

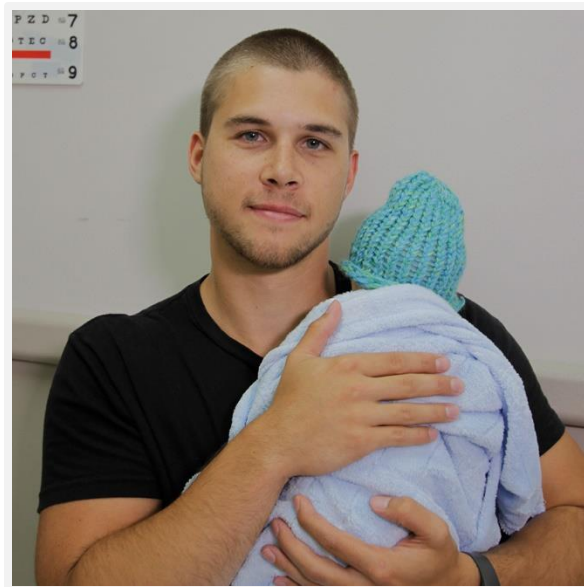
# NEWBORN

## 2 WEEK WELL BABY CHECK

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Estimated Time: 15 minutes • Debriefing Time: 15 minutes

---



Scan to Begin



---

Patient Name: Noah Bailey

---

## SCENARIO OVERVIEW

Noah Bailey is coming to the clinic for his 2-week baby checkup. Students will assess head and chest circumference, obtain vital signs, and perform a medication reconciliation.

This scenario is written for use in both high- and low-fidelity environments. In high-fidelity environments, the QR codes can be used to augment the reality of the simulators. In low-fidelity environments, the QR codes can be used to stimulate discussion about patient care.

## LEARNING OBJECTIVES

1. Obtain newborn assessment data
2. Perform medication reconciliation
3. Compare immunization history to CDC recommendations
4. Provide patient education and counseling

## CURRICULUM MAPPING

### PROGRAM OUTCOMES

- Provide patient care in accordance with regulations, policies, laws, and patient rights
- Demonstrate professionalism in a healthcare setting
- Demonstrate safety and emergency practices in a healthcare setting

## SIMULATION LEARNING ENVIRONMENT & SET-UP

### ENVIRONMENT

Inside room: Tape measure, Thermometer for Axillary temperature

Inside or outside room: Hand sanitizer or sink for hand hygiene

### PATIENT PROFILE

Name: Noah Bailey

Height: 50 cm (20 in)

DOB: XX/XX/20XX

Birth Weight: 3.68 kg (8.1 lbs)

Age: 2 weeks old

Allergies: NKDA

MR#: 170511

Code Status: Full code

Gender: Male

## EQUIPMENT/SUPPLIES/SETTINGS

### Patient

- Wearing a diaper and dressed in baby clothes; can be placed in a car seat

### Monitor Settings

- No monitor

### Supplies

- General
  - If available: car seat
  - Variety of syringe and needle selections for students to select correct size for IM injection for a newborn. (In a low-fidelity environment, QR codes for syringes and needles have been provided.)
- Medications
  - Acetaminophen drops

## QR CODES

START 	REPORT 	PARENT 	FACILITATOR 
RESPIRATORY COUNT 	HEART SOUNDS  	AXILLARY TEMP A 	AXILLARY TEMP B 
ANTERIOR HEAD TO TOE 	POSTERIOR HEAD TO TOE 	CHEST CIRCUMFERENCE VIDEO 	HEAD CIRCUMFERENCE VIDEO 
HAND GRASP 	ACETAMINOPHEN DROPS 		

# TEACHING PLAN

## PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR Code: “Scan to Begin”** while students are in Prebrief.
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment including:
  - Explain how to use the iPad scanner and QR codes.
  - Describe how a QR Code sound will work in the scenario. Show them how to use the ARISE “stethoscope” and the symbol on the QR Code that signifies when a QR Code is audio 🔊. Example: **QR Code: Heart Sounds** 🔊
  - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
  - Level tab – This tab “tells” the content in the iPad to change to what is needed for the next state of a simulation. It is used a few times in this scenario after the provider is notified to display new orders (those just given over the phone) and lab results, etc.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials
- Get “Report” on iPad
  - Possible Facilitator Questions
    - What is generally included in a 2 week well baby checkup?
- View Parent video
  - How will you respond to the dad’s question about breastfeeding?
- The facilitator should allow time for students to look through the information provided on the iPad tabs, which are also described below. Potential guided discussion questions are provided underneath the tabbed data.

## PATIENT PROFILE

Patient information is provided here

## MEDICAL PROBLEMS LIST

### Problem List

#### Currently Known Medical Problem(s)

1. Newborn Jaundice; received phototherapy in hospital
2. Post circumcision

#### Suggested Facilitator Questions

- Describe newborn jaundice.
- What is phototherapy?

