



Birth, Babies & Beyond

Your Guide to Pregnancy and Childbirth


Advent Health
Shawnee Mission
Birth Center

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Your Guide to Pregnancy and Childbirth

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Dear Parents,

Welcome to AdventHealth Birth Center Shawnee Mission. Our goal is to provide you with exceptional service at every step of your journey. From our beautiful, state-of-the-art facility to our highly trained, compassionate team members, our Birth Center was designed around the well-being of you and your growing family.

Every day we strive to live our mission of Extending the Healing Ministry of Christ. There is nothing more beautiful than the birth of a baby, and we consider it a privilege to be a part of your experience. Thank you for choosing AdventHealth Birth Center.

Sincerely,

Raimonda Shelton, MBA-HM BSN, RN
Chief Nursing Officer
AdventHealth Shawnee Mission



Getting Ready

Congratulations on the upcoming birth of your baby

Having a baby can be an emotional time. You may experience feelings of excitement and joy, but also apprehension. There is so much to learn, so many questions to ask. This book is designed to guide you through your journey, including birth, hospital stay and home care for you and your family. For your convenience, it is divided into several sections representing the steps of your journey. It is an informative guide, but not designed to replace the care and advice of your physicians and nurses.

You can feel confident about your upcoming birth experience at AdventHealth Birth Center. We help deliver more than 5,000 babies each year – more than any other Kansas City hospital. We are ready to handle any situation, answer any of your questions and support you as you bring a new life into the world. We consider this a privilege!

AdventHealth Shawnee Mission is part of the AdventHealth network. Founded in 1962, AdventHealth Shawnee Mission boasts the largest medical staff in the area – nearly 700 physicians – including experts who pioneered practices in use around the world. Our physicians and 3,300 team members work collaboratively to care for 22,000 inpatients and 200,000 outpatients annually.

Women's care

Throughout life, from the tender moment when our human experience begins, until the final stages of our existence on Earth, our bodies, minds and spirits require devoted care. Our team understands your needs and works hard to deliver personalized, quality care to every woman we meet.

Helping generations of women feel their very best is a primary focus of our team of health care professionals. Through a variety of educational and outreach programs, we encourage women to embrace healthful habits at a young age. Our focus on prevention and effective treatment is designed to ensure optimal health throughout life.

OB hospitalists

In our continuing effort to provide the safest care available, AdventHealth has implemented an OB hospitalist program, which ensures that a Board-certified obstetrician is in-house at all times. This physician is not a replacement for your own provider, but is another layer of safety if your provider is not available due to being in surgery or another delivery.



Parent and Family Education

AdventHealth has provided quality prenatal, parenting and family education for more than 30 years. Our specially trained team members provide the most up-to-date parenting information and support so you are fully prepared for what lies ahead.

Prenatal education

- Childbirth Preparation (one day)
Part 1 offered on Saturday and Part 2 offered the next weekend on Sunday
- Childbirth Preparation (5-week series)
- Childbirth Preparation (online)
- Childbirth Refresher and VBAC (vaginal birth after cesarean section)
- Childbirth – Natural Strategies
- Newborn Care
- Breastfeeding – Getting off to a Good Start
- Breastfeeding – Returning to Work
- Breastfeeding Online
- Grandparents Class
- Heartsaver Pediatric First Aid/CPR/AED
- Prenatal Yoga
- Sibling Safari

Support groups

- Breastfeeding
- Perinatal Bereavement
- Postpartum Emotional Support
- Pregnancy After a Loss

