# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Rights and Responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>Visitation policy</td>
<td>6</td>
</tr>
<tr>
<td>Bonding with your baby</td>
<td>8</td>
</tr>
<tr>
<td>Benefits of Breastfeeding</td>
<td>9</td>
</tr>
<tr>
<td>Medication Side Effects</td>
<td>10</td>
</tr>
<tr>
<td>Quick Reference</td>
<td>12</td>
</tr>
<tr>
<td>Self-care for New Mothers</td>
<td>13</td>
</tr>
<tr>
<td>Caring for Your Newborn</td>
<td>21</td>
</tr>
<tr>
<td>Baby Safety</td>
<td>27</td>
</tr>
<tr>
<td>Baby Safety</td>
<td>27</td>
</tr>
<tr>
<td>- Cribs</td>
<td></td>
</tr>
<tr>
<td>- Halo Sleep Sack</td>
<td></td>
</tr>
<tr>
<td>- ABCs of safe sleeping for your baby</td>
<td></td>
</tr>
<tr>
<td>- Car seats</td>
<td></td>
</tr>
<tr>
<td>- Shaken Baby Syndrome</td>
<td></td>
</tr>
<tr>
<td>- Prevent Falls and Suffocation</td>
<td></td>
</tr>
<tr>
<td>- Fire</td>
<td></td>
</tr>
<tr>
<td>- Supervision</td>
<td></td>
</tr>
<tr>
<td>- Choking</td>
<td></td>
</tr>
<tr>
<td>Vaccines</td>
<td>32</td>
</tr>
<tr>
<td>Resources</td>
<td>45</td>
</tr>
<tr>
<td>- Smoking cessation</td>
<td></td>
</tr>
<tr>
<td>- Facts about birth control</td>
<td></td>
</tr>
<tr>
<td>- Body Mass Index (BMI)</td>
<td></td>
</tr>
<tr>
<td>- Catheter-associated bloodstream infections</td>
<td></td>
</tr>
<tr>
<td>- Surgical site infections/Complications</td>
<td></td>
</tr>
<tr>
<td>- Oral health</td>
<td></td>
</tr>
<tr>
<td>Helpful Services and Information</td>
<td>54</td>
</tr>
<tr>
<td>- Alabama Department of Public Health</td>
<td></td>
</tr>
<tr>
<td>- Women, Infants and Children (WIC)</td>
<td></td>
</tr>
<tr>
<td>- Family Planning Program</td>
<td></td>
</tr>
<tr>
<td>- Pediatric first aid CPR/AED</td>
<td></td>
</tr>
<tr>
<td>- Your child’s social security number</td>
<td></td>
</tr>
<tr>
<td>- Your child’s birth certificate</td>
<td></td>
</tr>
<tr>
<td>- Government agencies</td>
<td></td>
</tr>
<tr>
<td>- Housing options</td>
<td></td>
</tr>
<tr>
<td>- Mental health/Behavioral health resources</td>
<td></td>
</tr>
<tr>
<td>- Parenting/Self-help support</td>
<td></td>
</tr>
<tr>
<td>- Paternity testing</td>
<td></td>
</tr>
<tr>
<td>- Rent/Clothing/Food assistance</td>
<td></td>
</tr>
<tr>
<td>- Shelters</td>
<td></td>
</tr>
<tr>
<td>- Transportation</td>
<td></td>
</tr>
<tr>
<td>- Utilities</td>
<td></td>
</tr>
<tr>
<td>- Additional services</td>
<td></td>
</tr>
<tr>
<td>- Alabama’s Early Intervention System</td>
<td></td>
</tr>
</tbody>
</table>

**Updated June 2016**

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**Our Vision:**
To be one of the best health systems in America and consistently strive to provide clinical and service excellence

**Our Mission:**
To provide high quality care and services that will improve the health of those we serve
Patient Rights & Responsibilities

PATIENT RIGHTS

The basic rights of all patients at Huntsville Hospital Health System are:

1. Hospital care shall be provided impartially without regard to race, creed, sex or national origin.
2. Patients are entitled to considerate, respectful and dignified care at all times.
3. The patient has the right to receive care in a safe setting.
4. Patients are entitled to personal and informational privacy as required by law. This includes the right to:
   a. Refuse to see or talk with anyone not officially affiliated with the hospital or involved directly with his/her care;
   b. Wear appropriate personal clothing, religious or other symbolic items that do not interfere with prescribed treatments or procedures;
   c. Examination in reasonably private surroundings, including the right to request a person of one’s own gender present during certain physical examinations;
   d. Have one’s medical records read and discussed discreetly;
   e. Confidentiality regarding one’s individual care and/or payment sources;
   f. Data Privacy Rights as described in the Notice of Privacy Practices.
5. Patients and/or patients’ legally designated representatives have the right of access to information contained in the patient’s medical record, within the limits of the law and in accordance with hospital policies.
6. Patients of Huntsville Hospital Health System have the right to know identity and professional status of all persons participating in their care.
7. Patients are entitled to know the status of their condition including diagnosis, recommended treatment and prognosis for recovery.
8. Patients have the right to be free from physical restraints which are not medically indicated or necessary.
9. Patients have the right, in collaboration with their physicians, to make decisions involving their health care, including acceptance or refusal of medical care or treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
10. Patients are entitled to formulate advance directives and appoint a surrogate to make health care decisions on their behalf to the extent permitted by law.
11. Patients are entitled to receive an itemized, detailed explanation of charges related to services rendered in their behalf by Huntsville Hospital Health System.
12. Patients will not be transferred to another facility or location without explanation of the necessity for such action.
13. A patient’s guardian, next of kin or legally authorized responsible person may exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient has been judged incompetent in accordance with the law, or is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure, or is unable to communicate his/her wishes regarding treatment, or is a minor.
14. Patients have the right to appropriate assessment and management of pain.
15. Patients have the right, subject to the patients’ consent, to receive visitors whom they designate, including, but not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member, or a friend. Patients have the right to withdraw or deny any such consent at any time.
PATIENT RESPONSIBILITIES

1. Patients are responsible for providing Huntsville Hospital Health System and its practitioners with complete and accurate information regarding present and past illnesses and operations, hospitalizations, medications and other health-related issues, including any unanticipated changes in their condition.
2. Patients are responsible for following recommended treatment plans prescribed and/or administered by their primary practitioner or those assisting him/her, including keeping appointments relative to their care.
3. Patients who refuse prescribed treatments or do not follow their practitioner’s instructions assume full responsibility for the consequences of such actions.
4. Patients are responsible for ensuring prompt and complete payment of their hospital bills.
5. All patients must follow hospital rules and regulations relative to patient care and conduct. This includes consideration and respect for the rights and property of other patients and hospital personnel, as well as responsibility for the actions of their visitors and guests.

PATIENT QUESTIONS OR CONCERNS:

Our goal is that you have an excellent experience during your stay at Huntsville Hospital. If at any time you have a question or concern you may submit a verbal complaint following these steps:
1. Press the call button to speak with your nurse.
2. Ask to speak with your Charge Nurse or Nurse Manager.
3. If your needs remain unmet, contact Customer Service by calling the Patient/Family Representative at (256) 265-9449 or (256) 265-2421, Monday – Friday, 8 a.m. – 5 p.m. All voice mail messages are returned promptly.
4. If further assistance is required, please ask your Charge Nurse to contact the Administrative Supervisor.
5. You may also submit a formal written complaint to:
   Huntsville Hospital Health System ● Customer Service Department
   101 Sivley Road ● Huntsville, AL 35801
   huntsvillehospital.org ● hhwomenandchildren.org ● madisonALhospital.org
   Email: customersvc@hhsys.org

Excellence is our goal! If you feel your verbal or written complaint was not handled courteously and promptly at Huntsville Hospital, you may submit your complaint to one of the state agencies listed below:

Patient and family members also have the right to access the following governmental agencies:
Alabama Department of Public Health ● The RSA Tower ● 201 Monroe Street ● Montgomery, AL 36104 (800) 356-9596

Joint Commission ● Office of Quality Monitoring
One Renaissance Boulevard ● Oakbrook Terrace, Illinois 60181 ● (800) 994-6610

Center for Medicare and Medicaid Services ● KEPRO, the Quality Improvement Organization
5700 Lombardo Center Drive, Suite 100 ● Seven Hills, OH 44131 ● (844) 430-9504

This material is provided by Huntsville Hospital Health System. The content is considered an important tool in educating you about issues related to your health care. It is provided to you as part of that care. HHS-003 Form # 288840. Revised 04/2016.
Visiting the Labor & Delivery Unit
at Huntsville Hospital for Women & Children

Our staff is committed to providing you and your baby with outstanding medical care, and we understand how important it is to have support from your family and friends at this special time. To help us ensure that you experience the care and service you deserve, please review our visitor guidelines and help your family know what to expect when they visit. Our first priority is always to give you and your baby high quality care and to do so in the safest environment.

• All visitors should wear a BADGE. Three badges will be provided to you at your time of admission and may be switched between your visitors throughout your stay. Admittance to Labor & Delivery will require one of these badges.

• When not in the patient's room, visitors are asked to wait in the visitors waiting area on the 1st floor. The waiting area located on the 2nd floor is for OB Emergency Department patients and family only.

• While in the Labor & Delivery department, all visitors should remain in your room or in the designated waiting areas. Please help us keep the hallways clear.

• All siblings are permitted to visit when accompanied by an adult. Other children who visit should be at least 14 years old.

• All visitors must wash their hands upon entering your room.

• One support person is permitted to stay in your room overnight.

• One support person is permitted in the Operating Room for Cesarean Sections. This limitation is for you and your baby’s safety. In the event that general anesthesia is used, the support person will be asked to leave the room.

• One support person is permitted to stay in your room during epidural placement.

• Strollers, diaper bags and infant carriers are not permitted in the Labor & Delivery department.

• Only hospital staff with a pink rose on their badge should be allowed to transport your infant.

• During labor, you may be sensitive to smells, so we ask that your visitors dine in the cafeteria or in the designated lobby areas.

• For your safety and well being, your care team may apply temporary visitation restrictions.

Thank you for cooperating with these guidelines so that we may best serve you and your baby.
- Maternity Services
The Mother/Baby staff are committed to outstanding medical care, and we understand how important it is to have family and friend support at this special time. Please review our visitor guidelines so that you and your family know what to expect when visiting. Our first priority is to always give you and your baby high quality care and to do so in the safest environment.

- All visitors should remain in the patient’s room or in the waiting areas in the front lobby on first floor. Please help us keep the hallways clear.

- Children must be accompanied by a responsible adult.

- All visitors and staff must wash their hands upon entering your room.

- Only hospital staff with a pink rose on their badge should be allowed to transport your infant.

- Visiting hours are from 8 a.m. to 9 p.m. At 9 p.m., an overhead page will announce that visiting hours are have ended. Please ask your visitors to leave at this time.

- One support person is permitted to stay in your patient room overnight. This support person must have a security pass for the night. Please ask your nurse where to obtain this pass.

- If your support person comes after 9 p.m. and has an infant ID band on, they will be asked to show photo ID and will be allowed to come to the unit. If they do not have an infant ID band on, the security officer will call the Nurse’s Station and the mother will be asked for permission to have the support person come to the room.

- If you have a vaginal delivery after 9 p.m., your family is invited to visit in the Labor & Delivery room before you are moved to the Mother/Baby Unit. We welcome your visitors to return during regular visiting hours.

- If you have a cesarean section delivery after 9 p.m., the infant may go to the nursery while you are in the recovery area. Only the three visitors with the badges may go to the nursery windows after 9 p.m. After you are moved to the Mother/Baby Unit, your three visitors may visit briefly. While visiting, please be considerate of other new moms in the rooms close by. They may be resting. We welcome your visitors to return during regular visiting hours.

- Quiet Time is from 1 p.m. to 3 p.m. and 9 p.m. to 8 a.m. every day. We turn down the hallway lights and try to keep our hallways quiet.

- The Nursery hallway is a gathering place for new families. Please be considerate of other new moms in the rooms close by. They may be resting.

- As a new mom, you may be sensitive to smells, so we ask that your visitors dine in the cafeteria or in the designated lobby areas.

- For your safety and well being, your care team may apply temporary visitation restrictions.

Thank you for cooperating with these guidelines so that we may best serve you and your baby.

- Maternity Services
We are focused on best practices
It is the standard of care at Huntsville Hospital for Women & Children

Bonding with your baby in the first hours

You are encouraged to reserve the first hours after delivery for a special bonding time with your baby. During this time a specially trained nurse will stay with you to help you achieve skin-to-skin bonding with your baby and to offer breastfeeding support.

Additionally, newborn care including the first bath will be done at your bedside allowing you and your baby to stay together. For skin-to-skin contact your baby will be dried and placed belly down on your chest. While you enjoy bonding with your baby, the nurse will be at your bedside to monitor your baby’s condition and give the first bath.

Research shows that skin-to-skin contact as soon as possible after delivery provides important health benefits for you and your baby including strong emotional bonds, the release of beneficial hormones and a perfect environment for the first breastfeeding. This model of newborn care is endorsed by the American Academy of Pediatrics.

**Benefits of skin-to-skin contact:**
- The mother’s body helps keep the baby warm
- Babies tend to cry less and stay calmer
- Helps to stabilize the baby’s blood sugar
- Helps babies breastfeed better and longer

**Quiet Time**

**Daily from 1 – 3 p.m.**

Support partners, family and friends are an important part of childbirth. Quiet time is also important. This allows time for mom, partner and baby to bond and get much needed rest.

- Allows time for uninterrupted breastfeeding
- Allows privacy for skin-to-skin time

**Rooming-In**

It is the standard of care at Huntsville Hospital for Women & Children for all infants to stay in the room 24 hours a day. This is called “rooming-in” and can promote bonding, a better feeding schedule and better sleep for both mother and baby. Partners are encouraged to stay overnight to participate in caring for baby. This also provides more learning opportunities for new parents while they are still in the hospital.

