

Going Home

Guide



IMPORTANT PHONE NUMBERS

Emergency.....911

Poison Control.....800-222-1222

Social Security Administration800-772-1213

Southeast Iowa Regional Medical Center

Fort Madison Campus

Emergency Department.....319-376-2000

Lactation Consultant.....319-376-2229

Pediatrics.....319-372-KIDS (5437)

The BirthPlace319-376-2229

Women's Health319-376-2400

West Burlington Campus

Emergency Department.....319-768-4700

Lactation Consultant.....319-768-2618

Women's Health319-768-2750

Women & Family Center319-768-2703

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BABY WEIGH-IN & BREASTFEEDING CLINIC

Visit greatriverhealth.org for up-to-date information about Baby Weigh-In and breastfeeding clinics.

BIRTH CERTIFICATE FROM THE STATE

The 1993 session of the Iowa General Assembly passed a law that requires parents of all newborn children to be charged a fluctuating fee. This fee covers a birth certificate to be filed in Des Moines or Lee County. We will submit the fee and your application for you.

You will receive a birth certificate from the Iowa Department of Public Health approximately 90 days after you are discharged from the hospital. If you have any questions you may call the Iowa Department of Public Health at (515) 281-4944.

BABY'S SOCIAL SECURITY NUMBER

You are able to apply for a social security number for your baby by marking "yes" on the birth certificate worksheet. The social security card will be mailed to you approximately 90 days after you are discharged from the hospital.

TAKE CARE OF YOU

Caring for yourself

- **Uterus cramping** Report heavy bleeding or passage of large blood clots to your provider. Cramping is normal.
- **Vaginal bleeding** Change pads frequently, bleeding should lessen daily. Use warm peri-rinse after each bathroom use.
- **C-Section care** Look at your incision daily. Report increased redness, fever, drainage or any gapping.
- **Return of periods** Your period should return within 4 to 6 weeks. If you are breastfeeding it may be several months before your period returns.
- **Resuming sex** Wait to resume until after your scheduled appointment with your provider.
- **Family planning** Before your appointment, discuss birth control with your partner. Your provider will help you choose a birth control method that works best for you. If you are breastfeeding, use a birth control that does not have estrogen and take as directed by your provider.
- **Elimination** Report any difficulty emptying your bladder, urgency, hesitation or pain to your nurse or provider. Make sure to eat raw fruits and vegetables and drink 8 to 10 glasses of water daily to avoid constipation.
- **Driving** Do not drive while taking narcotic pain medications. If you had a c-section do not drive until you are able to step on the brake and look over both shoulders without any pain.
- **Lifting** Avoid heavy lifting. Do not pick anything up that will cause you to strain. If you had a c-section, no pushing or pulling (ex. no vacuuming) until you have met with your provider.
- **Rest** No strenuous activity or standing for long periods of time. Allow yourself time to rest throughout the day, nap when the baby naps. Don't hesitate to ask for help when you need it.
- **Exercise** You may gradually resume exercise as you feel up to it. If you had a c-section, wait until your six week follow-up appointment to discuss with your provider.

When to call your provider

- If you are experiencing heavy vaginal bleeding or bleed through a pad in 1 hr.
- If you have a fever over 101° F.
- If you are passing large blood clots or foul smelling vaginal/incisional drainage.
- If you are experiencing post-partum depression, feeling sad, crying, loss of interest in activities you used to find enjoyable or have thoughts of harming yourself or others.
- If you are experiencing pain lasting longer than 30 seconds after baby latches to breast.
- If you have a hard, red, painful spot on your breast, especially if you also have a fever.
- If you are not nursing 8 to 12 times in a 24-hour period.

YOUR BABY'S HEALTH

Vitamin K injections

Vitamin K is an essential component of the clotting mechanism in our bodies. This essential vitamin is produced in the bowels. Our baby's bowels lack the proper bacterial flora at birth to produce vitamin K. We give babies vitamin K to protect them from a rare but very serious bleeding disorder that can occur in newborns. Vitamin K is given as injection in the thigh. It is very quick and is just one of the many ways we protect our children from harm.

Erythromycin

We use an antibiotic ointment to protect your baby's eyes after birth. Erythromycin does not sting or burn your baby, though it may make their vision blurry as it melts. It may also make their cheeks appear shiny. This is another protective measure that helps to protect your baby after birth.

The following are reminders when caring for your child.

