehead
- Odor is slightly oily in nature
- Yellowish rash: greasy, scaly or flaky



Treatment: Shampoo baby's scalp every day and use a soft brush to try to remove scales and excess buildup

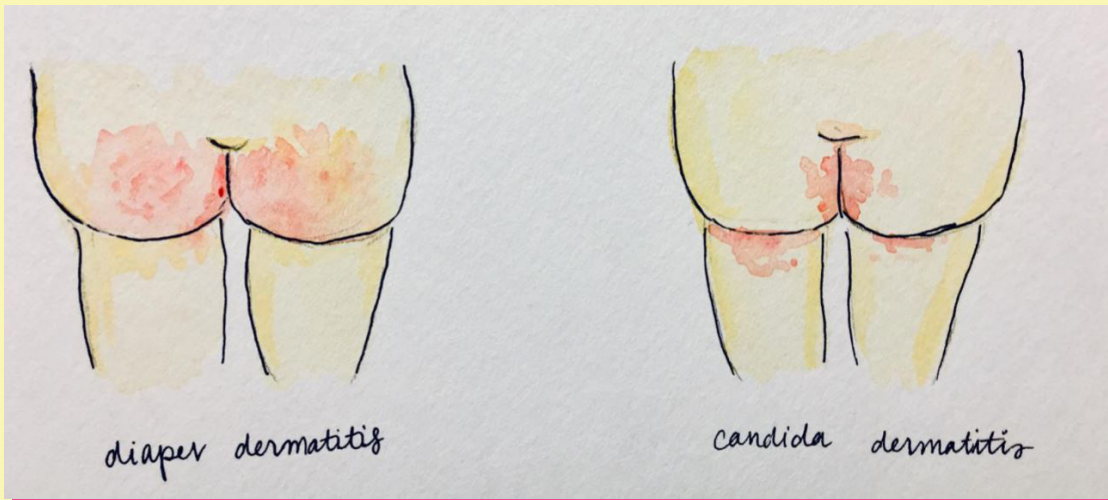


THRUSH



- Yeast (fungus) *Candida* species infection
- Moist, warm areas
- Tongue, cheeks, lips, and gums
- Can also transfer to diaper area
- Thrush easily confused with breastmilk
- Keep mom's nipples clean and dry
- Topical anti-fungal cream for mom and oral anti-fungal drops for baby
- Nipples may be red and cracked with a burning, stabbing, or sharp sensation

DIAPER RASH



IRRITANT DIAPER DERMATITIS

- Redness outlines the diaper but spares the skin folds
- Rash is caused by wet diaper or chemical in diaper

SOLUTIONS

- Diaper free time
- Cream with diaper change to create lubrication and barrier

CANDIDA DERMATITIS

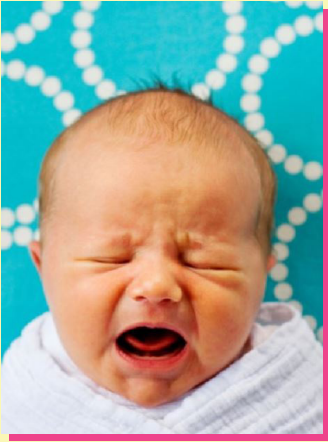
- Can be associated with oral thrush or use of antibiotics
- Rash even in skin folds
- May see satellite lesions

SOLUTIONS

- Requires an anti-fungal cream
- Diaper free time



CRYING BABIES



HUNGRY

DIRTY DIAPER

GAS

TIRED

COLIC

REFLUX

OVERSTIMULATED

WHAT IS COLIC?

Infant less than 3 months old who cries for > 3 hours per day on > 3 days of the week for > 3 weeks

- Peaks at 2-3 months
- Resolves by 3-4 months
- Marital strain and parental stress

Colic symptoms, especially tied to feeding, may be due to baby reflux.

Follow up with your pediatrician for guidance.