- Babies are comforted by familiar voices, touch and smells
- More opportunities to breastfeed, which can lead to better weight gain
- Breastfeeding is more successful and babies tend to breastfeed longer
- More time spent with baby helps mother’s milk come in
Benefits of Breastfeeding

Huntsville Hospital for Women & Children supports exclusive breastfeeding because of the proven health benefits. That’s why our staff includes certified lactation consultants and maternity nurses with special training in breastfeeding support. According to the Academy of Breastfeeding Medicine, the benefits of breastfeeding include:

**Benefits for the Baby**

**Breastmilk:**
- Is rapidly and easily digested
- Contains a perfect balance of nutrients for baby
- Changes over time to meet the changing needs of a growing baby

**Breastfeeding:**
- Provides skin-to-skin contact that babies love
- Provides antibodies to help fight infection
- Reduces the baby’s risk of ear infections, respiratory tract infections, diarrhea and meningitis
- Lowers the risk of the two most common inflammatory bowel diseases (Crohn’s disease, ulcerative colitis)
- Decreases the incidence of sudden infant death syndrome (SIDS)
- Lowers risk of adolescent and childhood obesity

**Benefits for the Mother**

**Breastfeeding:**
- Reduces the risk of postpartum bleeding
- Contributes to a feeling of attachment between a mother and baby
- Reduces osteoporosis
- Decreases the risk of ovarian and breast cancers

**Breastfeeding Support Services**
- Inpatient consult available
- Phone consults
- Office visits by appointment
- Pump rentals by appointment
- Bra fitting

For more information about breastfeeding, please see reverse of this book. To speak with one of our certified lactation consultants, please ask your nurse.

**Breastfeeding Mothers Group**

Free weekly meetings give breastfeeding mothers the opportunity to learn from each other by sharing their experiences. You will benefit from the unique fellowship, support and encouragement that can only be given by other breastfeeding moms and you may even walk away with new ideas and breastfeeding techniques to try.

Women’s Pavilion
910 Adams St., Room 120 B
Every Tuesday and 1st & 3rd Saturdays
10 – 11:30 a.m.
No registration required.

For more information call Breastfeeding Support Services at (256) 265-7285. A certified lactation consultant will also be available to answer questions and weigh your baby.
### Medication Side Effects
#### Labor and Delivery/Antepartum

**Be Informed.** Know the possible side effects of all your medications. Ask your nurse for a *Care Note*® about your medications today.

<table>
<thead>
<tr>
<th>Antepartum (Before baby is born)</th>
<th>Intrapartum (During labor and birth)</th>
<th>Pain/Rest</th>
<th>Blood Pressure/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prenatal Vitamin</strong>&lt;br&gt;Assists in fetal development and maternal health&lt;br&gt;<em>Side Effects:</em> Dark stools, constipation, mild nausea</td>
<td><strong>Pitocin (oxytocin)</strong>&lt;br&gt;Given to facilitate labor and to control bleeding after birth&lt;br&gt;<em>Side Effects:</em> Irregular heartbeat, thirst, headache, nausea, vomiting</td>
<td><strong>Morphine</strong>&lt;br&gt;Given to manage pain&lt;br&gt;<em>Side Effects:</em> Drowsiness, nausea, vomiting, itching, shortness of breath</td>
<td><strong>Labetalol</strong>&lt;br&gt;Given to decrease blood pressure&lt;br&gt;<em>Side Effects:</em> Light-headedness, slow heartbeat, feeling tired</td>
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<td><strong>Celestone</strong>&lt;br&gt;(betamethasone)&lt;br&gt;Given to mature fetal lungs when there is a risk of preterm delivery&lt;br&gt;<em>Side Effects:</em> Bruising or soreness at injection site, increase in blood sugar, headache, thirst</td>
<td><strong>Cytotec (misoprostol)</strong>&lt;br&gt;Given to induce labor&lt;br&gt;<em>Side Effects:</em> Abdominal pain, diarrhea, nausea</td>
<td><strong>Demerol (meperidine)</strong>&lt;br&gt;Given to manage pain&lt;br&gt;<em>Side Effects:</em> Sedation, light-headedness, headache, constipation, nausea, vomiting</td>
<td><strong>Procardia (nifedipine)</strong>&lt;br&gt;Given to decrease contractions or blood pressure&lt;br&gt;<em>Side Effects:</em> Headache, flushing, dizziness, feeling tired, nausea, constipation</td>
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<td><strong>Colace (docusate)</strong>&lt;br&gt;Stool softener&lt;br&gt;<em>Side Effects:</em> Abnormal taste in mouth, nausea, diarrhea</td>
<td><strong>Cervidil (dinoprostone)</strong>&lt;br&gt;Given to soften the cervix prior to induction of labor&lt;br&gt;<em>Side Effects:</em> Vaginal irritation</td>
<td><strong>Nubain (nalbuphine)</strong>&lt;br&gt;Given to manage pain&lt;br&gt;<em>Side Effects:</em> Dizziness, sedation, nausea, vomiting</td>
<td><strong>Magnesium sulfate</strong>&lt;br&gt;Given to prevent seizures from high blood pressure during pregnancy or to decrease contractions in preterm labor&lt;br&gt;<em>Side Effects:</em> Feeling hot, poor reflexes, confusion, feeling tired, headache, nausea, vomiting, vision problems</td>
</tr>
<tr>
<td><strong>Iron (ferrous sulfate)</strong>&lt;br&gt;Prevents anemia in pregnancy&lt;br&gt;<em>Side Effects:</em> Constipation, nausea, vomiting, dark stools</td>
<td><strong>Fentanyl</strong>&lt;br&gt;Given to manage pain&lt;br&gt;<em>Side Effects:</em> Dizziness, sedation, nausea, vomiting</td>
<td><strong>Methergine</strong>&lt;br&gt;(methylergonovine)&lt;br&gt;Given to control bleeding&lt;br&gt;<em>Side Effects:</em> Nausea, vomiting, high blood pressure</td>
<td><strong>Ephedrine</strong>&lt;br&gt;Given to resolve low blood pressure after epidural&lt;br&gt;<em>Side Effects:</em> Anxiety, dry mouth, dizziness, elevated heart rate</td>
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<td><strong>Pepcid (famotidine)</strong>&lt;br&gt;Decreases stomach acid&lt;br&gt;<em>Side Effects:</em> Headache, dizziness, constipation and diarrhea</td>
<td><strong>Ambien (zolpidem)</strong>&lt;br&gt;Given for sleep&lt;br&gt;<em>Side Effects:</em> Headaches, loss of memory, change in dreams, daytime drowsiness</td>
<td><strong>Stadol</strong>&lt;br&gt;(butorphanol tartrate)&lt;br&gt;Given to manage pain&lt;br&gt;<em>Side Effects:</em> Dizziness, sedation, nausea, vomiting</td>
<td><strong>Ephedrine</strong>&lt;br&gt;Given to resolve low blood pressure after epidural&lt;br&gt;<em>Side Effects:</em> Anxiety, dry mouth, dizziness, elevated heart rate</td>
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**Medication Side Effects**
**Mother/Baby (Postpartum)**

**Be Informed.** Know the possible side effects of all your medications. Ask your nurse for a Care Note® about your medications today.

<table>
<thead>
<tr>
<th>Postpartum medication (After baby is born)</th>
<th>For bleeding/nausea</th>
<th>Pain continued</th>
<th>Blood Pressure/Other</th>
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</thead>
</table>
| **Prenatal Vitamin** Assists in fetal development and maternal health | **Pitocin (oxytocin)** Given to control postpartum bleeding  
*Side Effects: Irregular heartbeat, thirst, headache, nausea, vomiting* | **Tylenol (acetaminophen)** Given to alleviate pain  
*Side Effects: Itching, nausea, vomiting, constipation* | **Labetalol** Given to decrease blood pressure  
*Side Effects: Light-headedness, slow heartbeat, feeling tired* |
| **Iron (ferrous sulfate)** Prevents anemia | **Methergine (methylergonovine)** Given to control bleeding  
*Side Effects: Nausea, vomiting, high blood pressure* | **Motrin (ibuprofen)** Given to alleviate pain  
*Side Effects: Heartburn, upset stomach, nausea, vomiting, dizziness* | **Procardia (nifedipine)** Given to decrease blood pressure  
*Side Effects: Headache, flushing, dizziness, feeling tired, nausea, constipation* |
| **Pepcid (famotidine)** Decreases stomach acid | **Zofran (odansetron)** Given to alleviate nausea and vomiting  
*Side Effects: Constipation, diarrhea, headache, feeling tired* | **Percocet (oxycodone/acetaminophen)** Indication: Given to alleviate pain  
*Side Effects: Upset stomach, nausea, vomiting, dizziness, drowsiness, constipation* | **Magnesium sulfate** Given to prevent seizures from high blood pressure  
*Side Effects: Feeling hot, poor reflexes, confusion, feeling tired, headache, nausea, vomiting, vision problems* |
| **Colace (docusate)** Stool softener | **Morphine** Given to alleviate pain  
*Side Effects: Drowsiness, dizziness, upset stomach, nausea, vomiting, constipation, itching, shortness of breath* | **Norco (hydrocodone/acetaminophen)** Given to alleviate pain  
*Side Effects: Nausea, vomiting, dizziness, sedation, constipation* | **Vaccinations** |
| **Dulcolax (bisacodyl)** Laxative | **Demerol (meperidine)** Given to alleviate pain  
*Side Effects: Sedation, light-headedness, dizziness, headache, constipation, upset stomach, nausea, vomiting* | **Toradol (ketorolac)** Given to alleviate pain  
*Side Effects: Drowsiness, high blood pressure, nausea, vomiting, headache* | **Influenza**  
**Adacel**  
Diphtheria/Acellular Pertussis/Tetanus (DTaP)  
**Rubella**  
MMR  
Measles, Mumps, and Rubella  
**Pneumonia**  
Pneumococcal Polysaccharide Vaccine (Given to prevent infections)  
*Side Effects: Redness, warmth, swelling, tenderness or lump at injection site, low grade fever, body aches* |
| **Benadryl (diphenhydramine)** Given to alleviate itching or rash  
*Side Effects: Sedation, dry mouth, dizziness* | | | |
Quick Reference

• **Discharge time** – Your Mother/Baby nurse can talk with you about what time you’ll go home. This time will be based on your doctor’s orders and the time your infant was born.

• **Phone number** – Callers outside the hospital may reach you at (256) 265-7### (your three-digit room number).

• **Hospital Information** – For information about Huntsville Hospital for Women & Children and about your hospital stay, watch channel 39 on your in-room TV.

• **Newborn Channel** – Channel 38 on your in-room TV broadcasts programming on baby care and postpartum topics, 24-hours a day.

• **Hearing Screen** – Your infant will have a hearing screen during your stay. One of our screeners will visit you about this test.

• **Birth Certificate** – A representative will visit you to complete paperwork during your stay. You will be provided an application to order an official certified copy of your child’s birth certificate from the State of Alabama.

• **Photographs** – Bella Baby Photography takes a security photo of each infant born at Huntsville Hospital for Women & Children. They also provide a photo session of each infant. Feel free to use a special outfit for this occasion. You will receive information about how to order prints from this session.

**To get assistance with any of the following:**

- Spills
- Linens
- Trash Cleaning
- Heating/Air Conditioning Plumbing
- TV/VCR Bed instructions/problems

Please press your nurse call button.

---

**Gift Shop**

at Huntsville Hospital for Women & Children

Unique baby items
Clothing for children
Interactive children’s toys
Seasonal items
Inspirational gifts
Flowers, balloons and cards

(256) 265-7066

Monday – Friday
8:30 a.m. – 7 p.m.
Self-Care for New Mothers

Your body went through tremendous changes during pregnancy and birth. In upcoming weeks, you will continue to undergo physical changes as well as experience emotional changes as you return to your normal, pre-pregnancy state. During this adjustment period, it will be very important to take care of yourself.

Uterine Contractions
After delivery, your uterus will begin to shrink. Uterine contractions will cause it to return to normal size. You may feel cramping as your uterus contracts. Contractions may feel stronger to women who have previously given birth because the uterus has been stretched more, and it must contract harder to get back into shape. These contractions can be uncomfortable, but keep in mind that they are temporary and important for getting the uterus back into shape. An added benefit is that the quicker your uterus shrinks, the quicker your bleeding will subside. To get your uterus back in shape:

- Empty your bladder frequently (every three to four hours)
- Massage your uterus (ask your nurse how to do this)
- Walk

If you are uncomfortable with the contractions, you can try relaxation and breathing techniques. If these suggestions do not help, you may try pain medication as prescribed by your physician. The pain should subside naturally in four to seven days.

Lochia (bleeding after delivery)
Lochia is the term used to describe the shedding of the uterine lining after delivery. This vaginal discharge of blood, mucus and tissue occurs in three stages with both vaginal and Cesarean births. It begins as red and bloody, lasting three to four days. During the first few days after delivery, you may notice small clots on your sanitary pad or in the toilet. This is normal. In the second stage, your blood flow will be pinkish and mixed with mucus. Lochia will eventually turn a brownish color and last until the ninth or tenth day. The final stage lasts two to three weeks and is a yellowish-white color. The process generally lasts four to six weeks. (Time frames are approximate and vary from person to person.)

You may notice an increase in bleeding during the first days at home due to an increase in activity. If your bleeding increases, your body may be telling you that you need more rest.

Do not use tampons, douche or have intercourse until you have the approval of your physician.

Call your physician if:
- Your vaginal bleeding returns to a bright red color after beginning to lighten or returns to a heavy flow after beginning to slow. Occasional clots may be passed but should not be larger than a golf ball. In general, the more babies you have delivered, the heavier and longer you will experience bleeding.
- Your discharge has a foul smell, unlike your menstrual flow.

The first one or two menstrual periods after delivery are seldom the same as the periods you had before. They are usually somewhat heavier in flow and longer in duration, but may be lighter in flow or shorter in duration. Do not let this alarm you. The first period usually will begin anywhere from four to six weeks after delivery. However, some women may go longer before resuming their periods.