- **Skin** Normal newborns should be pink in color, report any blueness to your baby's provider. There is a normal newborn rash with, big red blotchy patches that can come and go. Peeling is normal. Avoid using powder for newborns.
- **Head** Fontanelles (soft spots) on the front of the head close around 12 to 18 months of age. The fontanelle in the back close around 2 to 3 months. Bones may overlap.
- **Breathing** Your baby's breath should be non-labored and regular.
- **Bulb syringe** Your nurse will show you how to properly use a bulb syringe. If you have any questions, please contact your baby's health care provider.
- **Bathing** Your nurse will demonstrate proper bathing techniques before you go home. Bathe your baby 2 to 3 times a week using mild baby soaps.
- **Nail care** Avoid clipping your baby's nails until 2 to 3 weeks of age.
- **Cord care** Clean cord area as needed. Keep dry until cord falls off. The cord will fall off in 7 to 10 days. A small amount of bleeding at the site is normal but continue to monitor the site for signs of infection.
- **Circumcision** If your baby is circumcised, watch for signs of infection including redness, drainage or a fever over 100° F. If your baby receives a PlastiBell circumcision:
 - The plastic ring usually drops off five to eight days after circumcision. No special dressing is required and baby can be bathed and diapered as if he had not been circumcised. No Vaseline or gauze needed.
 - Be sure to notify your provider immediately if any of the following occur: unusual swelling, the plastic ring has not fallen off within eight days, the ring has slipped onto the shaft of the penis, healing does not proceed as described by the health care provider.
- **Safety** Never leave your baby alone in water or on any high surface. Always keep your hands and eyes on your baby when caring for him or her.
- **Temperature** Take your baby's temperature under their arm. Notify your baby's health care provider if your baby's temperature is over 100° F.
- **Feeding your baby**
 - **Breastfeeding** Nurse on demand at least 8 to 12 times per 24-hour period. Nurse every 2 to 3 hours. Burp after each breast. Allow baby to end feeding.
 - **Bottle** Feed your baby on demand at least every 2 to 4 hours. Burp your baby after each 1/2 oz. Never feed your baby lying flat as it increases risk of ear infections. Never prop bottle in baby's mouth or leave the baby unattended during feedings.
 - **Formula prep & storage** Read the package on each type of formula for directions and storage length. Use level measure when mixing. Refrigerate prepared formula and discard after 24 hours. Discard any uneaten formula in the bottle after each feeding.
 - **Bottles** Clean your bottles with hot, soapy water and rinse them well with cold water.
- **Diapers**
 - **Urine** It is normal to have abnormal colored urine for the first three days. By day four, 6 to 8 wet diapers are expected daily. Girls may have vaginal mucus that might be pink in color.
 - **Stools** Expect meconium green-black stools for the first 1 to 2 days and transitional stools for days 3 and 4 followed by yellow-brown stools. If your baby is on formula it is normal to have soft-formed tannish in color stools 1 to 2 times daily. If your baby is nursing seedy, yellow, often runny stools is normal. By day 4 your baby should have 3 stools.

- **Sleep** Some babies sleep often, others not so much. Sleep comes in short cycles with one long sleep cycle per day/night. Babies should be placed on their back to sleep. A firm sleeping surface with nothing in the crib but the baby. See page 5 for more information on sleeping and SIDS.
- **Awake** When awake hold and talk to your baby. Reading and listening to music is also good for them. This is a good time to do tummy time.

When to call the baby's health care provider

- If your baby is not eating well or is spitting up a lot.
- If your baby is very sleepy, and you are not able to keep the baby awake to eat.
- If the whites of your baby's eyes are yellow or if the entire body is yellow.
- If your baby is not nursing 8 to 12 times in a 24-hour period if you are breastfeeding.
- If your baby is not meeting expected outputs.

Jaundice

What is jaundice?

Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color. Everyone's blood contains bilirubin, which is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

How can I tell if my baby is jaundiced?

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms and legs as the bilirubin level increases. The whites of the eyes also may be yellow. Jaundice may be harder to see in babies with darker skin color.

Can jaundice hurt my baby?

Most infants have mild jaundice that is harmless, but in some situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

Does breastfeeding affect jaundice?

Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in infants who are not nursing well. If you are breastfeeding, you should nurse your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help to keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's provider or nurse for help. Breast milk is the ideal food for your baby.

Which babies require more attention for jaundice?

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your provider about an early follow-up visit if your baby has any of the following:

- A high bilirubin level before leaving the hospital
- Early birth (more than 3 weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- Bruising related to labor and delivery
- A parent or brother or sister who had high bilirubin and received light therapy

When should I call my baby's provider?

Call your baby's provider if:

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

Sudden infant death syndrome

Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of an apparently healthy infant. Although we do not understand the cause of SIDS, we do know that the recommendations listed below have cut the rate of SIDS by greater than 50%. It is important to realize that these recommendations are based on proven risk factors. If your baby has unique health concerns, you need to talk to your health care provider about the best care.