## L&D RECORD

A copy of the L&D record is provided here. It is also available for printing in Appendix A.

#### Suggested Facilitator Questions

- What information is clinically relevant from the labor and delivery record that might impact the care of the newborn?
- Describe APGAR scores and what they mean.

## GROWTH RECORD

Growth records are available here for Head Circumference and Length and Weight for Age. Printable versions are available in Appendix B

## VITALS

An enterable form is available here for student input.

## FLACC SCALE

## FLACC Scale

Categories	Scoring		
	0	1	2
<b>Face</b>	No particular expression or smile	Occasional grimace or frown, withdrawal, disinterested	Frequent to constant quivering chin, clenched jaw
<b>Legs</b>	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
<b>Activity</b>	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
<b>Cry</b>	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
<b>Consolability</b>	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console or comfort
Each of 5 categories is scored from 0-2 which results in total score between 0-10			

Credit: Merkel, S., Voepel-Lewis, T., Shayevitz, J., Malveya, S. (1997), The FLACC Scale: A Behavioral Scale for Scoring Post-Operative Pain in Young Children. Pediatric Nursing, 23(3): 293-297.

## Suggested Facilitator Question

- How is pain assessed in infants?

## LABS

Newborn Panel					
	On birth	20 Hours Old		Units	Reference Range
ABO Group	A				A, B, AB, O
Rh Typing	Positive				Pos or Neg
Direct Antiglobulin Test	Negative				Negative

Serum bilirubin		13.3		mg/dl	High risk, see <a href="http://www.bilitool.com">www.bilitool.com</a> for reference range
-----------------	--	------	--	-------	---

Suggested Facilitator Questions:

- “Interpret the meaning of the newborn lab results.”

## CURRENT MEDICATION LIST

Medication	<input type="text"/>	Notes	<input type="text"/>	<input type="button" value="Submit"/>
------------	----------------------	-------	----------------------	---------------------------------------

Current Medication	DailyMed Link	Notes	Edit
--------------------	---------------	-------	------

Facilitator Note: This is an enterable form for students to use to enter medication information. QR codes for various medications are provided above to simulate medication bottles. By typing the first few letters in the box labelled “Medication,” a list of possible medications and dosages appear for the student to tap to select. The instructions/prescription for how to take the medication can be entered in the box labelled “Notes,” then tap Submit. The medication will appear in the list, with a hyperlink provided to read more about the medication. Students may also tap “Discontinue” to remove the medication from the list.

Students may scan **QR Code: Acetaminophen drops** and enter the information into the medication record

## IMMUNIZATIONS

The immunization record is displayed here along with a link to the CDC recommendations for infant vaccinations.

Immunization Record	Date Received
Hepatitis A	never
Hepatitis B	Received at Age: 1 day
Haemophilus influenzae type b4 (Hib)	never
HPV	never
Influenza	never



Measles, mumps, rubellaMMR	never
Pneumococcal	never
IPV – Inactivated Polio	never
Diphtheria, tetanus, & acellular pertussis (DTaP)	never
Varicella Vaccine	never

### Suggested Facilitator Questions

- Are any immunizations recommended at the 2 week well baby visit?

## PATIENT EDUCATION

Handouts on Car Seat Safety, Breastfeeding, and Safe Sleep are available here. Printable versions are located in Appendix C.

## EMERGENCY CONTACT INFORMATION

Contact	Contact Information
Parents: John and Sara Bailey	Phone: 555-555-0168 Address: 1305 South Main Street Anytown, WI

## SCANNER

Tap this tab to scan QR codes within the scenario

## EXIT

The message, “Are you sure you want to exit? All data will be lost? Yes/No” is displayed until the **QR Code: Facilitator** is scanned

## STATE 1

# PATIENT ASSESSMENT

- Patient Overview
  - Students may perform newborn assessments incorporating associated QR codes of newborn assessments.
- Expected Student Behaviors
  - Provide appropriate hand hygiene throughout scenario
  - Introduce themselves to the parent(s)
  - Verify patient identity using name and date of birth
  - Perform assessments or discuss simulated assessment videos/QR Codes:
    - Suggested Facilitator Questions:
      - Explain how to obtain an infant's pulse/heart rate
        - Note: May scan **QR Code: Heart Sounds** and attempt to accurately count a heart rate and a respiratory rate
      - Explain what you might find when obtaining an infant's respiratory rate
        - Note: May attempt to count respirations by watching the **QR Code: Respiratory Rate**
      - Explain how to measure chest and head circumference
        - Note: May scan **QR Code: Chest Circumference** and **QR Code: Head Circumference**
      - Describe the proper procedure for obtaining an axillary temperature in an infant.
        - Note: May scan **QR Code: Axillary Temperature A** (correct) and **QR Code: Axillary Temperature B** (incorrect) and ask students to evaluate the technique
      - Describe other findings you might expect in a newborn