Perineal Care for Vaginal Deliveries
The area between the vagina and the rectum is called the perineum. Even if you do not have an episiotomy or tear during delivery, it will be important to keep this area clean and dry to prevent infection and promote healing. Your perineal muscles will be stretched and weakened during the delivery and may be swollen, bruised and painful. The discomfort generally will decrease each day. Kegel exercises will provide comfort and aid in the healing process. Details on performing Kegel exercises are given later in this section.
At delivery, you may have had an episiotomy or a tear that required stitches. You can expect stitches to dissolve in as soon as seven to 10 days or as long as four weeks, depending on the type of suture. Depending on the type of suture your physician used, you may notice tiny black “strings” (stitches) on your sanitary pad or toilet tissue.

Caring for the perineum at the hospital and at home
– Always wash your hands with soap and water before and after you care for your perineum.
– Change your sanitary pad every time you go to the bathroom or at least every three to four hours.
– With each pad change, use the squirt bottle provided by the hospital to rinse the perineum from front to back with warm water.
– You may pat, blot or wipe gently from front to back.
– Use ice packs to help reduce swelling and increase comfort. Ice packs will be provided immediately after delivery and for the next 24 hours.
– Medications applied directly to your stitches, such as foams or sprays, sometimes are ordered by your physician. These medications are designed to increase comfort and should be discontinued if irritation occurs. Use only one medication at a time and apply directly to affected area.
– If you have an episiotomy or a tear, you will be given a portable sitz bath to use in the hospital and to take home. You should start using the sitz bath after you are finished using ice packs. Sitz baths should be taken at least three times a day, and more if you prefer.

Instructions for sitz bath use
– Fill the sitz bath pan and bag with water as warm as you can tolerate. Be sure to have the tubing clamp shut.
– Raise the toilet seat and place the sitz bath pan on the commode, suspending the bag.
– Sit in the water and open the clamp.
– When the bag is drained, the sitz bath is complete.
– Pat the perineum dry and replace your sanitary pad with a clean one.

Medications that may be prescribed for perineal care
– Epifoam – Apply one pump to a piece of toilet tissue and apply directly to the episiotomy or laceration. Use no more than three to four times a day. Epifoam contains hydrocortisone and a local anesthetic.
– Dermaplast – Spray directly to affected area no more than three to four times a day.

Cesarean Birth and Incision Care
If you had a Cesarean delivery, your incision will be closed with internal stitches that will dissolve. The external skin closure may be metal staples or a special surgical glue with tape called Steri-strips. If you have metal staples, they may be removed in the hospital before you go home or in your physician's office at a later date. Steri-strips may be placed over your incision upon removal of the staples. Steri-strips should be allowed to fall off by themselves. It is important to keep the incision clean and dry. Air drying will help promote healing. After showering, pat your incision dry with a clean towel and then use a hair dryer on low heat to blow your incision dry. Cotton underwear is preferred to nylon. Most physicians will permit showering the day after surgery.

Call your physician if you experience:
– Increased redness, swelling or tenderness at the incision site
– A fever of 100.5 degrees Fahrenheit or greater
– Separation of the incision
– Continued bleeding or drainage from the incision site

Call your physician if you experience these postpartum complications:
– Symptoms resembling the flu – chills or fever of 100.5 degrees Fahrenheit or greater
– Vaginal discharge that has a foul odor
– Frequent urination, burning during urination or the inability to urinate
– Bleeding that saturates more than one sanitary pad per hour for a few hours or clots larger than a golf ball
Call your physician if you experience: (cont.)
– A return to bright red bleeding after bleeding has decreased and/or had lightened in color
– Severe pain in the lower abdomen
– Red, swollen or painful areas in your legs or breasts
– Worsening pain in the episiotomy or hemorrhoid areas
– Severe or prolonged depression
– Any pus-like drainage from episiotomy or incision
– “Baby blues” lasting longer than two weeks

Always know your temperature and any other symptoms when calling your physician. You should also have your pharmacy phone number ready. The follow-up visit with your physician is important to ensure that you have healed from delivery. Keep a notepad handy to write down any questions you may have. Take your questions with you when you visit your physician or your baby’s physician for follow-up care.

Hemorrhoids
Hemorrhoids are varicose veins of the rectum. You may develop them during your pregnancy or during delivery. Hemorrhoids often cause a persistent dull pain and a feeling of pressure in the rectal area. Hemorrhoids usually shrink on their own with time.

To ease discomfort:
– Apply ice packs or take sitz baths
– Use Tucks® or other medications prescribed by your physician
– Rest on your side and avoid prolonged sitting
– Drink six to eight glasses of water per day
– Eat plenty of fresh fruits, vegetables and whole grains
– Perform Kegel exercises frequently

Elimination (going to the bathroom)
After vaginal and Cesarean deliveries, the body will begin to produce more urine due to IV fluids given during the birth process and as the body begins to rid itself of extra fluids retained during pregnancy. With this in mind, it will become important to keep track of how frequently you empty your bladder. If your bladder becomes too full, it can keep the uterus from contracting and increase your bleeding. A full bladder can also cause you not to be able to urinate and can add discomfort by putting more pressure on your uterus and surrounding tender tissues. Your nurse will assist you to the bathroom the first time. The first attempt to urinate may be difficult. To help ease this process:
– Drink plenty of water
– Use the squirt bottle to spray water over the perineum
– Turn the faucet on and listen to the water run
– Use the sitz bath or shower to allow warm water to help you relax
– Perform Kegel exercises

Constipation is a common problem after giving birth. It occurs for a variety of reasons, including inactivity, relaxed abdominal muscles and narcotics contained in some pain medication. Some women become concerned about episiotomy stitches and worry that a bowel movement will pull the stitches loose. This should not be a concern, because the stitches generally are stronger than that. It is important not to delay bowel movements. Bowel movements will relieve the feeling of abdominal and perineal pressure. To assist in this process:
– Get up and begin walking as soon as your physician allows
– Drink plenty of fluids and eat plenty of fresh fruits, vegetables and whole grains
– Drink warm fluids to help soothe and promote intestinal activity
– Avoid gas-forming food such as cauliflower, broccoli and cabbage
– Avoid carbonated and ice cold beverages

Quiet Time
Daily from 1 – 3 p.m.
Support partners, family and friends are an important part of childbirth. Quiet time is also important. This allows time for mom, partner and baby to bond and get much needed rest.
– Allows time for uninterrupted breastfeeding
– Allows privacy for skin-to-skin time
Breast Care
Almost immediately after delivery, a hormone is secreted that stimulates milk production in the breasts. There will be some milk present in your breasts. You may experience milk leakage for several weeks. If you do not wish to breastfeed, and your breasts are not stimulated or emptied, no additional milk will be produced. Engorgement occurs when breasts fill and are not emptied. Your breasts will become firm, tender, swollen and sometimes painful 48 to 72 hours after delivery and symptoms may last for about 24 to 48 hours.

To relieve discomfort during engorgement:
- Begin wearing a well-fitting, supportive bra within six hours after giving birth and wear it continuously until milk production stops. A tight fitting sports bra or an ace bandage worn as a breast binder are also recommended as any movement of the breasts is considered stimulation.
- Apply ice packs to the top of the breasts (above the nipple area, toward the armpit as needed for comfort for 20 minute intervals).
- Turn your back toward the water when showering to avoid direct stimulation of the breast.

Activity and Rest
It usually takes about six to eight weeks after you have your baby for your body to return to its normal state. Recovery is a progressive process. You will feel stronger each day. You must remember you have just been through the equivalent of a major operation and your body needs time to recover.

It is very important to rest after giving birth. It will be easier to cope with the physical and emotional demands of parenting if you are well rested. Allow family members and friends to take care of household chores such as cooking, cleaning and laundry. (Family members feel useful when they know they are helping you recover.)

If stair climbing is necessary, limit frequency by planning trips. Do not lift more than 10 pounds. If you have other small children, you should sit and encourage them to climb next to you to snuggle rather than lifting them.

Entertaining is tiring. Limit the number of visitors and the length of their visit.

Many women are eager to regain their figure and will want to begin exercising. An exercise program should begin only after your physician has approved the types of exercises you can perform. When you begin, start slowly and gradually increase as your strength improves.

If you had a Cesarean delivery, your recovery process will take a week or two longer. Your physician will advise you of limitations on other activities such as driving and exercising. Please remember that driving under the influence of prescription pain medication is dangerous and against the law.

Nutrition
You can expect a weight loss of about 12 to 15 pounds during the first week after giving birth. You should gradually continue to lose the weight you gained to support your pregnancy. It is important not to diet until after the follow-up visit with your physician. Healthy eating habits include a wide variety of foods for essential nutrients, vitamins and minerals.

The Kegel Exercise
The pelvic floor muscles form a hammock that extends from the pubic bone to the tailbone. These muscles support the uterus and other organs in the pelvic cavity. The pelvic floor muscles surround the three openings in the perineum – the urethra (where urine is passed), the vagina and the rectum (where stool is passed). To locate the muscle group, pull in as if you are stopping a stream of urine. Then pull in as if you are stopping a bowel movement. This action of tightening the muscles is called the Kegel exercise.

- To perform the Kegel exercise: (1) tighten your pelvic floor muscles (see guidelines above) and hold to a count of five (this can be increased to a count of 10); (2) relax and (3) repeat in a series of five at a time.
- During postpartum, to strengthen muscles and increase urinary control: (1) tighten muscles; (2) hold to a count of 10, relax and (3) repeat 100 times.
- Women should do Kegel exercises 100 times a day for life.
Smoking and your health
Smoking causes many diseases such as lung cancer, heart disease, and the chronic lung diseases of emphysema, bronchitis and chronic airway obstruction. More deaths are caused each year by tobacco use than by all deaths from HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides and murders combined. About 30 percent of all deaths from heart disease in the U.S. are directly related to cigarette smoking and 90 percent of new smokers are children and teens. To stop smoking has immediate as well as long-term benefits, reducing risks for diseases caused by smoking, and improving health in general. Some additional facts about smoking and general health include:
– Smokers miss more work than non-smokers and their illnesses last longer.
– On average, adults who smoke cigarettes die 13 to 14 years earlier than non-smokers.
– Women who smoke and are taking birth control pills are at a much greater risk for developing cardiovascular disease or stroke.
– Pipe smoking and cigar smoking increase the risk of dying from cancers of the lung, esophagus, larynx and oral cavity. Smokeless tobacco use increases the risk for developing oral cancer.
– Smoking causes immediate and long-term increases in blood pressure and heart rate and doubles the risk of stroke by reducing blood flow to the brain.
– Cigarette smoking has adverse reproductive and early childhood effects, including an increased risk for infertility, preterm delivery, stillbirth and low birth weight.
– Smoking reduces bone density among postmenopausal women.
– Secondhand smoke is associated with an increased risk of lung cancer and coronary heart disease in non-smoking adults. More than 37,000 people die each year from heart disease caused by secondhand smoke.
– Children exposed to secondhand smoke have an increased risk for sudden infant death syndrome (SIDS), asthma, bronchitis and pneumonia.
– Smoking can lead to infections.
See page 45 for information on smoking cessation.

Adjusting to Family Life
During the first few weeks after giving birth, life will be extremely hectic. Even if you have had children before, caring for an infant will be challenging. Your baby depends on you 24 hours a day. With this dependency there will be a change in daily and nightly schedules, loss of sleep, frustration and irritability. All of this may seem overwhelming at times. Remember that good communication is the cornerstone for your new family. Share your concerns, doubts, joys and insights and make decisions together. Trust your instincts. Many new parents are unsure of their parenting skills. As you experiment and learn new skills and attitudes toward parenting, you will become more confident, and life will settle into place.

Resuming Sexual Activity
Your physician will advise you on resuming sexual intercourse. Family planning can be achieved in a variety of ways and should be discussed with your partner and physician. Remember that breastfeeding is not a form of birth control.

After the birth of your baby, your sex drive may decrease temporarily due to hormonal changes, fatigue and adjusting to the demands of parenting. Many men and women fear that intercourse will be painful for the woman. Not all women have pain. For women who do experience pain, the intensity varies from woman to woman.

During this time, kissing, cuddling and massage can be acceptable alternatives to intercourse. Most importantly, talk to each other about your feelings and concerns.

When you decide to resume intercourse, the following suggestions may be helpful for you and your partner:
– The natural lubrication of your vagina following childbirth may take longer than before you had your baby, particularly if you are breastfeeding. Use a lubricant such as KY® jelly or Astroglide®.
– Breastfeeding before intercourse will decrease the chance of leaking breast milk.
– Varying positions may help, as some may be more comfortable than others.
– Maintaining your sense of humor will be helpful.
Is it Postpartum Blues or Postpartum Depression?

What is postpartum depression?
Postpartum depression (PPD) is the number one complication of pregnancy. It is a physical disorder that can occur any time from pregnancy to a year after the baby is born. It is likely that 15 percent of women (1 out of every 8 women) who have a baby suffer from PPD.

It is normal for a new mom to feel emotional for a few days after her baby is born. She may be weepy, drained, anxious, irritable and sad. These “baby blues” should go away within two weeks.

But for 30 percent of new mothers, these emotions last longer than two weeks and can also include hopelessness, irritability, sadness, loneliness and isolation. They may cry a lot, have frightening or repetitive thoughts, or have trouble sleeping or eating. They may even be disinterested in their baby. These are symptoms of PPD and should be discussed with a health care provider.

What is postpartum anxiety?
Some mothers may also experience postpartum anxiety. They may feel worried or panicky, have a fear of losing control or going crazy, or have chest pains or racing heart. They may also feel extreme worry about their baby. Postpartum anxiety can make some women feel dizzy, shaky or short of breath. These symptoms can be present with or without PPD symptoms.

What is postpartum psychosis?
Only one or two out of 1,000 women will experience postpartum psychosis. It’s the most severe form of postpartum illness and needs aggressive care. Mothers may have severe mood swings, hallucinations and irrational or violent thoughts. These symptoms should be reported to a health care provider immediately.