Every baby is at risk for SIDS

- Place your baby only on their back for sleeping until they are one year of age.
- Avoid development of “flattened head” by encouraging “tummy time” when the infant is awake and supervised. Avoid having the infant spend excessive time in carseat carriers and “bouncers”.
- Use a firm sleep surface. A firm crib mattress, covered by a sheet, is the recommended sleeping surface. (If a crib is not available, place the baby on a clean, safe area of the floor to sleep.)
- Don't let babies share a sleep surface with another child or with an adult.
- Don't put babies in an adult bed or on a sofa to sleep.
- Consider offering a pacifier at nap time and bed time. If breastfeeding, wait until week 2 or breastfeeding is going well.
- Don't use pillows, crib bumper pads, blankets, afghans, or quilts (especially adult bed covers) over or under them.
- Avoid overheating by not over bundling or wearing a head covering.
- Don't overdress or overheat your baby, especially if he or she is ill.
- Seek medical care for your baby when he or she becomes ill.
- Don't smoke around babies or let anyone else smoke around them. Don't take the baby into smoke-filled environments.
- Breastfeed your baby if possible. Breastfeeding has been shown to decrease the risk of SIDS.
- Avoid commercial devices marketed to reduce the risk of SIDS. Don't use home monitors to reduce the risk of SIDS.
- Tell other caregivers of the baby (aunts, uncles, child care providers, baby sitters, etc.) to follow these simple rules, too.
- Baby should sleep in a separate sleep surface in parents room until 6 months.

Infant hearing screening

Why should my baby's hearing be screened?

- Most babies can hear well at birth, but a few do not.
- We screen all babies to find the ones who may not be able to hear. Screening is the only way to know if a baby has a hearing loss.
- It is important to find hearing loss as soon as possible. Babies whose hearing loss is not found early will have a hard time learning.
- If we find hearing loss early, there are many ways we can help your baby.
- Make sure your baby's hearing is screened before you leave the hospital.

What should I know about the screening?

- The screening is safe and will not hurt. It can be done in about 10 minutes.
- Most babies sleep through the screening.
- You will get the screening results before you leave the hospital.
- Be sure to tell the hospital the name of your baby's health care provider or clinic so they can send them the results.

Why do some babies need another hearing screening?

Some babies may need another screening because:

- There was temporary fluid in the ear.
- The baby was moving a lot.
- There was noise in the screening room.
- The baby has a hearing loss.

Most babies who need another screening have normal hearing. Some will have hearing loss.

If your baby does not pass the hearing screening or misses the hearing screening, make sure he or she is screened as soon as possible.

Can a newborn baby pass the hearing screening and still have hearing loss?

Some babies hear well enough to pass the first screening, but lose their hearing because of:

- Some illnesses
- Some injuries
- Some medications
- A family history of hearing loss

Watch for signs of hearing loss as your baby grows:

Birth to 3 months of age

- Blinks or jumps when there is a sudden, loud sound
- Quiets or smiles when spoken to
- Makes sounds like “ohh,” “ahh”

3 to 6 months of age

- Looks for sounds with eyes
- Starts babbling (“baba,” “mama,” “gaga”)
- Uses many sounds, squeals, and chuckles

6 to 9 months of age

- Turns head toward loud sounds
- Understands “no-no” or “bye-bye”
- Babbles (“baba,” “mama,” “gaga”)

9 to 12 months of age

- Repeats simple words and sounds you make
- Correctly uses “mama” or “dada”
- Responds to singing or music
- Points to favorite toys and objects when asked

Who do I call if I have questions?

Your baby’s health care provider or audiologist are the best people to ask.

Plagiocephaly (flat head syndrome)

What is plagiocephaly?

Plagiocephaly is a malformation of the head, sometimes known as flat head syndrome or positional plagiocephaly. It is normal for baby’s head to be slightly misshapen for a few days or weeks after birth. Plagiocephaly is when the back or one side of the head becomes flattened over time.

What causes plagiocephaly?

Babies are born with soft/moveable skull bones so they can squeeze through the birth canal. Plagiocephaly happens as a result of sleeping in the same position, or resting against a flat surface. Sometimes tightness of the neck muscles can influence or accentuate the flattening of the head.

Can plagiocephaly be prevented?

Plagiocephaly does not affect all babies and also does not cause any issues with brain development. To help prevent plagiocephaly here are some suggestions:

- Tummy Time- Infants need time on their tummy when awake and supervised. This not only helps to prevent flattening of the head but also helps them to build muscles for crawling and sitting up.
- Limit time spent in car seats and bouncers- Holding and interacting with your baby is a good thing. You cannot spoil your newborn, they learn from watching and interacting with their parents and caregivers.