- Note: May scan **QR Codes: Head to Toe Anterior, Head to Toe Posterior, Hand Grasp** to discuss lifespan considerations
- Perform a medication reconciliation
  - Facilitator note: May scan **QR code: Acetaminophen** drops to view a label simulating medication that the parent brought to the visit. Students should enter the correct Acetaminophen dosage in the Medication reconciliation table under the Current Medications List tab.
- Educate/coach parent about newborn topics
  - Facilitator note: Patient education handouts are available under the Patient Education tab for: Car Seat Safety, Safe sleep and Breastfeeding
- Technician Prompts
  - As role play the father, continue to ask questions about why Noah needs immunizations:
    - “I heard that immunizations can cause autism. Is that true?”
    - “Some of my friends didn’t immunize their kids and they’re fine.”
- Suggested Facilitator Questions
  - What parent education topics should be covered during the 2 week well baby visit?
- Tabbed iPad content and changes:

## EXIT

When student has performed expected behaviors, scan **QR Code: Facilitator**. A message will appear “You have been approved to proceed. You have completed the learning objectives for this scenario and may exit.”

Students may then tap on Exit and view the message, “Scenario objectives have been met. Are you sure you want to exit the game? Yes/No.”

## DEBRIEF

Nothing needed from the iPad.

## QUESTIONS

1. How did you feel this scenario went?
2. Review learning objective: Obtain newborn assessment data
  - a. What data did you collect for the 2 week well baby checkup?
3. Review learning objective: Perform medication reconciliation
  - a. Discuss safe dosage for acetaminophen for infants
4. Review learning objective: Compare immunization history to CDC recommendations
  - a. Outline immunizations recommended for the 2 week well baby checkup
5. Review learning objective: Provide patient education and counseling
  - a. Outline parent education topics for the 2 week well baby checkup
6. Summarize/Take Away Points: “In this scenario you assisted with a 2 week well-baby checkup. What is one thing you learned from participating in this scenario that you will take into practice?” (Ask each student to share something unique from what the other students share.)

NOTE: Debriefing technique is based on INASCL Standards for Debriefing and NLN Theory-Based Debriefing by Dreifuerst.

## SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:


1. Use QR Code: Survey
  - a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
  - b. This QR Code will not work in the ARIS app.



2. Copy and paste the following survey link into your browser.
  - a. [https://ircvtc.co1.qualtrics.com/SE/?SID=SV\\_6Mwfv98ShBfRnBX](https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX)

## APPENDIX A: LABOR AND DELIVERY RECORD

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**MNRS**  
Maternal/Newborn  
Record System™

**Labor and Delivery Summary** Page 1 of 2

To order call: 1.800.245.4080 Re-order No. 5712N

**Patient Name:** Olivia Brooks  
**DOB:** 1/29/19xx  
**MR#:** 12919

**Labor Summary**

G	T	Pt	A	L	Type and Rh	EDD
2	0	0	1	0	A neg	xx/xx/20xx

**Prenatal Events** None

No Prenatal Care Late Prenatal Care  
 Preterm Labor (less than or equal to 37 Weeks)  
 Postterm Labor (greater than or equal to 42 Weeks)  
 Previous Cesarean  
 Prenatal Complications ■ Refer to Prenatal Records

**Intrapart Events**

**Maternal**

Febrile (greater than or equal to 100.4°F/38°C)  
 Bleeding—Site Undetermined  
 Preeclampsia (mild) (severe)  
 Seizure Activity See Labor Progress Chart

■ Medications None

Date	Time	Medication	Dose	Route
Yesterday	0830	Penicillin	5 mil	IV
Yesterday	1230	Penicillin	2.5 mil	IV
Yesterday	1630	Penicillin	2.5 mil	IV
Yesterday	2030	Penicillin	2.5 mil	IV
Yesterday	1930	Fentanyl	100 mcg	IV

Transfusion \_\_\_\_\_ units  
 Blood Component \_\_\_\_\_

**Amniotic Fluid**

■ SROM AROM Date yesterday  
 Time 0900

Premature ROM Prolonged ROM

■ Clear  
 Meconium-Stained (describe) \_\_\_\_\_  
 Bloody  
 Foul Odor  
 Cultures Sent \_\_\_\_\_ Time \_\_\_\_\_  
 Polyhydramnios  
 Oligohydramnios

**Placenta**

Placenta Previa  
 Abruptio Placenta

**Labor**

Precipitous Labor (less than 3 hrs)  
 ■ Prolonged Labor (greater than or equal to 20 hrs)  
 Prolonged Latent Phase  
 Prolonged Active Phase  
 Prolonged 2nd Stage (greater than 2.5 hrs)  
 Secondary Arrest of Dilatation