What does PPD feel like?
I can’t concentrate.
I can’t sleep, even when my baby is sleeping.
I’m not hungry and just don’t care to eat.
I get irritable and angry very easily.
The simplest decisions are hard for me to make.
I don’t enjoy things I used to like to do.
I’m tired and have no energy.
I don’t feel loving toward my baby.
I feel angry toward my baby and others.
I feel like I’m going crazy.
I’m thinking of harming myself or my baby.

Who is at risk for PPD?
Women or adolescents who:
– have had depression or anxiety
– have poor social support or isolation
– have had a recent life changing event
– have other mental disorders or substance misuse
– have a history of trauma
– are living in poor financial circumstances

What can I do to help myself?
– Exercise every day.
– Sleep when the baby sleeps.
– Eat a healthy diet.
– Drink plenty of water.
– Avoid alcohol, caffeine, high sugar and high fat foods.

What can family and friends do to help?
Lack of support is a major factor in PPD.
– Check in regularly to see how the mother is doing.
– Make her a nutritious meal.
– Watch the baby so she can nap or take a shower.
– Help out with housework.

Is it the baby blues or PPD?
Since your new baby was born, how often have you felt down, depressed or hopeless?
___ Always ___ Often ___ Rarely ___ Never

Since your new baby was born, how often have you had little interest or little pleasure in doing things?
___ Always ___ Often ___ Rarely ___ Never

If you answered ALWAYS or OFTEN to either question, it’s time to talk to your health care provider about how you are feeling.

Call your doctor if:
– Baby blues last longer than two weeks.
– Your symptoms get worse.
– You’re having trouble caring for yourself or your baby.
– You’re having thoughts of harming yourself or your baby.

If you are thinking about hurting yourself, talk to someone right away:
National Postpartum Depression Hotline
1-800-PPD-MOMS (773-6667)
National Suicide Hotline
1-800-273-TALK (8255)
Parental Stress Hotline
1-800-632-8188
Postpartum Depression Resources

- Baby Blues Connection
  http://www.babybluesconnection.org
  Toll free: (800) 557-8375
- Online PPD Support Group
  http://www.ppdsupportpage.com
- Postpartum Education for Parents
  Email: pepboard@sbpep.org
  PEP Warmline: (805) 564-3888
  http://www.sbpep.org
- Depression After Delivery
  http://www.depressionafterdelivery.com
- Postpartum Support International (PSI)
  http://www.postpartum.net
  (800) 944-4ppd
- Alabama Chapter
  Misty Johnson, Co-Coordinator
  (205) 427-2863
  Rebecca Swinney
  (256) 460-0640
- Postpartum Stress Center
  http://www.postpartumstress.com
- Womenshealth.gov helpline (English and Spanish)
  Phone: (800) 994-9662
  TDD: (888) 220-5446
  Hours: Monday through Friday, 9 a.m. to 6 p.m., EST. (closed on federal holidays)
- Office on Women's Health
  (202) 690-7650
- Postpartum Progress
  http://postpartumprogress.com
- Circle of Moms
  http://www.circleofmoms.com
- Postpartum Depression to Joy
  http://www.ppdtojoy.com/
- Journey through PPD
  http://journeythroughppd.blogspot.com/
- Babycenter.blog
  http://www.postpartum.net/
- Kids Health -- Postpartum Depression and Caring for Your Baby
  http://Kidshealth.org/parent/emotions/feelings/ppd.html
- Jenny's Light
  http://www.jennyslight.org
- Postpartum Dads
  http://www.postpartumdads.org
- Postpartum Men
  http://postpartummen.com/forum/
- Becoming Dad
- Great Dads
  http://www.greatdads.com
- National Alliance on Mental Illness (NAMI)-Huntsville
  http://www.namihuntsville.org
  (256) 534-2628
- Pregnancy Info.net
  http://www.pregnancy-info.net

Mental Health Center of Madison County
  (256) 533-1970
Applied Behavior Consulting
  Huntsville, AL 35802
  (256) 882-2004
Assessment and Psychotherapy Services of Madison
  (256) 774-7100
Alabama Psychological Services Center
  Huntsville, AL 35801
  http://www.apscllc.com
  (256) 533-9393
Behavioral Medicine Center Decatur General West
  Huntsville, AL 35801
  (256) 551-2710
Cornerstone Counseling Center, LLC
  Huntsville, AL 35801
  (256) 519-9000
Family Service Center
  Huntsville, AL 35801
  (256) 551-1610
Mountain Lakes
  Guntersville, AL 35976
  (256) 582-3203
  Scottsboro, AL
  (256) 259-1774
UAB Health Center Huntsville-Clinical Programs
  (256) 551-4461

Riverbend Center for Mental Health
  Florence, AL 35630
  (256) 764-3431
Marshall County Mental Health Center
  Guntersville, AL 35976
  (256) 582-4465
Limestone Co. Mental Health Center
  Athens, AL 35611
  (256) 232-3661
Centerstone Customer Care Hotline
  Fayetteville, TN 37334
  (888) 291-4357
Behavioral Sciences of Alabama, Inc
  Huntsville, AL 35801
  (256) 883-3231
Asbury Counseling Center
  Madison, AL 35758
  (256) 722-8091
Empower Behavioral Health
  Huntsville, AL 35803
  (256) 519-9144
Gina Porter LCSW PIP
  Huntsville, AL 35801
  (256) 998-0879
Mental Health Center of North Central Alabama
  Decatur, AL 35601
  (256) 355-5904
We’re different...we’re children

Because children aren’t like adults, neither is their health care. That’s why a children’s hospital is the right place for your child. It starts with the doctors and nurses who are specially trained and experienced in only caring for children. Because the patients are unique, the equipment is too. It’s child-sized. The environment is not like a regular hospital either...it’s all about kids...and their families. There are only three hospitals like this in Alabama and one of them is in Huntsville.

Pediatric Services

- Only Pediatric Intensive Care Unit (ICU) in north Alabama
- Pediatric Intensivists – physicians who specialize in and are board certified in Pediatric Critical Care
- Only Pediatric Emergency Room in north Alabama — open 24 hours a day, 7 days a week
- Kids Care – the region’s pediatric/neonatal critical care transport program
- St. Jude Clinic – one of only seven St. Jude affiliate clinics in the nation for pediatric hematology/oncology
- 37-room inpatient pediatric unit with highly specialized pediatric medical nursing staff and friendly accommodations for parents and family
- Pediatric physical, occupational and speech therapy
- Pediatric audiology program
- Child Life program
- Pet Therapy program
- Kids Kamp Play Garden and Cabin – outdoor and indoor play areas for children to engage in a game of “let’s pretend”

Children’s Specialties

Adolescent Medicine
Allergy & Immunology
Anesthesiology
Cardiology
Critical Care
Emergency Medicine
Gastroenterology
Hematology/Oncology
Hospitalist
Neonatology
Neurology
Orthopedics
Otolaryngology
Pulmonology
Radiology
Surgery
Urology
Caring for Your Newborn

Your Baby from Head to Toe
Your child is the greatest gift you will receive. Gathering information and educating yourself will calm your fears and answer questions as you prepare to care for your infant.

You probably know much more about being a parent than you think. From childhood, you have learned parenting skills by watching your own parents and other families. Perhaps you have experience in caring for other children. Also, you have instinctive responses that will help you develop your own skills and parenting style. This section will serve as a guide to the first days and weeks of the life of your newborn.

Soft spots
There are two fontanels, or soft spots, on your baby's head. These are normal and allow for rapid growth of the brain. Fontanels can vary greatly in size from one baby to another. The larger one, located on top toward the front of the head, has a diamond shape. The other one is located toward the back of the head and is somewhat triangular. Do not be afraid to gently touch these areas. There is a tough membrane under the skin that protects the skull's contents. You can expect the soft spot at the back of the head to close by 4 months. The soft spot at the top will close between 10 and 20 months.

Vision
Although your newborn's eyes may be closed most of the time, when awake, infants can see. The best distance for focusing is 8 to 15 inches from the face. Babies can distinguish light from dark, prefer patterns to solid colors and are fascinated by the human face. As you look at your baby's eyes, you may notice small red areas in the whites of the eyes, making them appear blood shot. This is caused by blood vessels breaking during the birth process. These areas will disappear on their own. You also may notice the eyes appear crossed or like they are drifting. This occurs because eye muscles are immature and are still developing. Eye color may change until 6 months of age.

Hearing
Your newborn can hear at birth. Very early, your baby will recognize familiar voices and can be comforted by them. In addition to providing comfort, speaking to your baby can aid in language development. If you watch carefully, you may even notice slight movements with the arms and legs in response to your speech.

Sometimes your baby's ears may appear flattened or even folded against the head. This will correct itself soon.

Smelling, tasting and touching
In addition to preferring certain patterns and sounds, your baby will prefer certain smells and tastes. A nursing baby quickly learns to recognize the smell and taste of mother's milk. Infants are also sensitive to touch and the way they are handled. Gentle stroking will comfort, while picking up roughly is likely to cause an infant to cry.

Skin
At birth you may notice a creamy, white substance covering your baby's skin or in the folds of skin. This substance is called vernix and acts as a protective coating. It is easily absorbed or wiped off and usually disappears after the first bath. Your baby's skin also may peel as it adjusts to the air outside the womb. This process is normal and requires no treatment. Small white dots on the face, called milia, may also appear. They may look like pimples, but don't squeeze or wash them vigorously. They will clear on their own. General skin rashes and birthmarks are common. Most fade in the first weeks without treatment. The breast area on both boys and girls may be slightly swollen and even have a small discharge. This is normal and will correct itself. A bluish appearance of your baby's feet and hands during the first few hours after birth is due to immature circulation and will correct itself.

Male and female sex organs (genitalia)
The genitals of newborns, often reddish, seem quite large for bodies so small. Your baby girl may have a clear white or slightly bloody vaginal discharge caused by exposure to her mother's hormones during pregnancy. This is normal and requires no special treatment.
Jaundice
Jaundice is a yellow or suntanned tint to your baby's skin. Many newborn babies become jaundice. It is caused by an increase of bilirubin, which comes from blood breakdown. You can lessen the amount of bilirubin by breastfeeding soon and often after the birth of your baby and for a long period of time. Your milk has a laxative effect that helps your baby's bowels move more. Bilirubin passes out of your baby's system with bowel movements. However, your baby's physician may suggest supplementing with formula to increase the fluid intake. If you are not breastfeeding, your baby's physician may increase the amount of times you offer your baby formula.

An infant at home with significant jaundice that is not appropriately treated can develop severe and permanent brain damage. If your baby shows signs of significant jaundice (spreading to include the chest and stomach), blood tests must be performed, and occasionally treatment may be needed.

Keep in mind:
- Jaundice is rarely present at birth and may not become evident until a baby is several days old. It typically peaks at day three or four.
- Jaundice is first noticed on the face. As it increases in severity, it spreads to the chest, stomach and legs.
- Test for jaundice by pressing gently on your baby's stomach with your thumbs and pulling your thumbs apart to stretch the skin slightly. If the resulting imprint is yellow (not flesh-colored), contact your baby's physician. Always check for jaundice in natural light — not by lamp or fluorescent lights.

Call your baby's physician if:
- The yellow or suntanned tint spreads to baby's eyes, stomach or legs, or if baby is drowsy and feeding poorly.
- Your baby has fewer wet diapers and bowel movements (recording them daily will provide good information for your baby's physician).

Sleeping
Infants generally are alert and active for the first one to two hours after birth. Some may be interested in breastfeeding right away, while others are content to be held and observe their new surroundings. After this initial period, most babies tend to become less active and may be less eager to eat. Your newborn probably will sleep up to 16 hours a day divided into two to four hour naps. Your baby's sleep needs will be unpredictable at first, and some babies will sleep more or less than others. During this time, it is important for you to get enough rest by sleeping when your baby sleeps.

Crying
Crying is your baby's primary method of communicating. Babies cry for many reasons. They may be hungry, tired, uncomfortable, over stimulated, bored, lonely or sick. As you get to know your baby, you'll learn how to interpret each cry. Respond quickly to your baby's cries in the first few months. You cannot spoil a baby by giving too much attention. The more relaxed you remain, the easier it will be to console your newborn.

If your baby is crying a lot, try some of these consoling techniques:
- Burp baby frequently during feedings to relieve trapped gas
- Rock baby in a chair or stand swaying back and forth
- Gently stroke or pat baby's head, back or chest
- Wrap baby snugly in a receiving blanket
- Reduce the amount of noise and bright light
- Introduce rhythmic noise and vibrations, such as riding in the car or walking with baby in a stroller
- Give baby a warm bath if the umbilical cord has come off and healed (most babies like this but not all)
- Sing, talk or play soft music

Crying is difficult to listen to and can be frustrating. If you're feeling overwhelmed and are unable to console your baby, it is best to put baby in a crib and leave the room until you can regain your composure. If you feel frustrated and need a break, call a friend or family member. If help is not available, make sure baby is safe, close the door and check on baby at least every five minutes. It is very important to never shake a baby no matter how impatient you feel. Shaking can cause brain damage, mental retardation or death. Refer to Shaken Baby info on pg. 30.
Handling and positioning
Newborns have very little head control and need to have their head and neck supported to keep their head from flopping side to side or front to back.

Sudden Infant Death Syndrome (SIDS)
When positioning your baby for sleep, it is important to place your baby on the back to help reduce the risk of Sudden Infant Death Syndrome (SIDS). Do this whether your baby is being put down for a nap or to bed for the night. Although this recommendation is different from the way many people were taught in the past, physicians and nurses now believe that fewer babies will die of SIDS if infants sleep on their backs. Be patient as your baby adjusts to this safer sleep position. Keep your baby's sleep area close to, but separate from, where you sleep. Your baby should not sleep in a bed or on a sofa with adults or other children. If you bring the baby to your bed to breastfeed, put him or her back in a separate sleep area, such as in a bassinet, crib, cradle or co-sleeper when finished.

