



Most often, your baby will be placed on your body right after the birth. Your baby's body will be covered with normal fluids and some blood. Sometimes, a white "cheese-like" substance is seen on the baby's skin. This is called vernix and helps protect the skin. If needed, a nurse will suction secretions from the baby's mouth.

After the birth, you may feel a variety of emotions. Some women expect they will feel a certain way after the birth, and then get worried if different emotions arise. For example, you may feel relief and elation when you first see your baby. Or you may feel confused, worried, or detached. You may have a combination of these or other feelings. Remember, you may need to give yourself some time to recover from the birth and to get to know this new member of your family. A period of adjustment after a baby's birth is normal and is different for everyone. However, please speak up and tell your providers any time you are worried about how you are feeling.

The first hours after birth

Here is what you can expect as we begin to help you care for your newborn.

- 🌀 We encourage you and your partner to hold your newborn as soon as possible. The hours right after delivery are the perfect time to begin to develop a close relationship with your new baby.
- 🌀 Plan to have some unhurried skin-to-skin time with your baby during the first hours. Skin-to-skin contact can help your baby stay warm and will encourage your baby to suckle if you are breastfeeding.
- 🌀 If you plan to breastfeed, we encourage you to begin soon after birth – within the first hour is ideal. Most babies are awake and alert right after birth but have a prolonged sleepy period later. Babies who have the chance to breastfeed before this sleep time tend to "catch on" more easily to breastfeeding. As long as your baby is medically stable, you

don't have to wait for him/her to be washed or weighed before you begin to breastfeed.

Right after birth, a nurse will place an identification band on your baby's ankles. The number on the band will match the number on the mother's band. It will also match the number on a band worn by another person you have chosen (usually the baby's father or your partner). During your stay, the nurses will check these numbers whenever you or your partner take your baby out of the nursery, and every time the baby is brought to your room.

🌀 After delivery, you will stay in the delivery room for a time so that we can monitor your recovery. If needed, your episiotomy or any tear in your vaginal area will be repaired with stitches. (A local anesthetic may be used if needed before the stitches are put in.) You may hold your baby while you are recovering in labor and delivery.

👉 A nurse will check the baby’s temperature, heart rate, and breathing. The baby will be weighed and measured before leaving the delivery room. If needed, a neonatologist (a specialist in newborn care) is available to evaluate your baby.

👉 After a few hours, your family will be moved to a hospital room on the obstetric floor. The postpartum nurse will check the baby’s tags and temperature. An additional physical exam will also be completed. We encourage you to keep your baby in your room as much as possible.

Routine treatments and screening tests

Your baby will receive a number of routine treatments and screening tests in the first hours and days of life.

Treatments

- **Eye ointment** – Soon after your baby is born, erythromycin eye ointment will be placed in his/her eyes. This is an antibiotic that prevents an eye infection caused by organisms the baby may have been exposed to during delivery. This treatment is required by state law and is strongly recommended by the American Academy of Pediatrics (AAP).

- **Vitamin K** – Your baby will also receive a shot of Vitamin K into the thigh to provide some of this vitamin until his/her body can make more. Babies without enough Vitamin K can have serious bleeding problems. This shot is strongly recommended by the AAP.

- **Hepatitis B vaccine** – Before you take your baby home, she/he should also receive the first “baby shot” – the first dose of hepatitis B vaccine. This immunization protects against the hepatitis B virus – a common cause of serious liver infections in older children and adults. There are minimal risks with this shot, which is given in the baby’s thigh. Side effects, which are rarely seen in babies, can include swelling where the shot is given and a mild fever. Later doses of this vaccine are given with other routine shots at regular pediatric check-ups (at one or two months and between six and 12 months). More information on the vaccine, and a form for you to sign that gives us permission to give the vaccine to your baby, are in the folder you will receive on the postpartum floor.

Screening tests

For many illnesses and conditions, early detection and treatment are extremely important. In some cases, problems cannot be seen by examining the baby. Sometimes, screening tests can reveal hidden problems so that treatment can begin. Babies born in US hospitals receive certain screening tests required by law. (You have the right to decline testing due to sincerely held religious beliefs. If you wish to decline, please notify your nurse.)

At BIDMC, your baby will receive the following screening:

- **Blood tests** – All babies born in US hospitals have blood tests to screen for several rare diseases that can be treated if they are

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found early. You may hear hospital staff refer to this as “the PKU test” because the test for phenylketonuria (PKU) was the first newborn screening test that was developed. Now we test for PKU and several other rare diseases.

The nurse will draw a few drops of blood from your baby’s heel. This is enough for all of the tests. The tests are most accurate when the blood is drawn at least 24-72 hours after birth, and after the baby has had a number of feedings. The blood is sent to the New England Regional Screening Laboratory. The lab will contact your baby’s health care provider if there are any abnormal results. More information on the screening tests is available in the folder you will receive on the postpartum floor and in the paper you will receive once the blood sample is obtained from your baby.

• **Hearing tests** – Another test required by state law is hearing screening. Approximately 4 in 1,000 infants are identified with some degree of hearing loss. When hearing loss is identified early, treatment can begin so that the baby’s speech, language, and learning can better develop.