Induction None Cervical  
 AROM Oxytocin Ripening  
 Augmentation None  
 AROM Oxytocin

**Labor Summary (Cont'd.)**

**Fetus**

Gestational Age (Wks) 40 By Dates  
40 By Ultrasound

**Presentation**

■ Vertex  
 Face/Brow  
 Breech Frank Complete  
 Single Footing  
 Double Footing  
 Transverse Lie Back-up Back-Down  
 Compound  
 Unknown  
 Cephalopelvic Disproportion (CPD)  
 Cord Prolapse  
 Dystocia

**Position**

R	O	A

**Monitor** None FHR UC

External x x  
 Internal

Fetal Bradycardia  
 Fetal Tachycardia  
 Sinusoidal Pattern

■ Accelerations ■ Spont. Uniform  
 Decelerations ■ Early Late  
Variable Prolonged

Scalp pH less than or equal to 7.2

FM Discontinued \_\_\_\_\_ Time \_\_\_\_\_  
 FHR Prior to Delivery \_\_\_\_\_ bpm Time \_\_\_\_\_

**Delivery Data**

Support Person Present ■ Yes □ No  
 Delivery Location  
 ■ LDR □ LDRP □ DR □ OR  
 □ Birthing Center □

**Method of Delivery**

■ Vaginal □ VBAC  
 Number Previous Cesareans \_\_\_\_\_

■ Vertex  
 ■ Spontaneous  
 □ Assisted □ □ □ □ to □ □ □ □  
 □ Manual Rotation  
 □ Forceps (type \_\_\_\_\_)  
 □ Outlet □ Low □ Mid  
 □ Vacuum Extraction Duration 10 Min.  
 Degree of suction \_\_\_\_\_ kg/cm<sup>2</sup>

□ Breech (type \_\_\_\_\_)  
 □ Spontaneous  
 □ Partial Extraction (assisted)  
 □ Total Extraction  
 □ Forceps Assist  
 □ Piper □

**Method of Delivery (Cont'd.)**

□ Cesarean  
 □ Scheduled □ Emergency  
 □ Primary □ Repeat (x \_\_\_\_\_)  
 □ Other

Operative Indication  
 □ Previous Uterine Surgery  
 □ Failure to Progress  
 □ Placenta Previa  
 □ Abruptio Placenta  
 □ Fetal Malpresentation  
 □ Non reassuring FHR Pattern  
 □ Other \_\_\_\_\_

Uterine Incision  
 □ Low Cervical, Transverse  
 □ Low Cervical, Vertical  
 □ Classical

Hysterectomy □ No □ Yes  
 Tubal Ligation □ No □ Yes

Skin Incision  
 □ Vertical  
 □ Pfannenstiel

**Episiotomy** □ None

□ Midline  
 □ Mediolateral L R  
 Laceration/Episiotomy Extension □ None

■ Perineural  
 □ Vaginal  
 □ Cervical  
 □ Uterine  
 □ Perineal □ 1" □ 2" □ 3" □ 4"  
 Repair Agent Used  
 □ Vagina free of sponges

**Placenta** Delivery Time \_\_\_\_\_

■ Spontaneous  
 □ Expressed  
 □ Manual Removal  
 □ Adherent (type \_\_\_\_\_)  
 □ Uterine Exploration  
 □ Curettage  
 Configuration  
 □ Normal  
 □ Abnormal \_\_\_\_\_  
 Weight \_\_\_\_\_ gms  
 Disposition \_\_\_\_\_

**Cord**

■ Nuchal Cord (x 1)  
 □ True Knot Length \_\_\_\_\_ cms  
 □ 2 Vessels  
 ■ 3 Vessels  
 Cord Blood □ To Lab □ Refrig □ Discard  
 Lab □ Type + Rh □ Cultures □ Coombs  
 □ pH □

**Surgical Data**

Sponge Counts Correct  
 □ N/A ■ Yes □ No  
 Needle Counts Correct  
 □ N/A ■ Yes □ No

Date \_\_\_\_\_  
 Kathy Smith, RN Completed xx / xx / xx  
 (Signature)

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# Labor and Delivery Summary

Page 2 of 2

To order call: 1.800.245.4080

Re-order No. 5712N

Olivia Brooks  
DOB: 1/29/19xx  
MR#: 12919

## Delivery Data (Cont'd.)

### Surgical Data (Cont'd.)

Vaginal Pack Count Correct

☐ N/A ☐ Yes ☒ No

Estimated Blood Loss 300 mL

### Delivery Anesthesia

☐ Local ☐ Pudendal ☐ General ☐ None

☒ Epidural ☐ Spinal

Date	Time	Medication	Dose	Effect
Yesterday		per anesthesia		

Complications ☐ None

### Delivery Medications

☐ None

Date	Time	Medication	Dose	Route	Site	Init
Today	1015	pitocin	10u	IV		KS

### Chronology

Date	Time	Total Time Hrs/Min
EDD	xx/xx	
Admit to Hospital	yesterday 0800	
Membranes Ruptured	yesterday 0900	
Onset of Labor	yesterday 0800	
Complete Cervical Dilatation	today 0800	24
Delivery of Infant	today 1000	2
Delivery of Placenta	today 1010	10
		26 10 Total Labor