Tummy Time
Tummy time is an important part of the motor development of an infant. Tummy time allows your baby to gain head and trunk control and strengthen the back, neck, shoulders and arms. It also helps prevent flattening to the back of the head. (Head flattening can also be prevented by changing head position while baby is sleeping on his or her back.)

Your baby may be placed on the tummy as a newborn during supervised, awake time. If your child was born before 37 weeks, you may want to wait until the original due date to start tummy time.

Some babies do not tolerate tummy time very well. Below are a few suggestions to try and overcome those unhappy moments while on the tummy:
- Lie on your back and place baby on the tummy against your chest. Once baby becomes comfortable with this, you can try moving baby to a blanket on the floor.
- Start out for only a few minutes at a time, several times a day, building that time as baby begins to tolerate being on the tummy.
- Lie on your tummy up close so baby can see your face.
- With baby lying on his or her tummy, roll up a small towel or receiving blanket and place it under the shoulders to make it easier to lift and turn the head.
- Place a toy in front of baby to get his or her attention.

Most babies learn to like tummy time quickly once they realize what fun it is. You will even enjoy watching your baby as development progresses day-to-day.

Feeding Your Baby
Breastfeeding
If you have questions about breastfeeding, see the reverse side of this book or contact one of our lactation consultants at (256) 265-7285.

Bottle feeding
You may choose to bottle feed your baby. Contact your baby's physician for a recommendation of a formula brand and type. Infant formula is available in different forms: ready-to-use, liquid concentrate and powder. Follow the manufacturer's directions for mixing, using and storing formula. **Never give your baby regular milk. Always use formula recommended by your baby's physician.**

If your tap water is chlorinated, you can clean bottles, nipples, caps, etc. in your dishwasher or wash them in hot water with dish soap. If you hand wash them, be sure to rinse them thoroughly in hot water. If you have well or non-chlorinated water, you should boil bottles, nipples, caps, etc. for five to 10 minutes to clean them. Bottle fed babies should be fed every three to four hours. At first, some babies may take only one ounce of formula. The amount consumed will increase during the first week. Most babies take one to three ounces over a 10 to 20 minute period. Call your baby's physician if the baby takes less than one ounce at each feeding for two to three feedings in a row.
Tips for bottle feeding

– Powdered formulas will mix more easily and the lumps will dissolve faster if you use slightly warm water.
– Refrigerated formula doesn’t have to be warmed, but most infants prefer it at least room temperature.
– Be extra careful when heating a bottle to make sure it isn’t too hot. Put a few drops on your wrist to test the temperature. **Never heat a bottle with formula in a microwave or in a pan of water directly on the stove!** It can heat unevenly, feeling cooler on the outside and yet be very hot in the center. Instead, heat the bottle in a bowl of very warm water until it reaches a comfortable temperature.
– There are several nipple styles available. Consult your baby’s physician for a recommendation. Periodically check nipples for signs of damage or wear and check the size of the nipple hole. A nipple hole that is too small may cause the baby to suck harder and take in more air. A nipple hole that is too large may allow the formula to flow too quickly, causing the baby to choke.
– When feeding your baby, cradle him or her into an almost sitting upright position and support the head. Never feed a baby laying flat, and never prop the bottle. This could increase the risk of choking or ear infections.
– To minimize the intake of air while feeding, make sure you hold the bottle so that formula fills the neck of the bottle and covers the nipple. Burp baby halfway through each feeding and at the end. If your baby is a fast eater, you may need to burp more often.

Burping

Experiment to find the best technique for your baby. You may develop new methods of your own.
– Head on your shoulder – Hold your baby upright with baby’s head on your shoulder, supporting the head and back while patting gently. Put a soft towel or cloth diaper on your shoulder in case of spit-up.
– Sitting up – With your baby seated on your lap, lean baby forward and support the chest and head by allowing the jaw to rest in your hand. Pat baby gently on the back with your other hand.
– Tummy down across lap – Lay your baby on your lap with baby’s stomach over one leg and the head resting on the other. With baby’s head turned toward one side, hold securely with one hand and pat gently on the back.

Spitting Up

Spitting up is another common concern during infancy. Spitting up the first day or two after birth is most often due to fluid swallowed during delivery. Sometimes spit-up is caused by the baby eating more than his stomach can hold, or sometimes spit-up will occur when the baby is burping or drooling. This is no cause for concern. Some babies spit up more than others, but most are out of the phase by the time they are sitting. Spit-up should never be brown, red or green in color. If it is, consult with your baby’s physician.

Using the bulb syringe

A bulb syringe will be sent home with you when you leave the hospital. This can be used to clear formula from your baby’s mouth and clear mucus from his nose. To use it, completely depress the bulb before inserting the tip into the side of the baby’s mouth. Suction is achieved by releasing the bulb. Remove the bulb to empty it completely and then depress it before suctioning again. After suctioning the mouth, you may suction each nostril using the same technique. Remember to suction the mouth first, nostrils second. Afterward, wash the bulb inside and out by depressing it in warm, soapy water and rinse well. Prop the bulb so all the water drains out.

Bathing

Your infant doesn’t need a lot of bathing as long as you clean the diaper area well when you change diapers. A sponge bath two or three times a week until the umbilical cord has fallen off and the area is healed is all that’s required. Tub baths can begin after the cord area is healed.
– Gather supplies to be used for the bath before getting the baby: Basin of warm water, two washcloths, a towel, mild soap, baby shampoo, Vaseline for circumcision care (if applicable), a clean diaper and clean clothing.
– In a warm room, lay the baby anywhere that’s flat and comfortable for you. If the baby is on a surface above the floor, use a safety strap or keep one hand on baby at all times to ensure he or she doesn’t fall.
– Keep baby in a towel and expose only the parts of the body you are washing.
– Test the temperature of the water with your wrist or elbow.
Bathing (cont.)

– Start by washing the face with clear water – don’t use soap. Use a corner of a washcloth to clean the area around each eye, wiping from the inner to the outer corner. Use a different corner of the washcloth for each eye.

– For the ears and nose, use a washcloth, wiping only what can be seen. Never use cotton swabs in the ears or nose due to the risk of damaging delicate tissue from cleaning too deeply.

– To shampoo hair and scalp, cradle the baby’s head, wet the head and apply a tear-free baby shampoo. Massage the scalp using your fingers, a washcloth or a soft brush. This will help prevent cradle cap. Rinse thoroughly with clear water and gently dry.

– Wash the rest of baby’s body with warm, soapy water, paying close attention to creases around the neck and under the arms, and around the legs and diaper area.

– When cleaning the diaper area, clean girls from front to back so bacteria is not spread from the rectum. When cleaning boys, be sure to wipe beneath the scrotum.

– Dry your baby thoroughly and dress appropriately for the weather.

– Cautions regarding the use of oil, powder and lotion: Oils generally are not recommended for use on newborns because they are not easily absorbed into the skin. Powder creates a risk for suffocation if the baby breathes the powder. If you are going to use powder, shake it out away from your baby and then pat the powder on the skin. Be sure to keep the powder out of baby’s reach. You should use only lotions and other skin care products specifically made for babies.

Safety Tips at Bath Time

– To prevent your baby from slipping while bathing in the sink, set on a washcloth and hold baby under the arms.

– To prevent your baby from being scalded, adjust the temperature of your water heater to less than 120 degrees Fahrenheit. Never run water while your baby is in the sink or bath or run it directly on your baby.

– Never leave your baby unattended during the bath. Drowning can occur very quickly in small amounts of water.

Circumcised/uncircumcised penis care

Whether or not to have your son circumcised is a decision that ideally should be made before delivery. Your baby’s physician can advise you on the risks and benefits of either choice. Your obstetrician can perform the procedure.

Circumcised Penis Care

For five days following the circumcision, if your son’s circumcision does not have a plastic ring on it, put a small amount of Vaseline onto the site during each diaper change. It is important to keep the area as clean as possible. If particles of stool get on the penis, cleanse the area with warm, soapy water and wipe gently with a soft cloth. If there is a plastic ring present, keep the area clean and dry and allow the ring to fall off by itself. The tip of the penis may look quite red and have a yellow secretion for the first few days. This indicates that the area is healing normally. If there is bleeding at the circumcision site, apply pressure with a clean cloth or gauze pad. Contact your baby’s physician if this does not stop the bleeding. Within a week, the redness and secretion should gradually disappear. If, after a week, redness persists or there is swelling or crusted yellow sores that contain cloudy fluid, the penis may be infected. If so, consult your baby’s physician.

Uncircumcised Penis Care

During the first few months, clean the penis with warm, soapy water as you would the rest of the diaper area. Do not try to pull back the foreskin. Forcing the foreskin back may harm the penis. The natural separation of the foreskin from the glans may take many years. After puberty, the adult male learns to retract the foreskin and cleanse under it on a daily basis.

Cord care

After birth, the umbilical cord will be clamped and cut. This clamp will remain in place for 24 to 48 hours or until the cord is dry. The remaining cord will turn black and fall off in one to four weeks. Do not give tub baths until the cord falls off. Simply wipe the area with a wet washcloth or sponge, avoiding the umbilical cord. If the cord becomes soiled, appears moist or there is a small amount of discharge at the bottom near the skin, use rubbing
alcohol on a cotton ball to wipe it down. Since the cord will dry and heal faster if exposed to air, turn the diaper down below it and fold clothing above it, leaving the cord exposed. Do not place your infant in any tight-fitting sleepers or onesies until the cord falls off. It is normal for there to be a slight amount of bleeding as the cord falls off. Call your baby's physician if the skin around the cord becomes excessively red, if there is a foul odor or if there is a lot of drainage.

**Diapers**

Choose between cloth and disposable diapers before your baby is born so you can have diapers on hand when your baby comes home from the hospital. Plan on using about 70 diapers per week. Change your baby's diaper as soon as possible after bowel movements or wetting. Gather the supplies ahead of time and choose a safe, flat surface with enough room to work. Never leave your baby unattended. When changing a soiled diaper, cleanse from front to back. When changing a diaper after a bowel movement, pay close attention to removing the stool from creases around the legs and the diaper area.

**Urination**

Your baby may have a wet diaper every one to three hours or as infrequently as four to six times a day. If you notice signs of pain while your baby is urinating, call your baby's physician. Pain while urinating may be a sign of a urinary tract infection. Urine should be clear or light yellow in color.

**Bowel Movements**

For the first few days, your baby's bowel movements will be thick and dark green or black. This is called meconium. Once the meconium is passed, the stools will turn yellow-green. If your baby is breastfed, the stool then takes on a yellow, seedy appearance. The consistency of the stool will be soft or slightly runny. If your baby is bottle fed, the stool will usually turn a tan or yellow color and will be firmer in consistency than the stool of a breastfed baby.

The frequency of bowel movements varies from one baby to another. Many babies have a stool soon after each feeding. By age 3 to 6 weeks, it is typical for some breastfed babies to have fewer bowel movements. This happens because breast milk leaves very little solid waste. Infrequent stools are not considered a problem as long as they are not hard and dry and your infant is otherwise normal, gaining weight steadily and nursing regularly.

If your baby is formula fed, baby should have at least one bowel movement a day. Whether you are breastfeeding or bottle feeding your baby, hard or dry stools may be a sign that your baby is not drinking enough fluids or that there is too much fluid loss due to illness or heat. Contact your baby's physician for advice to manage this condition.

Call your baby's physician if your baby has a sudden increase in frequency of bowel movements (more than one per feeding) and the stool is more watery. This may be a sign of diarrhea. Large amounts of blood, mucus or water in your baby's stool could also be a sign of severe diarrhea or an intestinal problem. The main concern with diarrhea is the risk of dehydration.

**Diaper Rash**

Frequent diaper changes and thorough cleansing and airing of the diaper area will usually prevent diaper rash (redness or small bumps on your baby's skin in the diaper area). If diaper rash develops, call your baby's physician for recommendation of a diaper cream or ointment and any further treatment.

**Taking Temperatures**

We recommend using a digital thermometer. Please follow the instructions on the package insert for the proper use.

**When to Call the Doctor**

Notify your baby's physician if your baby has a fever, and specify the method you used to take it – under the arm or rectal. Also contact your pediatrician if your child has the following symptoms:

– Poor feeding, continued spitting up or forceful vomiting
– Excessive drowsiness, sleeping through feeding times, or unusual inactivity or quietness
– Persistent crying or irritability
– Less than three wet diapers a day after 48 hours
– Constipation or dry stools
– Loose, watery bowel movements
– Difficulty breathing or a persistent cough
– Grayish-blue coloring around the mouth, lips and tongue when feeding or crying
– Yellowing of the skin or whites of the eyes (jaundice)
– Redness or discharge from the eyes
– Generalized rash, especially if accompanied by fever
– Redness or foul odor in the cord area
– Bleeding or drainage from the circumcision that continues and increases after discharge from the hospital
– White patches in the mouth (thrush) that cannot be wiped away with a soft cloth

When calling your baby’s physician, have the following information available:
– Your baby’s temperature and the method used to measure it – under the arm or rectal
– Other symptoms that are causing you concern
– The phone number of your pharmacy

Common Behaviors
Additional behaviors you can expect from your newborn:
– Sneezing to clear the nose and throat
– Keeping the arms and legs bent up close to the body and fingers tightly clenched
– Startled easily or have tremors of the legs, arms or chin. This is due to an immature nervous system that is still developing.
– Hiccups, which are little muscle spasms. You may offer a feeding, but hiccups usually go away on their own.
– For the first few weeks or months your baby probably won’t have tears when crying.
– When placed on the stomach, baby may try to lift and turn the head.
Baby Safety

Crib
Crib should meet the Consumer Product Safety Commission standards. Visit cpsc.gov to learn the latest information about crib safety and recalls.
- Crib sides should always be up when baby is unattended
- Crib slats should be no more than 2\(\frac{3}{8}\) inches apart
- The mattress should fit snugly inside the crib and linens should be well fitting – not loose. There should be no missing, loose or broken crib or mattress-support hardware.
- There should be no soft materials or objects such as pillows, comforters, bumper pads or loose bedding under a sleeping baby or in the crib. If blankets are used, they should be tucked in around the crib mattress so the infant’s face is less likely to be covered by the bedding.
- Avoid toys with long strings and small objects. Mobiles and cradle gyms must be tightly secured. Big floppy toys should not be in the crib.