Postpartum adjustment or bereavement support

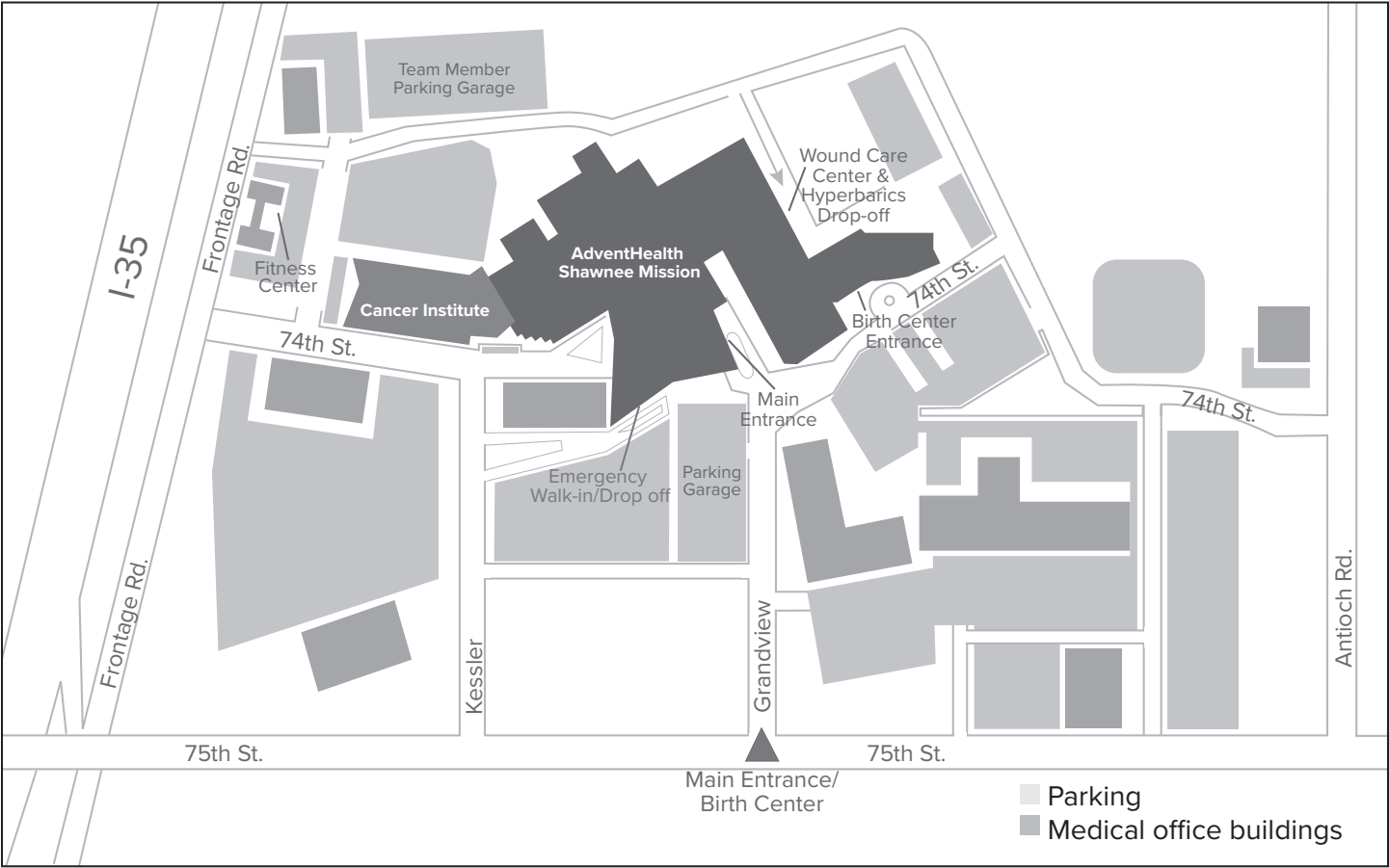
AdventHealth offers a Postpartum Emotional Support group to give moms the information and tools they need to understand the emotional changes involved with postpartum mood disorders. Call 913-632-4223 for more information regarding the support group if you experience a loss or are feeling blue any time after the birth of your baby.

If you need individualized education or information, let us know. We can arrange special sessions to meet your needs. In addition, many classes may be scheduled outside the hospital setting at the site of your choice. A speakers' bureau, with presentations on a variety of prenatal and parenting topics, is available for community organizations and businesses.

For information regarding the above classes, call AdventHealth Shawnee Mission class registration at 913-676-7777 or visit [AdventHealthKC.com/events](https://www.adventhealthkc.com/events).

How to get here

Maps are available at the hospital or on our website at AdventHealthKC.com.



Choosing a physician for your baby's care

Just as choosing your hospital and your obstetrician is an important task, so is choosing your baby's doctor. This is a choice that must be made before you come to the hospital in labor. The following information will help you in this process.

- Decide what insurance plan your baby will be covered under. Will it be your insurance, your partner's insurance or a separate plan?
- Find out which physicians are in network with your baby's insurance provider. You can go online to most insurance companies' websites, check the provider's website or call the physician's office to ask if they accept your insurance plan.
- Be specific when providing insurance information. **Using a general insurance plan name such as "United Healthcare" is not enough information.** There are many different plans under each insurance brand and doctors' offices rarely accept all plans. **Read the exact plan name off of your insurance card so that the office staff can give you the correct information.**
- If you choose, most physicians will provide a free visit before you deliver so you have a chance to interview him/her, meet their partners and office staff and be sure it feels like a good match for your family.
- If the physician you choose does not have privileges at AdventHealth and your baby will have private insurance:
 - Find a physician who has privileges at AdventHealth, accepts your insurance plan and is willing to provide care to your baby during the hospital stay. You can find a list of doctors who have privileges at our hospital online at adventhealthkc.com.
 - If your baby will be covered under Kansas Medicaid, you may use providers from Children's Mercy who have partnered with AdventHealth to provide care to those

newborns who do not have a doctor. They only provide care during your baby's hospital stay and can help connect you with a physician who will provide care to your newborn after discharge.

- Bring the name of your baby's physician to your maternity navigator visit so we can document it in your medical record.

Please note that your obstetrician does not take care of your baby after delivery. It is very important that you choose a physician for your baby **before you deliver**.

If you choose a physician who does not accept your insurance, you will be responsible for the doctor's charges for seeing your baby in the hospital.