### Infant Data

☐ Male ☒ Female

ID/Band No. 90518

Condition ☒ Alive ☐ Stable ☐ Fair ☐ Critical

☐ Stillbirth ☐ Antepartum ☐ Intrapartum

☐ Neonatal Death

Birth Order 1 of 1 2 3 4

Repeat Apgar every 5 min until score greater than or equal to 7

Apgar Score	1 min	5 min	10 min
Heart Rate	2	2	
Respiratory Effort	2	2	
Muscle Tone	2	2	
Reflex Irritability	2	2	
Color	1	1	
Total	9	9	

Scored by Kathy Smith, RN

## Infant Data (Cont'd.)

### Airway

☒ Bulb Suction  
☐ Suction Catheter Size \_\_\_\_\_ Fr  
☐ Mouth Pressure \_\_\_\_\_ millimeters Hg  
☐ Nose \_\_\_\_\_ millimeters Hg  
☐ Pharynx ☐ At Delivery  
☐ Endotracheal Tube Size \_\_\_\_\_ Fr  
☐ Meconium Below Cords Times \_\_\_\_\_

### Breathing

☒ Spontaneous  
☐ O<sub>2</sub> \_\_\_\_\_ Liters  
☐ Free Flow Time Init. \_\_\_\_\_  
☐ PPV Time Init. \_\_\_\_\_  
☐ Bag/Mask Time Init. \_\_\_\_\_  
☐ ET Tube Size \_\_\_\_\_ Fr Time Init. \_\_\_\_\_  
☐ CPAP \_\_\_\_\_ millimeters  
 \_\_\_\_\_ minutes to First Gasps  
 \_\_\_\_\_ minutes to Sustained Respiration

### Circulation

☒ Spontaneous  
☐ External Cardiac Massage  
 Time Initiated \_\_\_\_\_ Time Completed \_\_\_\_\_  
 \_\_\_\_\_ minutes for HR greater than 100  
 Heart Rate (bpm) \_\_\_\_\_  
 Time \_\_\_\_\_  
 Time \_\_\_\_\_  
 Time \_\_\_\_\_

### IV Access

☐ Umbilical Catheter  
☐ Peripheral Line  
 Person Managing Resuscitation: \_\_\_\_\_
Neonatal Medications ☐ None

Date	Time	Medication	Dose	Route	Site	Init
Today	1030	Vitamin K	1mg	IM		KS
Today	1030	Erythromycin	0.5	eyes		KS

Lab Data ☐ None

Blood Gases	Sent	Umb Art	Umb Vein
pH			
pO <sub>2</sub>			
pCO <sub>2</sub>			
HCO <sub>3</sub>			

Test \_\_\_\_\_ Result \_\_\_\_\_

Dextrostix \_\_\_\_\_

## Initial Newborn Exam

 Weight 3742 gms 8 lbs 4 ozs ☐ Deferred  
 Length 50.8 cms 20 ins ☐ Deferred  
 Head 33 cms 13 ins ☐ Deferred  
 Chest \_\_\_\_\_ cms \_\_\_\_\_ ins ☐ Deferred  
 Abdomen \_\_\_\_\_ cms \_\_\_\_\_ ins ☐ Deferred  
 Temp 98.6 ☐ Rectal ☒ Axillary  
 AP 120 Resp 44 BP n/a
☒ No Observed Abnormalities

## Initial Newborn Exam (Cont'd.)

☐ Abnormalities Noted  
☐ Meconium Staining ☐ Cephalhematoma  
☐ Petechiae ☐ Other

Describe \_\_\_\_\_

Intake ☐ None☒ Breast Fed ☐ Formula ☐ Glucose WaterOutput ☐ None☐ Urine ☐ Stool (type \_\_\_\_\_)☐ Gastric Aspirate \_\_\_\_\_ mL per hour

Examined By Kathy Smith, RN

Transfer ☒ With Mother☐ To Newborn Nursery☐ To NICU☒ mom's room

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_:\_\_\_\_

Mode of Transport \_\_\_\_\_

## Delivery Personnel

RN (1) Kathy Smith, RN

(2) Joe Olson, RN

Anesthesiologist/CRNA Mary Schneider

CNM \_\_\_\_\_

Physician—Attending B. Barker, MD

Physician—Assist (1) \_\_\_\_\_

(2) \_\_\_\_\_

Technician \_\_\_\_\_

Pediatric Provider \_\_\_\_\_

☒ Notified ☐ Present at Birth

Others Present \_\_\_\_\_

Remarks \_\_\_\_\_

 Kathy Smith, RN Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Signature)

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 R1206 PRINTED IN U.S.A.