Halo Sleep Sack
To help keep your baby safe while sleeping in a crib, your nurse will help you swaddle your baby in a HALO® Sleep Sack. A sleep sack is a wearable blanket that eliminates the need for loose bedding such as blankets in the crib. Loose bedding and other objects such as stuffed animals, bumper pads, etc. can contribute to Sudden Unexpected Infant Death (SUID)/Sudden Infant Death Syndrome (SIDS). If you notice loose items in your baby’s crib you should remove them or check with your nurse before you place your baby in the crib.

Maintaining a safe sleep environment is important at home, too. Learn the ABC’s of safe sleeping (below) and make a safe sleep plan to share with anyone who takes care of your baby. HALO® Sleep Sacks are available for purchase in the Gift Shop located in the lobby.

Car Seats
Alabama state law requires that your infant ride in an infant car seat. Newborns always should ride in an appropriate rear-facing car seat in the back seat of the vehicle. Never place an infant in the front seat of a vehicle equipped with an air bag. An air bag can kill a baby riding in the front passenger seat, even in a minor crash. Older children are also safer in the back. Buckle them up!

Basic Car Seat Safety
- Infants always ride in a rear-facing car seat. This is the safest position. It protects babies from spinal cord injury. For the most current recommendations, visit nhtsa.gov and aap.org.
- Transport your baby in the back seat. The back seat usually is safer than the front seat.
- Make the seat belt tight around the car seat. Fasten the harness snugly over your baby’s shoulders.
- Follow car seat instructions and the vehicle manual to use and install the car seat correctly.
- Beware of used car seats. They may have hidden problems, compromising safety if you’re in an accident.
- Never leave your baby or child alone in the car. There are a number of hazards including the danger of overheating.

Bringing Your New Baby Home
- Dress your baby in clothes with legs so the center strap can go between the legs.
- Adjust the harness to fit snugly. Avoid using thick blankets under the straps. These make it impossible for the harness to fit tight enough to protect the baby in a crash. To keep your baby warm, buckle the harness first, then tuck a blanket over it.
- Put the harness straps in the lowest slots. Straps should be in slots closest to or just below your baby’s shoulders in the rear-facing position.
- Note: Hospital staff are not allowed to help you place your baby in a car seat or secure the seat in the car.
Child Passenger Safety
A certified child passenger safety technician can check your installation and answer questions. To find a technician or an inspection station near you, go to nhtsa.gov, click on the child passenger safety icon, and then click on the Fitting/Inspection Station link or go to seatcheck.org. Huntsville Hospital for Women & Children is home to a car seat fitting station.

Prevent Falls and Suffocation
- To prevent falls, never leave your baby unattended on raised surfaces such as a changing table or countertop.
- If you are feeling weak, faint or unsteady on your feet, do not lift your baby. Call for help instead.
- Keep your bed in the lowest position (closest to the floor) at all times.
- Do not sleep with your baby in your bed, couch or chair as this may place your baby at risk of falling and of serious injury.
- When you want to sleep, first place the baby in the bassinet.
- If we find you asleep with your baby in your bed or your arms, we will move your baby to the bassinet.
- Small objects such as safety pins, small parts of toys, etc. should be kept out of reach of your baby. This includes the toys of older brothers and sisters.
- Keep plastic bags or wrappings out of your baby’s reach.

Fire
- Your baby should be dressed only in clothing treated with flame-retardant chemicals.
- Install smoke detectors in appropriate locations throughout your home and maintain them according to the manufacturer’s instructions.

Supervision
- Never leave your baby alone in the house, yard, car, with pets or other small children.

Choking
- Do not attach pacifiers or other objects to the crib or to your baby with a cord.
- Do not place a string or necklace around your baby’s neck.

Car Seat Fitting Station

Ground floor of Franklin Medical Tower parking garage
Enter from Lowell Drive behind Hunstville Hospital for Women & Children

Trust your car seat installation or inspection to trained technicians. Participants will receive education on child passenger safety.

The service is free, however donations are appreciated.

By Appointment Only
(256) 265-7296 or (256) 265-7440

SAFE KIDS
HUNTSVILLE

Women & Children
HUNTSVILLE HOSPITAL
Shaken Baby Syndrome

Shaken Baby Syndrome is a condition of a child who has been shaken.

What are the symptoms of Shaken Baby Syndrome?
Some of the known symptoms of Shaken Baby Syndrome include:
– change in sleeping pattern
– confusion
– convulsions or seizures
– loss of energy or motivation
– slurred speech
– inability to be consoled
– inability to nurse or eat

Shaken Baby Syndrome can result in death, mental retardation or developmental delays, paralysis, blindness, deafness, brain damage, bleeding in the baby's brain and seizures.

How can I keep my baby from getting Shaken Baby Syndrome?
The best ways to prevent your baby from getting Shaken Baby Syndrome are:
– do not shake your baby anytime for any reason
– do not allow your baby to be shaken by anyone, anytime, for any reason

Sometimes I get frustrated or angry when my baby is crying or won’t go to sleep. What should I do then?
If immediate support is not available, you could place the baby in a crib (making sure the baby is safe), close the door, and check on the baby every five minutes.
– remember that your baby is helpless and loves you
– remember that your baby is not trying to be difficult; babies often cry or fuss; this is normal
– sit down, close your eyes, and slowly count to 10, taking deep breaths
– take a time out for a few minutes
– pray or meditate
– read something that is calming to you or your baby
– sing a song to your baby
– check to see if your baby is hungry
– check to see if your baby's diaper is wet or dirty
– play soft music for your baby
– sit in a comfortable chair and rock your baby
– take your baby for a ride in a stroller
– take your baby for a slow car ride around the block
– call a friend or family member and tell them you're frustrated or angry and ask for help or suggestions
– if you have a clergy person, call for help
– call your doctor if you think your baby is sick
– call the Parental Stress Hotline at (800) 632-8188

Sometimes a family member or friend takes care of my baby and gets angry. What should I do then?
– talk with your family member or friend about their anger
– give your family member or friend this information sheet so that they will know what to do if they get angry or frustrated
– if the family member or friend can’t control their anger, find another person to care for your baby when you can’t; try to select someone who is calm

What do I do if my baby has been shaken?
– take your baby to the doctor or the emergency room
– continue to work on controlling your anger and frustration
– don’t ever shake your baby again for any reason

Please remember these important safety tips to keep your baby safe.

– If you are feeling weak, faint or unsteady on your feet, do not lift your baby. Call for help instead.
– Keep your hospital bed in the lowest position at all times.
– Do not sleep with your baby in your bed, couch or chair as this may place your baby at risk of falling and of serious injury.
– When you want to sleep, first place the baby in the bassinet or crib.
– If we find you asleep with your baby in your bed or your arms while you are in the hospital, we will move your baby to the bassinet.
Rails up

Every time you feed your baby

To help keep your baby safe, please ask your nurse to raise all four rails on your bed before you begin to feed your baby.

When you are finished feeding your baby, please call your nurse to lower the rails for you.

Know the ABCs of safe sleeping for your baby.

A
ALONE, with no one and no items in the crib
NO toys
NO parents or siblings
NO extra blankets
NO animals
NO pillows

B
BACK, on baby’s back (face up)
NOT on side
NOT on tummy
NOT propped up with blankets or cushions

C
CRIB
NO adult bed
NO couch or sofa
NO lounge chair
NO futon

Don’t forget tummy time.
While babies should always sleep on their backs, it’s also important to give babies time on their tummies. This helps strengthen the back, neck, shoulders and arms. It also helps prevent flattening to the back of the head. Tummy time should always be while baby is awake and supervised.

Make a safe sleep plan.
Share your plan for safe sleep with your childcare providers, family and friends and be sure they are willing to follow it. You can even use this ABCs of Safe Sleep page as your sleep plan.
Hepatitis B Vaccine

What You Need to Know

1. What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

**Acute (short-term) illness.** This can lead to:
- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

**Chronic (long-term) infection.** Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don’t look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth:
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

2. Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95% – and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3. Who should get hepatitis B vaccine and when?

**Children and Adolescents**

- Babies normally get 3 doses of hepatitis B vaccine:
  - 1st Dose: Birth
  - 2nd Dose: 1-2 months of age
  - 3rd Dose: 6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn’t get the vaccine when they were younger should also be vaccinated.

**Adults**

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,
- household contacts of people infected with hepatitis B,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.

• Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.

• Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses — with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

4 Who should not get hepatitis B vaccine?

• Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.

• Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.

• Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

5 What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

• Soreness where the shot was given (up to about 1 person in 4).

• Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

6 What if there is a moderate or severe reaction?

What should I look for?

• Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

• Call a doctor, or get the person to a doctor right away.

• Tell your doctor what happened, the date and time it happened, and when the vaccination was given.

• Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

• Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.

• Call your local or state health department.

• Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)

Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26
1 Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.
- It can lead to tightening of muscles in the head and neck so you can’t open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.
- It can lead to breathing problems, heart failure, paralysis, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.
- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did not get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
  - have seizures or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had a conditioned called Guillain-Barré Syndrome (GBS),
  - aren’t feeling well on the day the shot is scheduled.
4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap (Did not interfere with activities)
- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate problems following Tdap (Interfered with activities, but did not require medical attention)
- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe problems following Tdap (Unable to perform usual activities; required medical attention)
- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:
- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?
- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?
- If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?
- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines

Vaccine Information Statement

Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26
MMR Vaccine
(Measles, Mumps, & Rubella)

What You Need to Know

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

Measles
• Measles virus causes rash, cough, runny nose, eye irritation, and fever.
• It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps
• Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
• It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

Rubella (German Measles)
• Rubella virus causes rash, arthritis (mostly in women), and mild fever.
• If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:
– First Dose: 12-15 months of age
– Second Dose: 4-6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling overseas. (This dose will not count toward their routine series.)

Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

MMR vaccine may be given at the same time as other vaccines.

Children between 1 and 12 years of age can get a “combination” vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

3 Some people should not get MMR vaccine or should wait.

• Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.

• Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.

• Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.

• Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.
• Tell your doctor if the person getting the vaccine:
  - Has HIV/AIDS, or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids
  - Has any kind of cancer
  - Is being treated for cancer with radiation or drugs
  - Has ever had a low platelet count (a blood disorder)
  - Has gotten another vaccine within the past 4 weeks
  - Has recently had a transfusion or received other blood products

Any of these might be a reason to not get the vaccine, or delay vaccination until later.

4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.

The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting measles, mumps or rubella.

Most people who get MMR vaccine do not have any serious problems with it.

Mild Problems
• Fever (up to 1 person out of 6)
• Mild rash (about 1 person out of 20)
• Swelling of glands in the cheeks or neck (about 1 person out of 75)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

Moderate Problems
• Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
• Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
• Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Very Rare)
• Serious allergic reaction (less than 1 out of a million doses)
• Several other severe problems have been reported after a child gets MMR vaccine, including:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

These are so rare that it is hard to tell whether they are caused by the vaccine.

5 What if there is a serious reaction?

What should I look for?
• Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?
• Call a doctor, or get the person to a doctor right away.
• Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
• Ask your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?
• Ask your doctor.
• Call your local or state health department.
• Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines
VACCINE INFORMATION STATEMENT

Pneumococcal Polysaccharide Vaccine

What You Need to Know

1 Why get vaccinated?

Vaccination can protect older adults (and some children and younger adults) from pneumococcal disease. Pneumococcal disease is caused by bacteria that can spread from person to person through close contact. It can cause ear infections, and it can also lead to more serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain and spinal cord (meningitis). Meningitis can cause deafness and brain damage, and it can be fatal.

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults over 65 years of age, and cigarette smokers are at the highest risk.

About 18,000 older adults die each year from pneumococcal disease in the United States.

Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

2 Pneumococcal polysaccharide vaccine (PPSV23)

Pneumococcal polysaccharide vaccine (PPSV23) protects against 23 types of pneumococcal bacteria. It will not prevent all pneumococcal disease.

PPSV23 is recommended for:

- All adults 65 years of age and older,
- Anyone 2 through 64 years of age with certain long-term health problems,
- Anyone 2 through 64 years of age with a weakened immune system,
- Adults 19 through 64 years of age who smoke cigarettes or have asthma.

Most people need only one dose of PPSV. A second dose is recommended for certain high-risk groups. People 65 and older should get a dose even if they have gotten one or more doses of the vaccine before they turned 65.

Your healthcare provider can give you more information about these recommendations.

Most healthy adults develop protection within 2 to 3 weeks of getting the shot.

3 Some people should not get this vaccine

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of PPSV should not receive it. Tell your provider if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- Children less than 2 years of age should not receive this vaccine.
- There is no evidence that PPSV is harmful to either a pregnant woman or to her fetus. However, as a precaution, women who need the vaccine should be vaccinated before becoming pregnant, if possible.
4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

About half of people who get PPSV have mild side effects, such as redness or pain where the shot is given, which go away within about two days.

Less than 1 out of 100 people develop a fever, muscle aches, or more severe local reactions.

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.

- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.

- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines
Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May. Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. They cannot cause the flu.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies.
  If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- If you ever had Guillain-Barré Syndrome (also called GBS).
  Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- If you are not feeling well.
  It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.
4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

**Minor problems** following a flu shot include:
- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

**More serious problems** following a flu shot can include the following:
- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Problems that could happen after any injected vaccine:**
- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

5 What if there is a serious reaction?

**What should I look for?**
- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**
- If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

**VAERS does not give medical advice.**

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

Vaccine Information Statement

Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26
**Influenza (Flu)**

**Patient and Family Information**

**What is influenza?**

Flu is the short term for Influenza. It is a very contagious respiratory disease caused by the Influenza A and B viruses. You may experience symptoms much like having a cold, but flu symptoms are far more serious and may be life-threatening.

**Signs and Symptoms?**

Symptoms may include fever, chills, headache, body aches, weakness, loss of appetite, sneezing, coughing, sore throat and sniffles. People with the flu are often bedridden for up to 5-10 days.