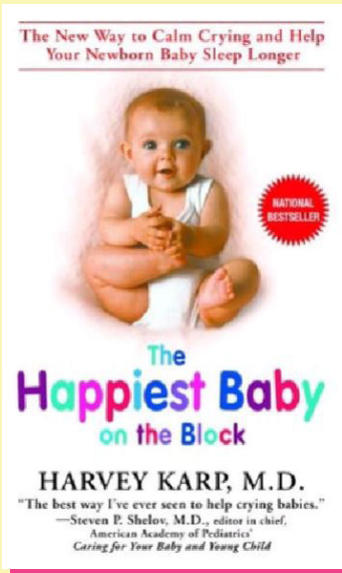
TEETHING



- Eruption of lower incisors occurs ~ 6 months
- Signs include salivation, chewing on everything, irritability, diarrhea, fever
- Full set ~3 years
- Start brushing/wipe with a cloth as soon as teeth appear
- Start seeing dentist at age one
- Tylenol, cold rings, and massaging the gums (No Ambesol)



SOOTHING



- Fourth trimester
- Recreating the womb by:
 - Swaddling
 - Side position (supervised)
 - Shushing noise/white noise
 - Sucking on pacifier/bottle/breast
 - Swing (vibration)
- Create nurturing environment by:
 - Hold and/or carry
 - Rocking
 - Singing

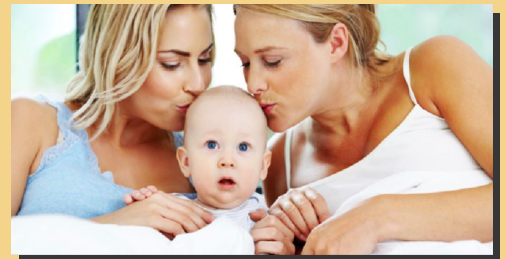


<https://www.youtube.com/watch?v=crdQy8zliZw>

BONDING WITH YOUR NEWBORN & IT'S PREVENTATIVE EFFECTS

Ways for everyone to bond with the baby:

- Talk and read to baby during pregnancy
- Skin-to-skin
- Play and exercise with newborn daily
- Wear baby in baby carrier
- Create a calming bedtime routine ~6 weeks:
 - Bathing
 - Swaddling
 - Infant massage
- Tummy time
- Safe sleep



SAFE SLEEP



- Infants sleep ~18 hours per day
- Always on their back, including naps in separate bassinet/crib (including twins)
- No routine until ~4-6 weeks
- Orient to day and night
- Begin a bedtime routine which may include bathing, feeding, rocking, reading a story, or going for a walk



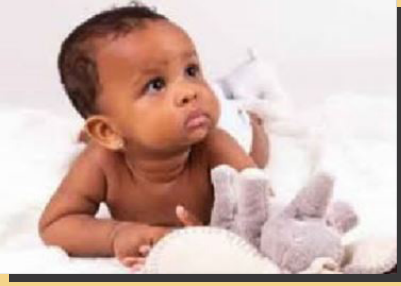
Refer to AAP for current guidelines for sleep

<https://www.aap.org/en-us/Pages/Default.aspx>

TIP: Ask your pediatrician and do what's best for your family



TUMMY TIME



- Reduces SIDS by developing neck strength
- Can be started week 1
- Always supervise
- Avoid after feedings
- Start with 3-5 minutes a few times a day
- Work up to 60 minutes per day

SUDDEN INFANT DEATH SYNDROME (SIDS)

RISK FACTORS

- | | |
|---------------------------------------|---|
| ▪ Child care (15-20% of cases) | ▪ Cigarette Smoke |
| ▪ Co-sleeping (especially on couches) | ▪ Prematurity |
| ▪ Family history of SIDS | ▪ Swaddling with arms in after infant can roll over |

PREVENTION

- | | |
|---|--|
| ▪ Back to Sleep | ▪ Nothing in the crib except for baby |
| ▪ Sleepsack, miracle blanket, tuck blanket under mattress up to chest | ▪ Firm flat mattress |
| ▪ Pacifiers can be protective | ▪ Avoid car seat/swings for naps |
| ▪ Keep cool (68-72 F) and well ventilated | ▪ Skin to skin for at least 1 hour per day |
| ▪ No smokers | ▪ Immunization |
| | ▪ Breastfeeding |

SHAKEN BABY SYNDROME

WHAT IS IT?