- Place your baby to sleep with his head positioned on one side for a week then the next week change the position to the other side. Many infants naturally turn their heads toward noises and lights, such as toward the door, if you rotate the end of the crib you put them to sleep on they will independently turn their heads.
- Playing with your baby helps them to build and stretch their muscles. Range of motion, moving arms and legs, after each bath or with diaper changes can help them gain muscle control increasing their ability to move independently.

What is the treatment of plagiocephaly?

Usually changing sleeping positions is the only treatment, although sometimes physical therapy and exercises may be necessary to treat a flattened head. Rarely more extensive treatment with helmets and surgery may be necessary to treat plagiocephaly.

Talk to your baby's health care provider. They are a valuable partner to help you keep your baby growing healthy and happy. Discussing your concerns and questions provides information and creates a team approach to keeping our children healthy.

References: AAP, Children's Hospital Boston, Seattle Children's Hospital, Kid's Health

Purple crying

Babies go through many different patterns of behavior during their first months of life. At four weeks of life up until 2-3 months, is the peak period of crying for your baby. Usually these crying spells occur in the late afternoon or evening. They may cry for several hours straight, be inconsolable, and appear to be in pain. This period of time can be very frustrating. Realizing that this is a normal developmental stage for infants and that it will get better will help you deal with the moments that seem overwhelming. If you feel at any time that your baby may need medical attention you should trust yourself and seek help. Over time you will start to know the different meanings to your baby's cries. If you feel frustrated, stressed, or anxious call someone for support. Everyone gets frustrated with their children at times, know that it is ok and right to ask for help when you need it. Pretty soon you'll be chasing them down when they start to crawl.

IMMUNIZATIONS

Parents try hard to protect their children throughout their lives. Vaccines are one of the best ways to protect your child. Your baby should receive a basic series of vaccines during the first two years of life, usually given at the following ages:

- Birth
- 2 Months
- 4 Months
- 6 Months
- 12-24 Months

How do vaccines work?

Vaccines teach the immune system how to recognize and fight bacteria and viruses before an infection happens. They provide protection without actually having to get the disease. Some vaccines require only one dose, while others require several doses to provide complete protection.

Many childhood diseases may have been forgotten but they are not gone. Vaccines protect against the following diseases:

- Diphtheria
- Haemophilus influenzae Type B (Hib)
- Hepatitis A
- Hepatitis B
- Influenza
- Measles
- Mumps
- Pertussis (Whooping Cough)
- Polio
- Pneumococcal
- Rotavirus
- Rubella
- Tetanus (lockjaw)
- Varicella (Chicken Pox)

If your child gets sick from one of these diseases it could be serious. They could suffer from blindness, brain damage, deafness, deformities, kidney damage, paralysis or even death.

Is there help available with the cost of immunizations?

Many clinics in Iowa receive vaccine from a variety of sources, including the Vaccines for Children Program (VFC). Some of these sources provide vaccines at low or no cost to eligible families. Ask your healthcare provider if they participate in the VFC program. A list of VFC providers by county, including local public health agencies can be found on the Iowa Department of Public Health website at www.idph.state.ia.us/adper/immunization.asp.

Your child's immunization record

It is important to maintain immunization records in a safe place. Proof of immunizations may be necessary throughout life. The Iowa Department of Public Health does not maintain historical paper immunization records. However, immunization records can be entered into a permanent statewide electronic database called Iowa's Immunization Registry Information System (IRIS). Talk with your health care provider about entering your immunization record into IRIS.

Hepatitis B

Hepatitis B (HBV) is a serious disease that is preventable with a very safe and effective vaccine. HBV attacks the liver and can lead to premature death from liver failure and liver cancer. HBV can be transmitted from an infected mother to her child at birth. Most newborns who become infected with HBV do not get sick at first, but they have a 90% chance of developing lifelong infection.

HBV is found in the blood and body fluids of people who have hepatitis B infections. Hepatitis B is very common in some parts of the world including: China, Southeast Asia, the Pacific Islands, Africa, the Amazon Basin (Brazil, Peru, Bolivia, Ecuador and Venezuela) and parts of the Middle East. HBV can also be transmitted later through sharing toothbrushes, razors, or needles for tattoos and piercing; or through unprotected sex. Contact with even small amounts of infected blood can cause infection. Hepatitis B virus is NOT spread by breastfeeding, coughing, sneezing, hugging or kissing.

When should my baby get vaccinated?

Three simple doses of the hepatitis B vaccine will protect your baby against HBV.

- At birth- the vaccine is safe even for premature babies
- 1-2 months
- 6-18 months

Your child's health care provider may use a combination vaccine (containing several vaccines in one injection) to limit the number of needle sticks your child will receive at each visit. When combination vaccines are used, your child may get four doses of HBV vaccine; at birth and at the 2, 4, and 6 month visits. Receiving four doses of HBV vaccine is safe for your child. Babies born to HBV positive mom's need extra care to prevent infection.