LABOR AND DELIVERY SUMMARY (Page 2 of 2)

### Birth to 24 months: Boys Head circumference-for-age and Weight-for-length percentiles

RECORD # \_\_\_\_\_



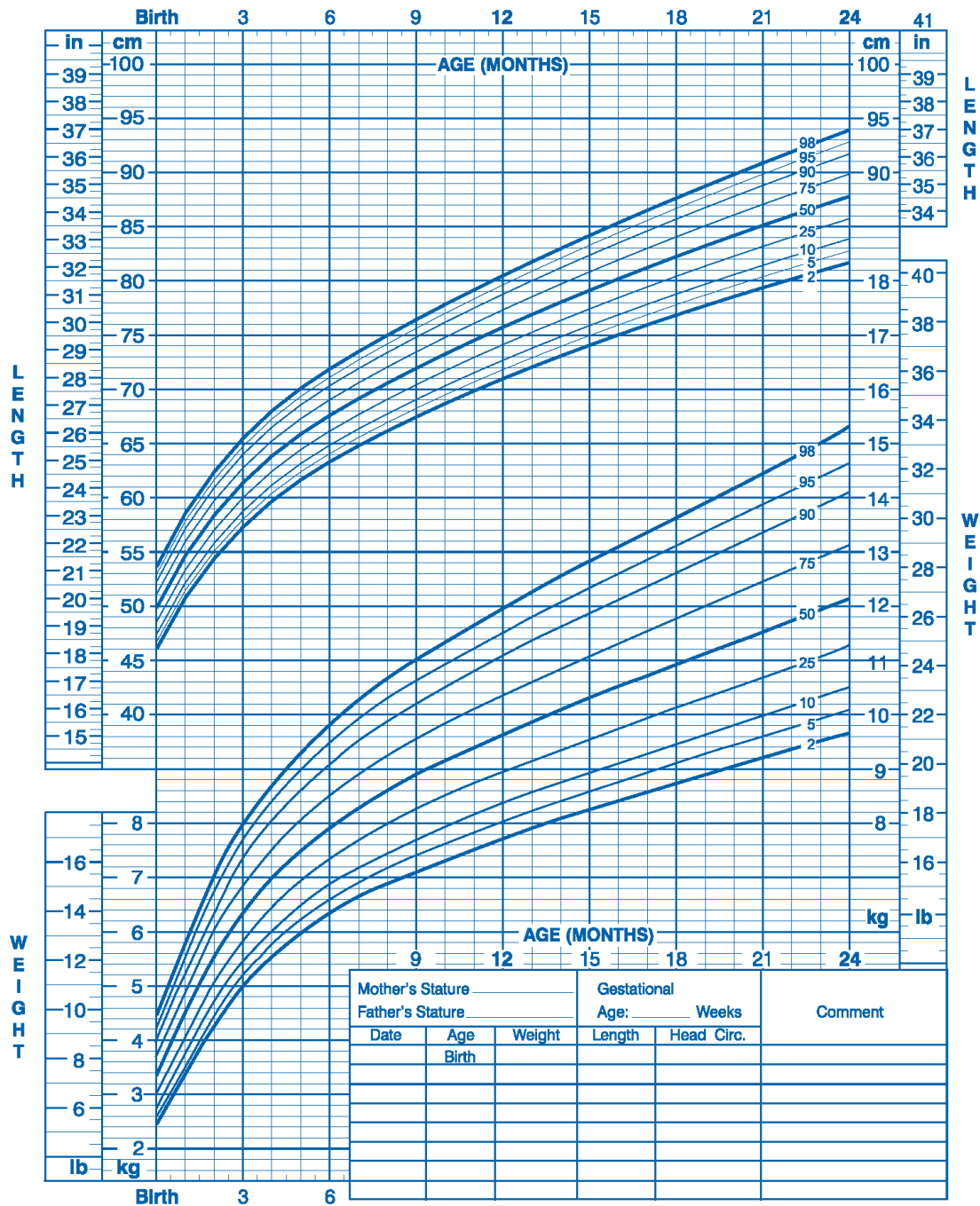


## Birth to 24 months: Boys

## Length-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published by the Centers for Disease Control and Prevention, November 1, 2009  
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)

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## APPENDIX C: PATIENT EDUCATION HANDOUTS

# SUCCESSFUL BREASTFEEDING FOR YOU AND YOUR BABY

## START WITH A CALM BABY AND MOTHER

1. Feed Regularly. Feed your newborn regularly and often. Start with a feeding in the first hour of birth. All newborn babies need to eat frequently, watch the baby not the clock. Watch for feeding cues like sucking and rooting. Bring the baby to the breast frequently. Babies vary for time they take to nurse at each feeding.