Baby is violently shaken resulting in damage to nerves and/or blood vessels in the brain

- | | |
|---|---|
| ▪ It can happen to anyone | ▪ If shaking occurs, get help ASAP to reduce short and long term damage |
| ▪ If you feel yourself escalating, place infant in a safe place and walk away | ▪ Complications include: Bleeding, Nerve damage, Blindness, Seizures, Mental Impairment, and Death |
| ▪ Call for help in any scenario | |

TIP: If you feel you are getting angry, put the baby in a safe place and take a "parent time out"



FAMILY ADJUSTMENT ISSUES

How to differentiate between normal postpartum blues AND something more serious

"BABY BLUES"

- Occurs in the first 2 weeks after delivery
- Symptoms include: mood swings, sadness, crying spells, loss of appetite, sleeping problems, and feel irritable, restless, anxious, and lonely

What helps: Taking a NAP, eating a WARM MEAL or taking a SHOWER

POSTPARTUM DEPRESSION/ANXIETY

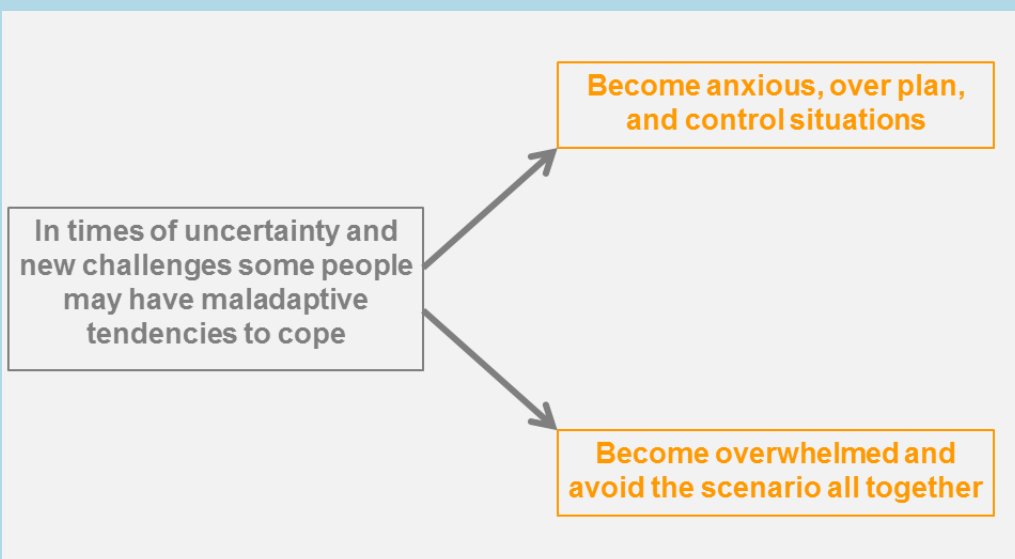
- Occurs up to 1 year after delivery
- Affects her quality of life and functioning
- Lasts more than 2 weeks

What helps: Therapy, medication, support groups

POSTPARTUM PSYCHOSIS (EXTREMELY RARE)

- Occur soon after delivery
- Symptoms include: delusions, hallucinations, sleep disturbances, and obsessive behaviors, thoughts of hurting baby or herself