Whooping Cough (Pertussis)

What is whooping cough?

Whooping cough, also known as pertussis, is a very contagious disease that can cause serious illness in adults, children, and infants. At first, whooping cough can seem like a common cold, but it can get worse, with severe coughing spells and vomiting. The cough can become severe after 1 or 2 weeks and may last for months.

How do people get whooping cough?

Whooping cough is caused by infection with a bacteria called bordetella pertussis. It usually spreads when a person who has the bacteria coughs or sneezes while in close contact with others, who then breathe in the whooping cough bacteria. Whooping cough is known to spread within households.

What can happen to infants who get whooping cough?

According to the Centers for Disease Control and Prevention (CDC), whooping cough is more severe for infants.

- More than half of infants younger than 1 year of age who get whooping cough must be hospitalized
- About 1 in 5 infants with whooping cough get pneumonia
- Although rare, other complications may include seizures, brain disorder, and even death

What happens if an adult gets whooping cough?

In adults, whooping cough is often mistaken for a cold or respiratory tract infection. However, the impact of the disease can be significant. In one study of adults with pertussis:

- 61% missed work. The average number of work days missed was approximately 10.

In another study:

- 66% required 2 or more medical visits during their illness.

For adults, full recovery from whooping cough may take more than 3 months.

How can I help prevent myself and people I am in contact with from getting whooping cough?

One of the most effective ways to avoid getting whooping cough is to be vaccinated. The CDC recommends vaccination to help reduce the spread of whooping cough. There is a booster shot for teenagers and adults, called Tdap, that helps prevent against tetanus, diphtheria and whooping cough.

The CDC recommends Tdap vaccination to replace one dose of Td (tetanus and diphtheria) vaccine for most people ages 11 and older who have not previously received Tdap, especially:

- People who live with or take care of infants less than 1 year of age
- New mothers before leaving the hospital
- Women who might become pregnant
- Healthcare workers

Whooping cough gets around. Consider the many places that you, your family and your children can come into contact with whooping cough bacteria:

- School or day care facilities
- Health care settings
- An office or other environment where you have close contact with many co-workers

ADDITIONAL INFORMATION & RESOURCES

ADDICTION SERVICES

Alcohol and drug dependency services

319-524-4397

928 Main Street Keokuk, IA 52632

ADDS

Burlington

Lincoln Center

1340 Mt. Pleasant St.

Burlington, IA 52601

319-753-6567

DOMESTIC VIOLENCE SERVICES

Domestic violence intervention program

Crisis Line: 1-800-373-1043

www.dvpiowa.org

Email: dvip@dvpiowa.org

Facebook: facebook.com/iowadvip

All Services are free and confidential.

- 24-hour crisis/information line
- Counseling & Support Services
- 24-hour Safe Shelter & Housing Assistance
- Children's Support Services
- Volunteer Opportunities
- Mobile Advocacy
- Community Education

Serving Cedar, Des Moines, Henry, Iowa, Johnson, Lee, Van Buren and Washington counties.

Rape victim advocacy program

www.rvap.org

RVAP Crisis Line: 800-228-1625

Iowa Sexual Abuse Hotline: 800-284-7821

FAMILY SERVICES

Iowa quality rating system

Spotlight on quality child care

Choosing child care may be one of the most important decisions you'll ever make, and there's a lot to consider. To help you evaluate and select a child care provider, the Iowa Department of Human Services has established the Quality Rating System (QRS) for child care.

What is QRS?

The Iowa Quality Rating System (QRS) is a voluntary program that offers providers a guided way to improve the quality of child care they provide. Participating providers are “rated” with 1 to 5 stars, depending upon how many improvement steps they have completed in the program. The more steps they’ve completed will assist you in your child care search but should not replace other methods, such as visiting and interviewing providers, conducting your own research, and relying on your own judgement.

How Can I Learn More?

To learn more about the QRS Program, visit www.dhs.state.ia.us/iqrs. You may also call 1-866-324-3236 ext. 1408.

HOPES

Healthy Opportunities for Parents to Experience Success

Home visitation program

Practical information

Your family support worker will offer practical information on:

- Recognizing your baby’s needs.
- Caring for your baby’s needs and still managing to take care of yourself, too.
- What to expect as your baby grows.
- Making your home “baby safe.”
- Encouraging “on-target” development in your baby.

Assistance for parents

- Budgeting and finance skills
- Arranging transportation
- Effective discipline for your child
- Ways to continue your education
- Employment opportunities
- Using community services

Eligibility

Prenatal families or families with newborns who reside in Des Moines and Lee Counties may be eligible for HOPES services. Your Family Support Worker may work with your family until your child reaches 5 years of age.