**How is it spread?**

Influenza is spread by droplet infection. When someone coughs or sneezes, the virus is expelled into the air and can be inhaled by anyone who is close to them. Though much less frequent, the viruses also can be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else’s mouth or nose) before washing their hands. Therefore, frequent hand hygiene is an important preventive measure.

**How is it prevented?**

The best way to prevent the flu is by getting a flu vaccine. An annual flu vaccine is recommended for everyone who is at least 6 months of age. This CDC recommendation has been in place since February 2010. The best time to get a “flu shot” is in October, since flu season usually starts in December/January. For healthy adults, the flu vaccine begins to provide protection beginning at about two weeks following the vaccine.

**What if I have the flu and I am a patient at Huntsville Hospital?**

You will be placed under special “droplet precautions”. These precautions include the use of a mask when your health care worker or your family and friends are within three feet of you. You, your visitors, and the staff must frequently clean your hands. This will prevent the spread of the flu virus.

**Why are these special precautions necessary and how long will they last?**

We do not want to spread the flu to anyone else. These precautions are necessary to prevent droplets of mucous that exit your nose and mouth during coughing and sneezing from coming in contact with the nose, mouth, or eyes of anyone who come in contact with you (e.g., your family, the staff, other visitors, or other patients in the hospital). These precautions usually last for 7 days after the illness onset or until 24 hours after fever and upper respiratory symptoms have resolved, whichever is longer. (*Due to the possibility of continued viral shedding after the resolution of the flu, isolation precautions may be extended up to 3 weeks during peak flu season.)*

If you have questions or concerns, ask a caregiver or call Infection Control at (256) 265-8094.

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**Germs don’t “fly”, they hitchhike.**

Rev 01/08/2014
### 2016 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age Range</th>
<th>HepB</th>
<th>RV</th>
<th>DTaP</th>
<th>Hib</th>
<th>PCV</th>
<th>IPV</th>
<th>DTaP</th>
<th>IPV</th>
<th>HepA</th>
<th>MMR</th>
<th>Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>HepB</td>
<td>RV</td>
<td>DTaP</td>
<td>Hib</td>
<td>PCV</td>
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**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

- **Shaded boxes** indicate the work that must be done during the age range.
- **NOTE:** If your child misses a shot, you don’t need to start over. Just go back to your child’s chart for the next shot. Talk to your child’s doctor if you have questions about vaccines.

**NOTICE:**
- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (IIV) vaccine for the first time and for some other children in this age group.
- Two doses of HepA vaccine are necessary for infants. The first dose of HepA vaccine should be given between 2 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to children 12 months and older to prevent against HepA. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against HepA.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child’s doctor about additional vaccines that he may need.

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For more information, call toll-free 1-800-CDC-INFO (1-800-232-4636) or visit [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

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**Important:** All immunization charts are based on the manufacturer’s recommended doses and schedules. For the most recent information, refer to the manufacturer’s package insert, CDC’s Advisory Committee on Immunization Practices recommendations, or the AAP’s Immunization Services Division (isvaccines@aap.org) for current guidance.
What are the warning signs of VKDB?

In the majority of cases of VKDB, there are NO WARNING SIGNS at all before a life-threatening bleed starts. Babies who do not get a vitamin K shot at birth might develop any of these signs of VKDB:

- Easy bruising especially around the baby’s head and face
- Bleeding from the nose or umbilical cord
- Paler than usual skin color or, for dark skinned babies, pale appearing gums
- Yellow eyes after the baby is 3 weeks old
- Blood in the stool, black tarry stool, or vomiting blood
- Irritability, seizures, excessive sleepiness, or a lot of vomiting may all be signs of bleeding in the brain

Did You Know?
About half of all babies who develop VKDB bleed into their brains.

Is Vitamin K safe?

A study from the early 1990’s found a possible link between getting vitamin K and developing childhood cancer. Pediatricians became very concerned about this and have done many studies since then, in many different ways, trying to see if this link was true. None of the studies found this link again, even though doctors and scientists looked very hard for it.

Does my baby get vitamin K from breast milk?

Yes, but not enough to prevent VKDB. There is only a little vitamin K in breast milk. Breastfed babies are low in vitamin K for several weeks until they start eating regular foods, usually at 4-6 months, and until the normal intestinal bacteria start making vitamin K.

Should all babies get a vitamin K shot at birth?

Yes. Babies do not have enough vitamin K at birth and are, therefore, at risk for having serious bleeding. Thus, it is very important that all babies get a vitamin K shot to prevent VKDB.

Where can I get more information?

For more information, please visit our website at:
http://www.cdc.gov/ncbddd/blooddisorders/index.html
Resources

Smoking cessation

There is not one way to stop smoking that works for everyone, but the importance is paramount. It is vital to prolonging your life, reducing your risk factors for smoking-related diseases, improvement of overall general health, and improving your sense of taste and smell.

To stop smoking is both mental and physical. A person trying to stop must overcome a physical need to smoke and the habit of smoking. Your physician or nurse educator can assist you with ideas that will increase your chance for complete success and compliance to your “stop smoking plan.” Ideas include:

– Selecting a “stop smoking date”
– Gaining support from your physician, family, friends and coworkers
– Attending smoking cessation class or support group
– Adding appropriate exercise and adequate rest to your lifestyle
– Eating a balanced diet and drinking plenty of fluids
– Working with your physician to develop a plan for using over-the-counter or prescription nicotine-replacement aids such as nicotine chewing gum, inhalers or patches
– Changing activities that you associate with the habit of smoking

If you have tried to stop smoking and failed, do not lose hope! 75 percent of those who stop, smoke again. Most smokers quit three times before they are completely successful. If you go back to smoking, don’t give up! Plan for and visualize the healthy life you want for yourself. Celebrate even the smallest of successes each day that you are on your way to a SMOKE FREE LIFE.

(800) 730-6312 or (256) 265-7071

Huntsville Hospital Center for Lung Health offers Freedom from Smoking®, an eight-week program of the American Lung Association. Research shows that group support positively affects success rates.

Led by experts who understand why you smoke, this program uses a positive behavior change approach that teaches you how to become a nonsmoker for good. You do not have to give up your tobacco at the first class meeting.

Topics include:

– Developing your unique quitting plan
– Dealing with recovery symptoms
– Controlling weight gain
– Managing stress through relaxation
– Fighting urges and cravings

Reclaim Your Life

Find time for fitness

At the Wellness Center, with three locations to serve you, you’ll find a variety of ways to stay motivated. Ask about adding play care for your children ages 2 months to 12 years to your membership. Call (256) 265-9355 (WELL).

Wellness Center

huntsvillehospital.org/wellness-centers
What is birth control?

Birth control means using a certain method, medicine and/or device to prevent pregnancy.

How well does birth control work?

How well birth control will work for you depends on the method you choose and if you use it the right way. Birth control methods like the pill, Depo-Provera shots, the Implant and the IUD work almost all the time (99 percent of the time or more) if used the right way.

Other methods like the diaphragm, condoms (rubbers) or sperm-killing foams and creams can work well but depend on you using them the right way every time you have sex. Natural family planning only works if both partners are willing to learn how to do it and to not have sex for up to half of each month.

Abstinence (not having sex) is the only way to prevent pregnancy that works 100 percent of the time. If you do not use any birth control, you have about an 85 percent chance of getting pregnant.

What choices do I have?

The basic types of birth control are:

ABSTINENCE – Abstinence means deciding not to have sex and sticking with that decision.

BARRIER – Barrier methods make a “wall” that blocks sperm from entering a woman’s uterus.

Some examples:

• Diaphragm – A thin, rubber dome that goes inside the vagina and covers the cervix, used each time you have sex;

• Spermicides – Foam, cream, jelly or film put in the vagina each time you have sex;

• Condoms (Rubbers) – Latex sheath worn by the man each time you have sex;

HORMONAL – Hormonal methods use medicines to stop the woman from releasing an egg that could be fertilized.

Some examples:

• Pills – Pills that you take by mouth once a day;

• Vaginal ring – a plastic ring that you place in the vagina for three weeks, then remove for your period;

• Depo-Provera Shots – Shots that you take once every three months;

• Implant – Tiny rod put in your arm which prevents pregnancy for up to 3 years.

• Emergency Contraception

Pills - Pills that you take within 3-5 days after unprotected sex. These are for emergency use, not ongoing birth control;

• Patch - A patch that you place on your skin once each week for three weeks, then remove for your period.

NATURAL FAMILY PLANNING – The natural method requires that a woman check her body temperature, cervical mucus and calendar each day to predict when it is safe to have sex.

OTHER METHODS– Intrauterine Device (IUD) - A small, plastic object that is placed in the uterus by a trained health care provider. Provides protection from pregnancy for 5-10 years depending on the type IUD.
Facts About Birth Control, cont.

STERILIZATION – This is a procedure which makes a woman permanently unable to have children in the future or, for a man, to father children in the future.

Remember: You can always choose not to have sex. No matter what, no one has the right to force you to have sex if you do not want to.

How do I know what is the best birth control choice for me?

Many women use different birth control methods during their lives. What method you use depends on if you have any health problems, how your partner feels about birth control, any side effects and how easy it is to use, among other things.

There is no “perfect” birth control method. Before you decide, you need to know how each kind of birth control works, and what to expect when using them such as possible side effects. Each woman must decide for herself what will work best.

What do I do?

Get the facts. Find out everything you need to know about the methods you might want to use.

Talk to your partner about birth control. Birth control works best when the man and the woman pick out the birth control method together.

If he wants to have sex but does not want you to use birth control or does not want to wear a condom and you want him to, you need to talk more about why he feels this way before you have sex. You may feel funny or embarrassed talking about sex and birth control. That’s normal. However, it is important that he understand why you do not want to have a baby now or that you do not want to get a disease like AIDS or other diseases you can get when you have sex.

Pick out a birth control method you like and learn to use it the right way.

Plan ahead. Be sure you have what you need before you have sex. For example, if you miss a pill, get some condoms to use.

What if I have problems?

You have probably heard others talk about birth control or about problems they have had. The fact is that most teens and women do not have a lot of problems when they use birth control. It may take a little while to learn how to use it or for your body to get used to it. If you try one kind of birth control and do not like it, there are always other kinds to try. Don’t stop using birth control if you are having sex.

Where do I get birth control?

You can get free or low cost birth control supplies or medicines in private at your county health department, at a public or private health clinic and other places. You can also buy condoms and spermicides (foams, creams and jelly) at drug or grocery stores.

What if I can’t afford birth control?

Can you afford a baby right now? Using birth control will help you decide when or even if it is best for you to have a baby. Your county health department (and most public clinics) can help you get the birth control you need.

REMEMBER:

Using most types of birth control will not keep you from getting HIV or other diseases you can get when you have sex. To protect yourself, use a condom each time you have sex.

For more information contact your local County Health Department or www.adph.org/familyplanning.

This publication made possible by a federal TitleX Family Planning grant.
What is BMI?

Body Mass Index (BMI) is a number calculated from a person’s weight and height. BMI correlates to the body fatness and usually indicates excess fat. If your BMI is high, you may have an increased risk of developing certain diseases, including: high blood pressure, heart disease, high blood cholesterol, diabetes, stroke, certain types of cancer, arthritis and breathing problems. Prevention of further weight gain is important and weight reduction is desirable.

If you are overweight or obese and have risk factors such as personal or family history of heart disease, male over 45 years or a postmenopausal female, smoker, inactive lifestyle, blood pressure, abnormal blood lipids (high cholesterol, low HDL, high triglyceride), or diabetes then you are more likely to benefit from weight loss.

*source: Dietary Guidelines for Americans, 2000

Find your height in the left-hand column. Move across the row to the given weight. The number at the top of the column is the BMI for that height and weight.

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**Body weight in pounds according to height and body mass index.**


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Catheter-Associated Bloodstream Infections
(known as central line-associated bloodstream infections)

What is a catheter-associated bloodstream infection?
A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm or groin. The catheter is often used to draw blood or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?
A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?
To prevent catheter-associated bloodstream infections doctors and nurses will:
– Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
– Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
– Wear a mask, cap, sterile gown and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
– Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
– Clean their hands and clean the catheter opening with an antiseptic solution before using the catheter to give medications; they will also wear gloves when drawing blood. Health care providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
– Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
– Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?
– Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
– Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
– Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.
– If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
– Inform your nurse or doctor if the area around your catheter is sore or red.
– Do not let family and friends who visit touch the catheter or the tubing.
– Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?
Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.
– Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
– Make sure you know who to contact if you have questions or problems after you get home.
– Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling catheter.
– Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your health care provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.
Surgical Site Infections/Complications

What is a surgical site infection (SSI)?
A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. Some of the common symptoms of a surgical site infection are:
– Redness and pain around the area where you had surgery
– Drainage of cloudy fluid from your surgical wound
– Fever

Can SSIs be treated?
Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?
To prevent SSIs, doctors, nurses and other health care providers:
– Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery
– Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient
– May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
– Wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area clean
– May give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery
– Clean the skin at the site of your surgery with a special soap that kills germs

What can I do to help prevent SSIs?

Before your surgery:
– Tell your doctor about other medical problems you may have. If you had a SSI after a previous surgery or any other serious infection, please tell your doctor.
– Health problems such as allergies, diabetes, cold/flu symptoms and obesity could affect your surgery and your treatment. If you have diabetes, monitor and make every effort to control your blood sugar.
– Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
– Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
– Shower and wash your hair the morning of surgery. Do not apply lotions, powders, hair spray or make-up. Put on clean clothes after showering.
– Notify the doctor’s office if you have a skin infection, rash or sores prior to surgery.

At the time of your surgery:
– Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
– Ask if you will get antibiotics before surgery.