!! Requires immediate medical attention



SUPPORT RESOURCES & COPING STRATEGIES

Other Ways To Help Establish Equanimity



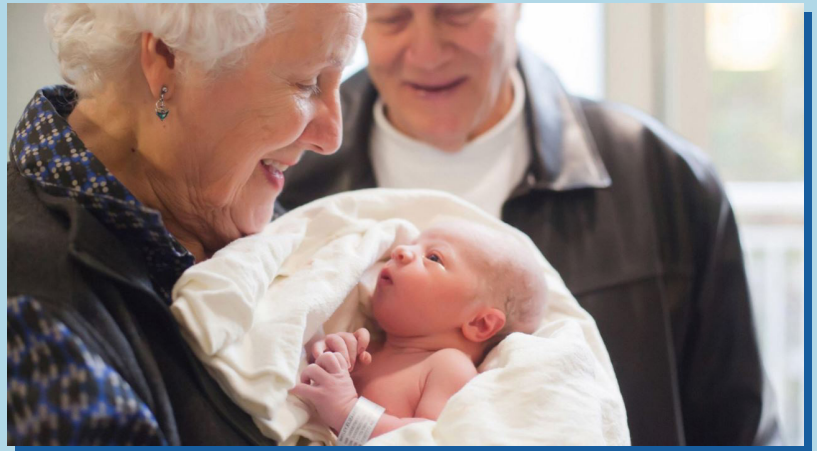
- Postpartum doulas and night nurses
- Friends and family with children
- Engaging in pleasure activities
- Exercise, massage, light therapy
- Pediatricians, Lactation consultants
- New parents groups

TIPS FOR GRANDPARENTS/IN-LAWS

- Say: "that's interesting" when you get unwanted advice
- Say: "I thought so too, but it seems that now the pediatrician says..."
- Blame Nested, your gynecologist or the pediatricians if something is different than what they think
- Both parents should communicate and support each other and set boundaries with their own family

TIP: Each parent handles their own family regarding sensitive topics

- While mom is recovering, partner should uphold mom's wishes
- Suggest things to help with and praise them: "Molly loves it when you bathe her, would you like to bathe her?"



- Give them "to do lists"

TIP: laundry, meal prep, ironing, check fire detectors and carbon monoxide monitors

- Focus on those issues which are of importance, and let the others go

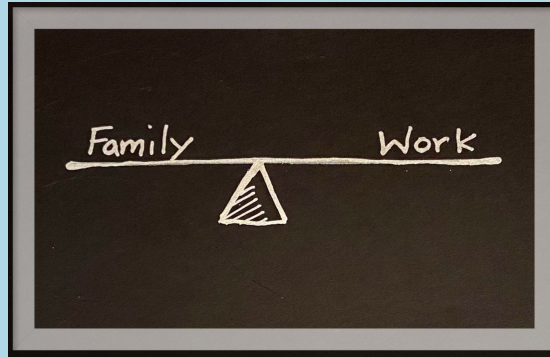
Things That Have Changed Over the Past 10 Years That Might Come Up

- Not advised and are a safety risk:
 - Baby walkers
 - Baby crib bumpers
 - Baby powder
- Jaundice treatment: photo therapy and increasing fluid intake is standard of care — *not prolonged sunlight exposure (e.g., laying on the hood of the car for sunlight)*
- Diaper cream use is not necessary at every diaper change
- Car seat use is mandatory
- Baby care and household responsibilities are more equally shared compared to previous generations

TIP: A difference in opinion can always be blamed on outside sources: Nested, pediatrician and organizations



Work & Family Balanced (The Dream)



The reality is that there will be an unexpected event, project, illness and now new baby that will change the dynamic of your life. Let's proactively adjust expectations!

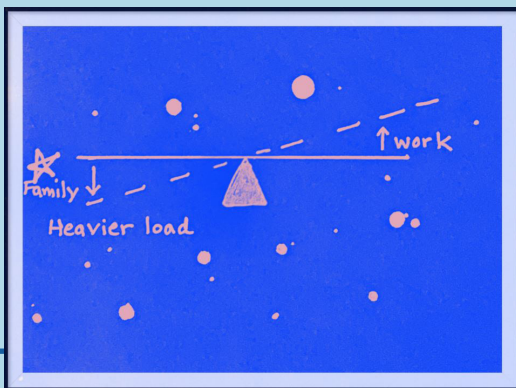
SETTING BOUNDARIES AT WORK

- Avoid saying, "I'll have time to do this later."
- "Thanks for thinking of me. Let me check my project list to see if I can commit and get back to you tomorrow."
- "After checking my project list, I can't take this on and give it the full attention it deserves."
- "I can't take on the project, but I am happy to help brainstorm on how to get it done."
- "Yes, I can help with this project, but can I put another on hold?"