For more information:

Des Moines County Health Department
319-753-8217

Lee County Health Department
Toll free: 1-800-458-6672
1-319-372-5225

Young House Family Services

www.younghouse.org/index.html
319-752-4000

Community Counseling, Community Closet (provides hygiene items, baby care items, cleaning supplies, health and safety kits, distributes household and small furniture items), and various counseling programs for youth. Self referral.

FOOD, CLOTHING & FINANCIAL SUPPORT

Community Action of Southeast Iowa

www.caofseia.org

- Eichacker Community Action Center, 3433 Avenue O, Fort Madison, 319-372-4471
- Des Moines County Community Action Neighborhood Center, 700 Jefferson St., Burlington, 319-753-2893

Iowa Department of Human Services (DHS)

www.dhs.state.ia.us

- 560 Division St., Suite 200, Burlington, IA, 319-754-4622
- 933 Avenue H, Fort Madison, IA, 319-372-3651
- 307 Bank St., Keokuk, IA, 319-524-1052 | 888-569-8501

General Assistance

- Des Moines County, 910 Cottonwood, Suite 1000, Burlington, IA, 319-754-8556
 - Lee County, 933 Avenue H, Fort Madison, IA, 319-376-0042
- Hours are 8 a.m. to 4:30 p.m. Monday through Friday, call for an appointment.
Limited financial assistance with rent and utilities, funerals and emergency transportation for persons with very limited incomes who are ineligible for state and federal financial assistance.

The Salvation Army

- 217 S. 3rd St., Burlington, 319-753-2038
- 31 S. 30th St., Keokuk, 319-524-6164

WIC program

Southeast Iowa Community Action

The special supplemental nutrition program for women, infants and children provides breastfeeding support to families enrolled in the WIC program and others in the community. WIC also provides supplemental foods and health referrals to qualified infants and children and women who are pregnant, breastfeeding or up to 6 months after giving birth. To schedule an appointment at any of these WIC locations, call 319-209-2850.

- Burlington Clinics, 801 S. Roosevelt Ave., Burlington, IA
- Fort Madison Clinic, First Christian Church, 608 10th St., Fort Madison, IA
- Keokuk Clinic, St. Paul Church of Christ, 2030 Plank Rd., Keokuk, IA
- Mount Pleasant Clinic, Presbyterian Church, 902 South Walnut, Mount Pleasant, IA

PETS

Pet rivalry and safety

Pets can play an important role in your child's life. They provide love and affection, as well as close, non-judgmental companionship.

Introducing your pet to a new member of the family can be challenging as well as positive. Listed below are some suggestions on helping your pet become familiar with your newborn infant.

Remember

- Before your baby arrives, allow your pet to explore the area where your baby will sleep and get changed. Let your pet become familiar with new smells (baby bath products, etc.) and objects. Do not allow your pet to sleep on your baby's furniture.
- A pet should never be allowed to sleep with or in the room of an unattended infant. Young babies cannot push a pet of any size off of them and this could lead to accidental smothering of your baby.
- If your pet will be very excited to see mom when she comes home from the hospital, have someone else carry the baby in.
- During your infant's first few weeks home, allow your pet to explore and smell the baby cautiously. Never dangle your infant in front of a pet.
- It is a good idea to restrain your pet during the first few weeks at home to avoid unexpected aggressiveness. Never leave your baby alone with a pet.
- Lizards, turtles, and snakes may carry salmonella infection to your baby. It is best NOT to have these pets in your home when you have a new baby. Some babies have gotten infected and become seriously ill from salmonella infection even when everyone was careful with hand washing after handling the pets.

POISON CONTROL CENTER

How your poison center helps you

In the United States, poison centers provide immediate treatment advice for poison emergencies. They also provide information about poisons and poison prevention, 24 hours a day, 7 days a week.

Poisons can hurt you- or even kill you- if you eat them, breathe them, or get them in your eyes or on your skin. The poison center can help you with questions about: household products; chemicals at work or in the environment; drugs (prescription, over-the-counter, herbal, illegal or animal medicines); snake bites, spider bites and scorpion stings.

For life-saving treatment advice about any kind of poison, call 1-800-222-1222. A specially trained nurse, pharmacist or doctor at your poison control center will help. All services are free and confidential.

Poison center services are available for people with hearing problems and for non-English speakers.

When health care providers need information about treating poisonings, they also call their local poison control center.

You can prevent poisonings at home

Products and medicines can hurt you if they are used the wrong way, in the wrong amount, or by the wrong person.