2. Positioning. Allow your baby to take the lead. Support your baby's body with your arms. Allow your breast to fall naturally and help the baby line up under your breast with your nipple toward the baby's nose.



3. Skin to Skin. Hold your baby skin to skin for the first hour after birth and have the baby in your room during the hospital stay. Skin to skin has many benefits including bonding for mothers and babies, breastfeeding success, keeping the baby warm, stabilizing blood sugar levels. Nursing and medical procedures can be completed while the infant is skin to skin. Support people can assist with skin to skin too.

4. Breast Compression is a technique that can increase milk supply and get milk to a baby that is not latching as well. Place your hand behind the nipple and areola and compress your breast in a rhythmic fashion. This

technique takes practice and a lactation consultant can assist you with this. You can do it before, during and after infant feedings.

5. Aim your nipple toward the baby's nose. The baby will then reach for the nipple. Make sure your baby's mouth is open wide. The baby's upper lip should barely brush past the top of the nipple. Support the baby's upper back and shoulders with your palm. Do not put pressure on the back of the baby's head.



6. Latching on. Let your baby feed as long as he wants to on the first breast. Some babies are more "efficient" than others, some like to nurse longer. Depending on how much milk a mother makes, a baby may not take the second side. Just make sure to switch between breasts when you start a new feeding. Listen for rhythmic, regular suck/swallow pattern that will let you know the baby has latched properly and milk is being exchanged between mother and infant.



When your baby feeds from your breast, it should feel like a gentle pull, not a pinch or a bite. Look at your nipple after the feeding if your nipple changes shape when in the baby's mouth your infant may be pinching the nipple. Help your baby achieve a deeper latch.

Baby's need to latch onto the underside of the breast, not the nipple.

When your baby is done feeding on a breast, you shouldn't pull or even yank him away. Instead, insert your finger in his mouth so that his mouth releases your breast.

7. **Burp your baby** (optional). This isn't always necessary. Depending on how much air the baby takes in through the nose while it is nursing, you may or may not need to burp baby. If your baby is arching his back, squirming around, and looking uncomfortable, then he may be ready to get burped. Try to burp him in one of these ways:



Lift your baby toward your shoulder, with your hand on his head and neck for support. He should be facing the area behind you. Rub your baby's back with a firm and open hand to release the trapped air.

Sit your baby on your lap and lean him forward, supporting his chest with the base of your hand and his chin and neck with your fingers. Massage his stomach with your front hand and gently pat his back with the hand on his back.

Lie your baby on your lap with his head raised higher than his stomach. Gently pat his back until he burps.

8. **Getting enough milk.** A newborn baby will mostly nurse and sleep. You know when the baby is "getting enough" when there are 8-10 wet and or dirty diapers by the end of the week.



9. **Maintain a healthy diet.** Eat a wide variety of foods that are low in sugar, caffeine, fat and salt and be active. Foods high in iron like beans, leafy greens, and broccoli. Include high fiber foods and whole grains. Many mothers also continue to take prenatal vitamins or should take daily multivitamins to stay healthy. Eat foods with nutritional value. A handful of veggies and dip, a bran muffin or whole wheat grains are quick healthy snacks.



- 10. Stay hydrated.** If you want to be healthy and produce enough milk for your baby and to remain healthy, then you have to stay hydrated. Drink at least 8 oz. of water eight times a day, and add some juice, milk, or other healthy drinks into your routine



- 11. Avoid alcohol at least two hours before you breastfeed.** The American Academy of Pediatrics view is while you are nursing; avoid drinking alcohol because it can pass through your milk to your baby. Levels of alcohol peak at approximately 30-60 minutes following ingestion then decline rapidly thereafter. Alcohol can inhibit the release of milk from the breast.



- 12. Avoid smoking.** Smoking not only changes the amount of your breast milk supply, but it can change the taste of your breast milk, and can make it much less appealing to your baby. If you are unable to stop smoking cut down the amount of smoking you do. Do not smoke immediately before or during breastfeeding. Discuss the possibility of nicotine replacement therapy and breastfeeding with your health care provider.



- 13. Medications.** Be careful with the medication you take. You should always check with your doctor or a lactation consultant to make sure it's okay to take any of your medications, or a new medication, while you're breastfeeding. Call the Infant Risk Center if you need more information [www.infantrisk.com/](http://www.infantrisk.com/)



14. Consult a lactation consultant, midwife or health care provider if:

- Baby is still fussy after nursing.
- Baby is not urinating or having regular bowel movements.
- Breasts are sore, or cracked and nipples are bleeding, this may be sign that baby is not latching correctly or could indicate a more serious problem, such as mastitis.
- Baby is not gaining weight.
- Baby's skin and/or fingernail and/or toenail beds appear to have a yellowish tinge.