After your surgery:
– Make sure that your health care providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. **If you do not see your providers clean their hands, please ask them to do so.**
– Family and friends who visit you should not touch the surgical wound or dressings.
– Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.
– Keep your dressing clean, dry and intact. Do not remove the dressing to show others your wound.
What do I need to do when I go home from the hospital?
– Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
– Always clean your hands before and after caring for your wound.
– Before you go home, make sure you know who to contact if you have questions or problems after you get home.
– Before and after surgery it is important to keep you and your environment as clean as possible. Please use clean bed linens, wear clean clothing and use disinfectants to clean surfaces such as bathroom fixtures. Please don't allow pets in your bed while you are recovering from surgery.
– If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage or fever, call your doctor immediately.

What can I do to prevent other surgical complications?

**Pneumonia:**
– Notify the doctor’s office if you develop a cough or fever before or immediately after surgery.
– After surgery, while you are awake, frequently take deep breaths and cough. This helps keep your lungs clear. If you had abdominal surgery, it may help to splint your incision with a pillow.

**Blood clots:**
– Depending on the type of surgery you have, your doctor may order special stockings and sleeves to increase blood circulation in your legs.
– Get up and walk as soon as the doctor orders. Walking increases your blood circulation and may help prevent blood clots. (Walking also helps prevent pneumonia). Move or flex your feet and legs frequently until you can start walking. Do not stay in one position for long periods.
– If you notice a warm, painful or swollen area on your leg, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

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**Accepting New Patients**

Huntsville Hospital Physician Care has several locations in Madison County to serve you.

**PHYSICIAN CARE**

(256) 265-3000
Oral Health

What is good oral hygiene?
Good oral hygiene results in a mouth that looks and smells healthy. This means:

– Your teeth are clean and free of debris
– Gums are pink and do not hurt or bleed when you brush or floss
– Bad breath is not a constant problem

If your gums do hurt or bleed while brushing or flossing, or you are experiencing persistent bad breath, see your dentist. Any of these conditions may indicate a problem.

Your dentist or hygienist can help you learn good oral hygiene techniques and can help point out areas of your mouth that may require extra attention during brushing and flossing.

How is good oral hygiene practiced?
Maintaining good oral hygiene is one of the most important things you can do for your teeth and gums. Healthy teeth not only enable you to look and feel good, they make it possible to eat and speak properly. Good oral health is important to your overall well-being.

Daily preventive care, including brushing and flossing, will help stop problems before they develop and is much less painful, expensive, and worrisome than treating conditions that have been allowed to progress.

In between regular visits to the dentist, there are simple steps that each of us can take to greatly decrease the risk of developing tooth decay, gum disease, and other dental problems. These include:

– Brushing thoroughly twice a day and flossing daily
– Eating a balanced diet and limiting snacks between meals
– Using dental products that contain fluoride, including toothpaste
– Rinsing with a fluoride mouthrinse if your dentist tells you to
– Making sure that your children under 12 drink fluoridated water or take a fluoride supplement if they live in a non-fluoridated area.

What happens during a dental visit?
First, it is important to find a dentist with whom you feel comfortable. Once you’ve found a dentist you like, your next step is to schedule a check-up, before any problems arise.

On your first visit to a dentist, they will take a full health history. On subsequent visits, if your health status has changed, make sure to tell them.

Most dental visits are checkups. Regular checkups, ideally every six months, will help your teeth stay cleaner, last longer and can prevent painful problems from developing.

Regular checkups include:

A thorough cleaning
Checkups almost always include a complete cleaning, either from your dentist or a dental hygienist. Using special instruments, a dental hygienist will scrape below the gumline, removing built-up plaque and tartar that can cause gum disease, cavities, bad breath and other problems. Your dentist or hygienist may also polish and floss your teeth.

A full examination
Your dentist will perform a thorough examination of your teeth, gums and mouth, looking for signs of disease or other problems. His or her goal is to help maintain your good oral health and to prevent problems from becoming serious by identifying and treating them as soon as possible.
X-rays
Depending on your age, risks of disease and symptoms, your dentist may recommend X-rays. X-rays can diagnose problems otherwise unnoticed, such as damage to jawbones, impacted teeth, abscesses, cysts or tumors, and decay between the teeth. A modern dental office uses machines that emit virtually no radiation — no more than you would receive from a day in the sun or a weekend watching TV. As a precaution, you should always wear a lead apron when having an X-ray. And, if you are pregnant, inform your dentist, as X-rays should only be taken in emergency situations.

How long should I go between visits?
If your teeth and gums are in good shape, you probably won’t need to return for three to six months. If further treatment is required, you should make an appointment before leaving the office. And don’t forget to ask your dentist any questions you may have – this is your chance to get the answers you need.

The Mouth-Body Connection
You may have heard of the mind-body connection, but what about the mouth-body connection? To many people, a dental visit is about getting their teeth cleaned, having a tooth pulled or having a filling placed. However, a dental visit is not just about teeth. It is also about your overall health. What goes on in your mouth can affect the rest of your body, and what goes on in the rest of your body can have an effect on your mouth.

Many diseases and conditions can affect your oral health. For example, people with weakened immune systems may be more likely to get fungal and viral infections in the mouth. The immune system can be weakened by disease or as a side effect of cancer chemotherapy drugs or by drugs that are taken to prevent the rejection of transplanted organs or bone marrow. Medications taken for other conditions also can affect the health of your mouth. For example, many drugs cause dry mouth, which can increase your risk of dental decay, oral yeast infections, and other oral infection.

The state of your mouth often can provide information about your overall health. Your dentist can be instrumental in helping to diagnose many diseases and conditions that have oral effects. During your dental exam, your dentist might see something in your mouth that is a sign or symptom of an illness or disease that you might not even know you have. You can then be referred to a specialist for treatment. Your dentist also can make sure you get specialized oral and dental care if you have a chronic condition that requires it. If necessary, he or she can refer you to an expert in oral medicine.

Your oral health also can affect other medical conditions. For example, if you are diabetic, an infection in your mouth can disrupt your blood-sugar levels and make your diabetes harder to control. Researchers also are exploring the role of periodontal (gum) disease as a potential risk factor for various medical conditions, including heart disease.
Helpful Services and Information

Alabama Department of Public Health adph.org
The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public’s health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

Women, Infants and Children (WIC)
A supplemental nutrition program for pregnant women, breastfeeding women, women who had a baby within the last six months, infants and children under age 5. One must meet income requirements and have a nutritional risk that proper nutrition could help to improve. Call (888) 942-4673 for more information.

Income Eligibility Guidelines
The guidelines below are based on applicants’ gross income (i.e. before taxes are withheld).

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<th>Family Size</th>
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<th>Month</th>
<th>Week</th>
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</tr>
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<td>$1,011</td>
</tr>
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</table>

As of April 20, 2015. Guidelines are subject to change.

Family Planning Program
The Family Planning Program promotes the well being of families, responsible behavior and healthy mothers and babies. The goal is to prevent unintended pregnancies and abortion through education and contraceptive services, allowing for the planning and timing of pregnancies. Call (800) 545-1098 or contact your local County Health Department.

Pediatric First Aid CPR/AED
American Heart Association offers a BLS heartsaver pediatric first aid CPR/AED course. This course teaches how to manage illness and injuries in a child in the first few minutes until professional help arrives. For more information, call (256) 265-8025.

Your Child’s Social Security Number
Social Security numbers are free and required when filing a tax return. The Medical Records clerk will give you a form to request a Social Security number when the birth certificate application is being completed. It will take about four to six weeks to receive your baby’s Social Security number in the mail. If you do not wish to get a Social Security number for your baby at birth, you will need to go to the Social Security Office to apply for one when desired.

Your Child’s Birth Certificate
The hospital cannot provide patients with birth certificates. The Medical Records clerk will visit you in your room, assist you in filling out the vital statistics, and submit the official record to the State of Alabama. You will be given an application for a Certified Copy of the Birth Certificate. A certified copy of the birth certificate can also be obtained at any County Health Department (approximately one week after the birth of your baby). You may also write to the Center for Health Statistics at, P.O. Box 5625, Montgomery, AL 36103. For more information, please call (334) 206-5418 or visit adph.org. Please note that the State of Alabama charges a fee for certified copies of birth certificates. The hospital does not accept money for the service of submitting the Record of Birth.

If you are a single parent and planning to include the father’s name on the birth certificate, he must be present to sign an affidavit and have a picture ID (i.e. driver’s license). The Medical Records clerk will also be able to provide requests for birth announcements for the Huntsville, Madison, Decatur and Athens newspapers.
The following resources are not provided as a substitute for personal medical advice, attention, diagnosis or treatment. If you have questions or concerns about your health or the health of your baby, consult your health care professional.

**Government Agencies**
- Childcare Management Agency  
  (256) 534-5110
- Madison County Health Department  
  301 Max Luther Dr. NW · Huntsville, AL 35811  
  (256) 539-3711
- ALL Kids Health Insurance  
  (888) 373-KIDS (5437)
- Women, Infant and Children (WIC) of Madison County  
  (256) 533-0826
- Madison County Department of Human Resources  
  2206 Oakwood Ave. · Huntsville, AL 35810  
  (256) 427-6000
- Food Stamp Office  
  (256) 427-6096
- JOBS Program  
  (256) 427-6050
- Medicaid Hotline  
  (800) 362-1504
- Social Security Administration  
  (800) 772-1213

**Mental/Behavioral Health Resources**
- Alabama Recovery Center  
  (256) 880-0556
- Bradford Health Services  
  (256) 461-7272
- Crisis Services of North Alabama  
  (256) 716-1000
- Decatur General West Screening Office  
  (256) 551-2710 · (800) 937-3873
- Family Services Center  
  (256) 551-1610
- Hill Crest Behavioral Health Services  
  (800) 292-8553
- Madison County Mental Health Center  
  (256) 533-1970
- New Horizons Drug Treatment  
  (256) 532-4141
- North Alabama Mental Illness (NAMI) of Huntsville  
  (256) 534-2628
- Sequel Youth and Family Services  
  (256) 880-3339

**Housing Options**
- Blount Hospitality House  
  610 Madison St. SE · Huntsville, AL 35801  
  (256) 534-7014
- Huntsville Public Housing  
  (256) 539-0774
- Huntsville Section-8 Housing Assistance  
  (256) 539-0774
- Shannon's House of Compassion  
  1005 Big Cove Rd. · Huntsville, AL 35801  
  (256) 489-4647

**Parenting/Self-Help Support**
- Family Services Center  
  (256) 551-1610
- Nurturing Fathers Program (Individual Basis)  
  (256) 551-1610
- Parents Resource Center  
  (256) 539-7386
- Preparation for Parenting and Childbirth  
  Huntsville Hospital Women's Center  
  (256) 265-7440

**Paternity Testing**
- DNA Diagnostic Center  
  (800) 613-5768
- Recording in Spanish
- DNA Paternity Testing Laboratory  
  (800) 310-9269
Rent/Clothing/Food Assistance

Catholic Center for Concern
(256) 536-0041

Christmas Charities Year Round
(256) 837-2373

Churches United for People (CUP)
(256) 539-8720

Crisis Services of North Alabama (see inset)
(256) 716-1000

Neighborhood Store
(256) 536-1953

St. Vincent’s De Paul Counsel
(256) 539-7476

Shelters

Downtown Rescue Mission
(256) 536-2441

Hope Place
(256) 716-1000 (HELPline)

Salvation Army Shelter
(256) 536-5576

Transportation

Handi-Ride
(256) 427-6857

Shuttle Bus Routes and Schedules
(256) 427-6811

Transportation for Rural Area of Madison County (TRAM)
(256) 532-3505

Utilities

Catholic Center for Concern
(256) 536-0041

Churches United for People (CUP)
(256) 539-8720

Huntsville Utilities
(256) 535-1200

Salvation Army
(256) 536-5576

Additional Services

Children’s Rehab Services
3000 Johnson Rd. · Huntsville, AL 35805
(256) 650-170 or (800) 283-8140

Early Intervention
(256) 650-1724

Alabama Institute for Deaf and Blind Regional Center
600 Saint Clair Ave. SE, Suite 2 · Huntsville, AL 35801
(256) 539-7881

Davis Clinic
(256) 536-4700

Huntsville Hospital Women’s Center
(256) 265-7440

Community Free Clinic
(256) 533-2910

Fox Army Health Center
Appointments: (256) 955-8888

United Cerebral Palsy
(256) 852-5600

Children’s Advocacy Center
(256) 533-5437

Heals, Inc.
(256) 428-7560

Crisis Services of North Alabama
Huntsville, AL 35804
Office: (256) 716-4052
Crisis line: (256) 716-1000

Suicide: (800) SUICIDE

Jackson County: (256) 574-0348
Limestone County: (256) 232-0280
Madison County: (256) 716-4052
Morgan County: (256) 353-8830
Alabama & Tennessee Residents:
(800) 691-8426
Email: csna@csna.org
Website: csna.org
Does your child ...

... at 3 months
babble, follow a moving object with his or her eyes, hold his or her head erect, grasp an object placed in his or her hand?

... at 6 months
turn over from back to stomach, turn toward sounds, sit with little support, reach for and hold objects?

... at 9 months
say “Ma-ma” or “Da-da,” respond to his or her name, stand for a short time holding onto support, bang two objects together, initiate sounds?

... at 12 months
wave bye-bye, say two words besides “Ma-ma” and “Da-da,” feed himself or herself?

... at 18 months
say six words, build a tower with three blocks, try to put on shoes, drink from a cup held in both hands?

... at 2 years
use two-word sentences, say at least 50 words, walk up and down stairs, run, point to objects in a book?

If you feel your child age birth to 3 years is not learning or growing in the way you expect, call

Early Intervention
CHILD FIND
1-800-543-3098

En Español:
1-866-450-2838

For children ages 3 to 21, call 334-242-8114 or your local school system.
Always here. Only for kids.

Pediatric ER

- Pediatric trained physicians and nurses
- On-site MRI and CT imaging equipment

NEW MOMS WANTED

Ready to get moving now that you are a new mom? Fleet Feet’s 5K No Boundaries 10 week training program is geared for those who are currently inactive to minimally active. Fleet Feet Sports has training sessions offered throughout the year. Visit http://www.fleetfeethuntsville.com/training/no-boundaries-program to see how you can get back in shape and gain a healthy lifestyle.