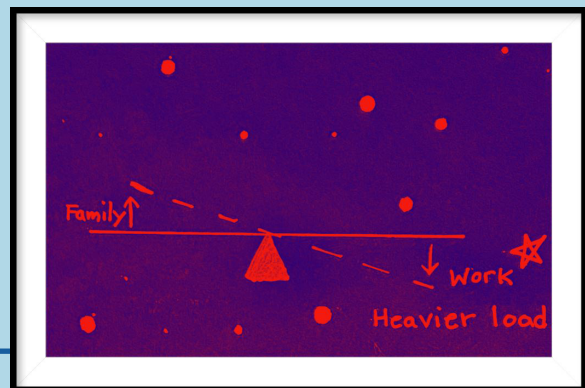


- "I am not available from 6-8 pm, but am happy to work after that time."

WORK & FAMILY: A PRACTICAL PERSPECTIVE. THE SEESAW EFFECT



Your 4 month old got his first cold and is also teething. No one has slept for 2 nights. Your family life will need more of your energy, and, therefore, you will bear the heavier load and your work project may need to wait until next week



You are up for a big promotion at work so your babysitter has to stay longer and you have missed bedtime for the past week. Once this project is finished next week, you'll get to spend more time with your 7 month old. Your partner is understanding, and for now, your work life needs more of your energy.



PRACTICAL NEXT STEPS: GOING BACK TO WORK

- Talk to your employer about leave policies
- Partners may want to work overtime before birth
- Split up time off
- Work a reduced schedule for the first few months
- Telecommute
- Work with co-workers to arrange a schedule
- Stock up on breast milk and nursing pads and buy/rent a breast pump
- Introduce bottle at least 2 weeks before going back
- Make sure you have a private space and time to breastfeed
- Have a backup plan if baby is sick

TIP: Having a baby is life changing situation that can open up the opportunity to have discussions with your employer that may benefit balancing home and work

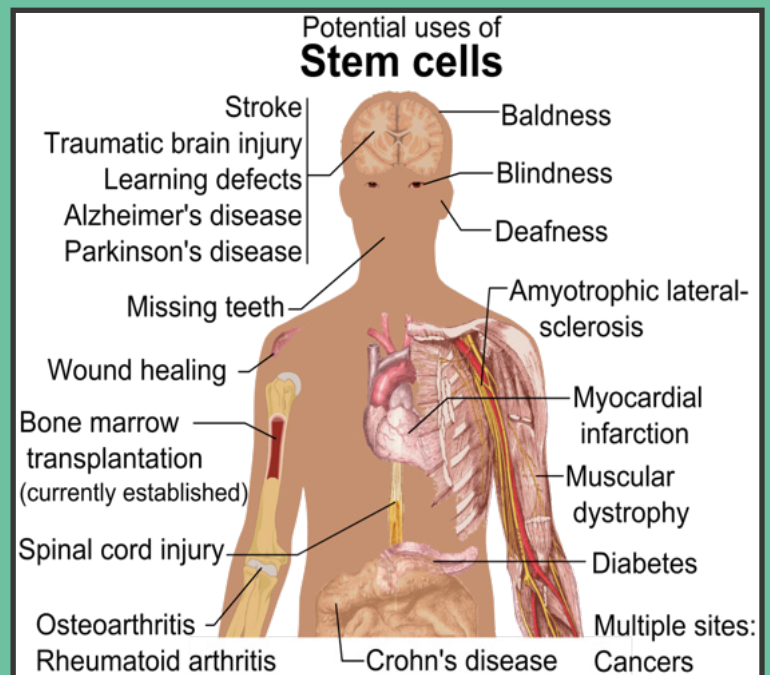
THINGS TO CONSIDER REGARDING: CORD COLLECTION COMPANIES / CHILDCARE OPTIONS

CORD BLOOD AND CORD TISSUE

After cord clamping, parents have the decision to have their cord blood and tissue collected for either their family or to donate to a public bank

WHY THEY ARE IMPORTANT?