Kitchen

- Alcoholic Beverages
- Drain Opener
- Furniture Polish
- Oven Cleaner

Bath

- Hair Relaxer
- Mouthwash
- Nail Products
- Perm Solutions
- Toilet Bowl Cleaner

Bedroom

- Medicines

Garage

- Antifreeze
- Gasoline
- Kerosene
- Lamp Oil
- Lighter Fluid
- Paint Thinner
- Pesticides
- Rust Remover
- Windshield Washer Fluid

Outside

- Wild Mushrooms

Poison prevention tips

- Store poisons safely
- Store medicines and household products locked up, where children cannot see or reach them.
- Store poisons in their original containers.
- Use child-resistant packaging, but remember- nothing is child-proof
- Use poisons safely.
- Read the label. Follow the directions on medicines and products.
- Are children around? Take the product or medicine with you to answer the door or the phone.
- Lock products and medicines up after using them.
- Is it medicine? Call it medicine, not candy.
- Children learn by imitation, take your medicines where children can't watch.
- Teach children to ask first.
- Poisons can look like food or drink. Teach children to ask an adult before eating or drinking anything.

First aid for poisoning

Has the person collapsed or stopped breathing?

- Call 911 or your local emergency number right away.

Poison in the eyes?

- Rinse the eyes with running water for 15 to 20 minutes.
- Call 1-800-222-1222

Poison on the skin?

- Take off any clothing that the poison touched.
- Rinse skin with running water for 25 to 20 minutes.
- Call 1-800-222-1222.

Inhaled Poison?

- Get to fresh air right away.
- Call 1-800-222-1222.

Swallowed the wrong medicine or too much medicine?

- Call 1-800-222-1222.

Swallowed something that's not food or medicine?

- Drink a small amount of milk or water.
- Call 1-800-222-1222.

TRANSPORTATION

Courtesy van

A courtesy van is available, by appointment, for pickup and delivery to and from Southeast Iowa Regional Medical Center Fort Madison campus. Pick-up is available in Fort Madison, Montrose, and West Point. The courtesy van does not run on Saturday or Sunday. All rides are by appointment.

To schedule a van pickup or for more information call 319-376-2227.

SEIBUS

Call 1-866-753-5107 to schedule a ride. Please call 24-hours in advance to make a reservation. SEIBUS is open to the general public including those with disabilities. While all busses are wheelchair accessible, service is not limited to those needing assistance. Visit www.seibus.org for more information.

Burlington Urban Services

www.burlingtoniowa.org/2265/Burlington-Urban-Service-BUS

319-753-8162

Monday through Friday, 6:40 a.m. to 5:40 p.m., Saturday 8:10 a.m. to 3 p.m. Fixed routes. See online bus routes and times. \$1.25 per ride or can use bus passes.

BREASTFEEDING CONCERNS OR QUESTIONS

Lactation services

There are many benefits to breastfeeding for both mother and baby. Benefits include a good nutritional start, emotional development and promotion of wellness through natural antibodies passed to the infant. Southeast Iowa Regional Medical Center recognizes the value of having certified lactation consultants on staff to aid their new mothers in establishing a positive breastfeeding experience.

Many new moms have questions and concerns when it comes to breastfeeding. As you meet with your health care providers for your pre-natal or post delivery appointments, tell them about your concerns. Some common breastfeeding concerns include:

- Previous lactation issues such as low milk supply
- Prolonged sore nipples with previous lactation experiences
- Diagnosis that experience greater difficulty in maintaining milk production
- Flat or inverted nipples
- Desire for extensive education
- Anxiety that baby is getting enough calories

Breastfeeding is going well if:

- Your baby is breastfeeding at least 8 times in 24 hours by age 4 days.
- Your baby has at least 6 wet diapers every 24 hours by age 4 days.
- Your baby has at least 3 bowel movements every 24 hours by age 4 days.
- You can hear your baby gulping or swallowing at feedings.
- Your breasts feel softer after a feeding.
- Your nipples are not painful.
- Breastfeeding is an enjoyable experience.

Remember: After you are discharged from the hospital, your baby should be seen by a health care provider within two to three days and then again at 10 days to two weeks of age. If you are discharged from the hospital during the week, most likely we have assisted you in scheduling the baby's first appointment. If you are discharged on the weekend, you will need to call the doctor to schedule the appointment. You will also want to notify your baby's health care provider and/or your lactation consultant if at any time you feel breastfeeding isn't going well for you or your baby.

Warning Signs

Call Your baby's health care provider if:

- Your baby is having fewer than 6 wet diapers a day by the time your baby is 4 days old.
- Your baby is having fewer than 3 or 4 stools by the time your baby is 4 days old.
- Your baby is breastfeeding fewer than 8 times a day.
- Your milk is in but you don't hear your baby gulping or swallowing frequently during breastfeeding.
- Your nipples are painful throughout the feeding.
- Your baby seems to be breastfeeding "all the time".

If you have questions or concerns about how breastfeeding is going for you and your baby, please feel free to call our lactation consultants.