This is a simple test that is performed while your baby is sleeping. You will find out the results right after the screen is completed. If your baby does not pass this first screen, a re-screen or further testing will be arranged with the help of the hearing specialist (audiologist). The cost of hearing screening should be covered by your health insurance. If for some reason your insurance company will not cover this cost, it will be covered by the state.

• **Screening for heart defects** – About 18 out of every 10,000 babies born in the US have a serious heart problem. Sometimes, babies with life-threatening heart defects seem fine just after birth, but develop serious problems within the first days or weeks of life. Finding heart defects early can help prevent problems later on. Before discharge, your baby will receive a simple screening test in which small sensors are placed on the baby’s right hand and a foot to measure the oxygen level in the blood. The test only takes a few minutes and is completely painless. Low oxygen levels can sometimes, but not always, be a sign of a heart problem. If your baby’s oxygen level is low, the pediatric doctor caring for your baby will talk with you about what to do next. More information on this screening test can be found in the packet you will receive when you come to the hospital.

It is important that your baby receive these tests. If the blood screening has not been completed before you go home, this can be done through your pediatric office. If we are unable to schedule your baby’s hearing screening before discharge, someone from our audiology department will contact you to arrange the testing. If screening for heart defects has not been completed, ask your pediatric provider for advice.

Other tests your baby may need

Sometimes, babies need to be tested to make sure they don't have an infection or a problem with blood sugar. Finding and treating these problems early will help make sure your baby stays as healthy as possible.

Tests for infection

Sometimes, babies can be exposed to infection during late pregnancy or delivery. Newborn babies who might have an infection need to be evaluated so that treatment can begin right away if infection occurs.

Your health care team will review the history of your pregnancy and your baby's birth. If there is a risk of infection, your baby will be evaluated in the neonatal intensive care unit (NICU). Transfer to the NICU for this evaluation does not necessarily mean your baby is sick. The transfer is done because the NICU is the best place for newborn specialists to fully evaluate your baby. Once the evaluation is complete, your baby will be moved to the postpartum floor if she/he does not appear ill.

As part of the NICU evaluation, we will do blood tests on your baby, which require less than ½ teaspoon of his/her blood. These blood tests help us see whether or not your baby needs treatment for infection. The two main tests are:

- **CBC:** The first blood test, a CBC (complete blood count), shows if the baby's body is

responding to a possible infection. The CBC results are ready within a few hours. If the CBC and/or the history suggest an increased chance of infection, the baby will be given antibiotics through a baby-sized intravenous (IV) line. After the IV is in place, the first dose of antibiotics will be given in the NICU. The remaining doses will be given in the nursery on the postpartum floor if the baby is not showing signs of illness.

- **Blood culture:** The second blood test is called a blood culture, and it takes a few days before the results are complete. This test shows if there is an actual infection in the blood. If no infection is seen on this test in 48 hours and the baby continues to be well, any antibiotic treatment that has been started can usually be stopped. If an infection is present or is highly likely, the antibiotic treatment will be continued for a longer time – usually at least seven to ten days. If this happens, your pediatrician will give you more information about what to expect.

Tests for low blood sugar

Babies who are either large or small for their age, and/or babies whose mothers had diabetes during pregnancy, have a greater chance of having low blood sugar in the first hours of life. The nurses will check the blood sugar on these babies within an hour of birth, and every one to two hours after that until at least six hours after birth. These tests require only a drop of the baby's blood and can be done in the delivery room or on the postpartum unit. Babies with low blood sugar may

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need some extra sugar that can be obtained through feeding. If you are breastfeeding, you will be encouraged to breastfeed early and frequently. If you have chosen not to breastfeed, we will work with you to determine what feedings your baby might need. In rare cases, a baby with low blood sugar may need to be admitted to the NICU for IV sugar.

Jaundice

Babies often become yellow (jaundiced) in the first week of life. The yellow color happens because red blood cells in the newborn break down and release a substance called bilirubin. The bilirubin makes the skin appear yellow. This is not dangerous for the baby unless the levels get very high or in rare cases when the jaundice is caused by a more unusual underlying problem.

Before you leave the hospital, we will check the baby's bilirubin level. This requires less than ½ teaspoon of blood and is usually drawn at the same time as the newborn screening blood tests. Babies with high levels may need phototherapy – a treatment where the baby is placed under special blue light to get rid of the bilirubin. Very rarely, blood transfusion is needed.

If your baby's bilirubin is elevated before you go home, your baby's health care provider will discuss this with you. Babies are usually most yellow at four to five days of age, so you may not see jaundice until after you leave the hospital. If you notice that your baby looks yellow after you go home, you should call your pediatric office for advice.

Circumcision

If you want to have your son circumcised in the hospital, please discuss this with your obstetrical provider. You will learn about the procedure and sign a consent form. Medication is recommended for pain relief during this procedure.

If you are not sure about whether to have your son circumcised, talk to your baby's pediatric provider. Also, if you think you might wait until later to decide, you should realize that circumcision after discharge from the hospital (except in the case of ritual Jewish circumcision) is usually done in an operating room with anesthesia.