- Pluripotential: Ability to become any type of cell in the body
- Repair other types of cells in the body that are damaged
- Collection is a rare, once in a lifetime opportunity
- Done after baby is delivered and the cord is cut
- Does not compromise care of mom or baby
- Can only be used once



Tissue is being used for sports injuries, spinal cord injuries, and organ disease



DONATION

- This is wonderful option to consider
- Cord blood donation only
- Prearrange with a public bank before 34 weeks (paperwork)
- Bring kit to labor & delivery
- Sample is sent to the Public bank
- The cord blood is no longer available to your family
- If you or your family ever requires cord blood, donation does not place you higher on the list

PRIVATE STORAGE

- Cord Blood and Cord tissue banking options
- Choose a company prior to delivery and they will send you a collection kit
- Bring kit to labor & delivery
- Collection is done by the doctor after delivery and a medical courier will pick it up
- Ethnically diverse patients may especially consider this due to limited diverse samples at the public bank
- Cord blood: Potential uses in siblings (75%) and parents (50%)
- Cord tissue: 100% match for everyone

HOW TO CHOOSE A PRIVATE CORD BLOOD COLLECTION COMPANY

A financially-viable company that has many years of experience

Backed by good science

Affordable

Participates in academic trials



HOW TO CHOOSE CHILDCARE...

OPTIONS

- Daycare Center
- Home Daycare
- Nanny
- Relative/Friend Care
- Stay-at-home Parent
- Au pair
- Daycare at your work

- Ask your friends and family

TIP: Neighborhood list serves are helpful for getting ideas

- Check for reviews on Yelp and Social Media
- Short distance from home and work
- Reliable and flexible (open holidays, after-hours)
- Child Care Aware hotline (800-424-2246) for local referral
- Nanny share can help decrease costs
- Home vs center (centers have more kids)
- Research early in pregnancy, as good agencies may have a waiting list

When Thinking About a Childcare Center

- Visit and Interview
- Center should be licensed and accredited
- Pop-in for an unscheduled visit
- Staff/nanny certified in CPR and choking resuscitation
- Staffed well for more supervision (1:3 is ideal)
- Ask about discipline, feeding, and sleeping
- Watch child: daycare interaction
- Call Better Business Bureau for complaint

NEWBORN SAFETY



- Limit exposure to others in first 30 days
- Avoid sick contacts
- Wash hands frequently
- Educate older children
- Know how to take infant temperature
- No plastic bags
- Don't leave unattended in water
- No toys with loops, strings or cords
- Buy age-appropriate toys
- Always call your pediatrician with concerns about your child's fever or illnesses
- A fever is defined by a rectal temperature over 100.4 °F
- A digital thermometer can be used to measure under the arm of your baby, and, if over 100.4 °F then a rectal temperature can be taken with a water based gel

TIP: Avoid people kissing baby's face or hands



GET CARE FOR THESE POST-BIRTH WARNING SIGNS

Most women who give birth recover without problems. *But any woman can have complications after giving birth.* Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

!!CALL 911 if you have:

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

Call your healthcare provider if you have:

(If you can't reach your healthcare provider, CALL 911 or go to an emergency room)

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

**Trust your instincts.
ALWAYS get medical care
if you are not
feeling well or have
questions or concerns**

Tell 911 or your healthcare provider:

"I gave birth on _____ and I
(date)
am having _____"
(Specific warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- 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

GET HELP

My Healthcare Provider/Clinic: _____
Phone Number: _____
Hospital Closest To Me: _____





On behalf of the entire Nested Team,

**THANK YOU for allowing us to teach you.
We are honored to become part of your
VILLAGE!**



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