- Fort Madison 319-376-2229
- West Burlington 319-768-2618

Collection

- Always start with clean hands and equipment.
- Choose storage containers that have an airtight seal, and can be labeled and stored easily. Containers designed for breast milk storage are preferred.
- Store milk in small portions to minimize waste and reduce thawing time.
- Milk from different pumping times on the same day can be frozen together. Cool the new milk for one hour before adding to other milk from that day.
- Leave room in the containers for milk to expand when it freezes.
- Label containers with the date and baby's name.
- Stored milk will separate and the cream will come to the top. Swirl the milk to mix it.
- The color of milk may vary. Milk that has been frozen may smell different than fresh breast milk. There is no reason not to use the milk if baby accepts it.

Storage

HUMAN MILK	ROOM TEMPERATURE	TIME IN REFRIGERATOR	TIME IN FREEZER
Freshly pumped	Up to 6 hours	Up to 5 days	Up to 6 months (Up to 12 months in a deep freezer)
Previously frozen, thawed in the refrigerator but not warmed	Up to 4 hours	Up to 24 hours	Don't refreeze.
Previously frozen, and brought to room temperature	Up to an hour and then discard	Up to 4 hours	Don't refreeze.
Previously frozen and baby has started feeding	For completion of the feeding and then refrigerate	Up to 4 hours	Don't refreeze.
Pasteurized human donor milk, thawed	Up to 4 hours	Up to 48 hours	Don't refreeze.

Source: Best Practice for Expressing, Storing, and Handling Human Milk in Hospitals, Homes, and Child Care Settings. Frances Jones, 4th Edition, 2019 Human Milk Banking Association of North America

Thawing

- Use the oldest milk first.
- Thaw milk overnight in the refrigerator or place the container in warm water. Thawed breast milk may be kept in the refrigerator for 24 hours.
- The baby can drink the milk cool, room temperature or warmed.
- Never use the microwave or stovetop to heat milk. Besides heating unevenly, it can destroy antibodies.
- Don't refreeze milk. Don't save milk that has been partially eaten for a future feeding.

Nipple Care

Pain with latch can be acceptable if it lasts for the only 30 seconds at the beginning of the feed. That 30 seconds of discomfort is only acceptable for the first week. Pain is usually a sign poor latch, but it can be from several other issues so if you are having pain let us know and we will can help you. Below is a list of tips for nipple care and what to do if you have questions or pain.

- Use a good supported position for feedings
- After feeding let your nipples air dry
- Express breastmilk and rub milk into nipple allow to air dry. Breastmilk has white blood cells, proteins, and fats that help with healing.
- Apply a thin layer of lanolin or safe breast cream to the dry nipple. Make sure you are not using a cream that has to be washed off before baby feeds again. If a cream requires you to wash it off it usually is not recommend to use that variety of cream.
- Use of a gel dressing designed for the nipple can also help. If using for a visibly traumatized nipple do not use lanolin or other cream. If using for the soothing feeling and the nipple has no trauma you can use lanolin or cream with the gel dressing. If you put the gel dressing in the fridge it should be placed in a Ziploc bag. Also there are multiple different brands of gel dressings on the market please read the directions for any product you use as they are all different.

Engorgement

Milk is present in the breast before baby is born after the birth and the expulsion of the placenta the hormones change in the body to signal the breast to start making more milk. Usually the milk surges or “comes in” anytime between days 3 to 7 typically day 4. When this surge occurs the breast can feel very full and even lumpy, sometimes even up in your underarms. The breast fullness from milk surge can make the breast feel full, firm, hot, uncomfortable, and baby can have trouble latching. This intense fullness usually only lasts for 2-3 days. Here are some tips that can help you when you need assistance.

- Warm compresses to breast before feeding baby this can help milk to flow.
- After baby feeds use cold compresses frozen peas or corn applied to the breast with a pillow case or towel between the compress and your skin.
- Pump or hand express some milk from the breast.
- Sometimes taking a warm shower can help the body to relax and the milk to flow, if you use a hand held breast pump in the shower can assist in milk removal.
- Reverse pressure softening is the process of moving some of the swelling from the areolar tissue. Place a finger above the nipple and one below the nipple pressing in towards the chest wall do not pinch the nipple between the fingers. Hold this pressure to the area around the nipple for 60 seconds. Repeat the process on the right and left of the nipple. When you let go of the tissue you will notice that the area is softer and may appear dented in. This can soften the tissue and help baby to latch. Repeat before each feeding as necessary.
- If fever or redness occur this could be engorgement or a breast infection please call your doctor’s office or the lactation consultant they can give you additional tips and discuss how things are going.

Breast pump rentals and purchase

If you have questions about where breast pumps can be rented or purchased, please ask your lactation consultant.



Southeast Iowa
Regional

MEDICAL CENTER