Images adapted from: <http://www.wikihow.com/Breastfeed>

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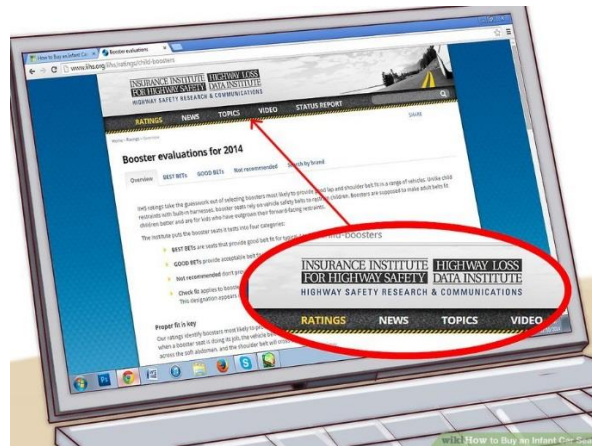
# CAR SEAT TIPS

The birth of a new child brings many new things to learn, one of which is ensuring your baby stays safe. Incorrect installation of a car seat is often overlooked, resulting in putting your newborn's life in danger. By following the steps set forth in this article, you can travel while knowing that each trip your baby goes on is a safe one.

Road injuries are the leading cause of unintentional deaths to children in the United States. Correctly used child safety seats greatly reduce the risk of injury.

## RIGHT SEAT

Check the label on your car seat to make sure it's appropriate for your child's age, weight and height. Check your car seat has an expiration date. Just double check the label on your car seat to make sure it is still safe. Do not buy a used car seat. If it has been in an accident you do not want to use the car seat. Register the car seat so you are updated on any recalls.



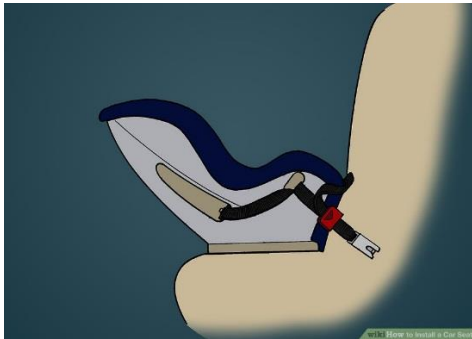
## RIGHT PLACE

Kids are Very Important Persons, just ask them. And all VIPs ride in a back seat, so keep all children in a back seat until they are 13.



## RIGHT DIRECTION

Keep your child in a rear-facing car seat until at least age 2. When he or she outgrows the seat, move your child to a forward-facing car seat and make sure to attach the top tether after you tighten and lock the seat belt or lower attachments (LATCH).



## INCH TEST

Once your car seat is installed, give it a good shake at the base. Can you move it more than an inch side-to-side or front-to-back? A properly installed seat will not move more than an inch.

## PINCH TEST

Make sure the harness is tightly buckled and coming from the correct slots (check car seat manual). Now, with the chest clip placed at armpit level, pinch the strap at your child's shoulder. If you are unable to pinch any excess webbing, you're good to go.

Source: National Institute of Health: <https://www.nichd.nih.gov/sts/about/environment/Pages/look.aspx>



# NEWBORN SAFE SLEEP



- Put your baby to sleep on his back on a flat, firm surface, like a crib or bassinet.
- Don't bed-share. Put your baby to sleep in his own crib or bassinet.
- Safe sleep can help protect your baby from sudden infant death syndrome (also called SIDS) and other dangers
- The American Academy of Pediatrics recommends that you and your baby sleep in the same room, but not in the same bed, for the first year of your baby's life but at least for the first 6 months.
- Use a bassinet, crib or play yard that meets current safety standards. Don't use cribs with drop-side rails.
- Keep crib bumpers, loose bedding, toys and other soft objects out of your baby's crib. They put your baby in danger of getting trapped, strangled or of suffocating.
- Put your baby to sleep on his back every time until he's 1 year old. It's not safe for a baby to sleep on his side or tummy. If your baby can roll over from his back to his side or tummy and over to her back again, don't worry if he changes positions while sleeping. Give your baby tummy time every day. Tummy time helps your baby develop his neck, shoulder and arm muscles.
- Dress your baby in light sleep clothes. Remove any strings or ties from his pajamas and don't cover his head. A blanket sleeper (a kind of infant clothing used for sleeping) can help keep your baby warm without covering his head or face. Keep the room at a temperature that's comfortable for you. If your baby is sweating or his chest feels hot, he may be overheated.

Use a firm sleep surface, such as a mattress in a safety-approved\* crib, covered by a fitted sheet.

Do not use 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.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://safetosleep.nichd.nih.gov>; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.*

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