Be sure to add your baby to the insurance plan as soon as he/she is born. Many parents assume that the baby will automatically be added to your plan - they are not! If your baby isn't added to the plan within the time frame set by the insurance provider, your baby will not have insurance coverage.

When selecting a physician for your baby, think about the following questions:

Office considerations

- Does this physician accept my baby's insurance?
- Does this doctor have privileges at AdventHealth?
- Is the office location convenient?
- Do the office hours meet my needs?
- How far in advance should I call to schedule appointments?
- What are the fees for office visits, immunizations and the newborn visit in the hospital?

- Are office nurses available to answer routine baby care questions?
- Is there a charge when I call the office with questions?
- Are there separate waiting rooms for sick children?
- Does this practice support my preferences regarding feeding, medications and immunizations?
- Who are the other physicians in the group?
- Will my child see the same or a different physician for each office visit?
- How are after-hours, weekends and emergencies managed?
- When is the first well-baby visit?
- What is the schedule for well-baby visits?
- Will I be able to speak with my doctor during office hours?
- How does the practice support breastfeeding?
- Is there a lactation consultant on staff to help me with breastfeeding?
- Does this physician perform circumcisions and what method is used?
- What form of pain relief medication does this doctor use for circumcision?
- Is this physician caring and patient when answering questions?
- Are explanations clear?
- Do I feel comfortable with this doctor?

Low intervention births

AdventHealth is dedicated to working with families to create the birth experience they envision. If a labor and delivery with minimal interventions is your choice, several things should be considered.

- Your pregnancy must be classified as low-risk.
- Your provider should be aware of this plan and support your choices.
- Taking the Natural Strategies or Bradley Birth class will help you and your support person know what to expect and learn ways to work through your labor and delivery.
- Building a support team will help you succeed in your plan. AdventHealth supports the use of certified birth doulas during your labor should you wish to include them on your team. Lay midwives and doulas must sign an agreement prior to supporting you in labor.

The Birth Center has many resources in place to help you, including:

- Six rooms equipped with pipeless Sanijet tubs for hydrotherapy during labor
- Twenty rooms with large, roomy showers
- Birthing balls and peanut balls
- Dim lighting
- Squatting bars for pushing
- Clear liquids during labor
- Optimal cord clamping
- Wireless monitors for use in the tub or while walking, **depending on the ability to adequately monitor baby's heartbeat**

- Opportunity to experience skin-to-skin with your baby for the first hour of life, delaying medications and routine treatments until after the first hour
- Delayed bathing
- Support and encouragement of exclusively breastfeeding as the optimal way to nourish your baby
- Support for 24-hour rooming in after your baby is born.

Things you can do to help

1. Choose a provider who agrees with your vision and birth plan.
2. Discuss with your provider any complications or risk factors that might affect your ability to have a low-intervention birth.
3. Write your birth plan. If you choose, visit AdventHealthKC.com/birthcenter for a copy of a birth plan that you can personalize.
4. Review your birth plan with your provider and have it signed.
5. Bring your signed birth plan to your maternity navigator visit and discuss in detail.
6. Tour the Birth Center to become comfortable with our rooms. Tours are available in class, at your maternity navigator visit or through weekly group tours.

Our standards

- Saline locks are recommended.
- Blood will be drawn on admission.
- Depending on the circumstances of your labor, your baby's heartbeat will be monitored periodically.

- Your baby will be continuously monitored during pushing.
- We will follow your care provider's orders.
- If a wireless monitor cannot pick up your baby's heartbeat or your contractions, we will use a traditional monitor. This may inhibit your activity level in labor.

Scheduled inductions and cesarean deliveries

If your physician chooses to schedule a cesarean birth or induction of labor, they will discuss potential days and times with you and contact our labor and delivery staff to schedule your procedure. These procedures are scheduled according to medical need and **mothers with pregnancy complications are given priority over other patients' elective procedures.** Please talk with your doctor if you have questions about this process.

Benefits of spontaneous labor

Spontaneous labor occurs when contractions begin and progress on their own without the use of medicines or mechanical intervention. Spontaneous labor is a powerful physiologic process with significant benefits for the woman and her infant. In the final weeks of pregnancy, fetal organs reach full maturity. Naturally occurring hormones prepare the woman and her fetus for labor and birth. These hormones make labor more efficient, with less stress for the fetus, than induced labor.

Spontaneous labor initiates a cascade of hormones during labor and birth that act to provide natural pain relief and calm the woman during labor, clear fetal lung fluid, increase mother-infant attachment after birth, expel the placenta, warm the mother's skin after birth, which helps to warm the infant, and enhance breastfeeding.

Source: AWHONN Position Statement "Non-Medically Indicated Induction and Augmentation of Labor"

Suggestions for partners

For the nine months prior to your baby's birth, most of the attention is focused on mom and your growing baby. Her body is going through incredible changes to get ready for delivery, and she will certainly require much of your time and patience in dealing with all of the changes in her life. It is important that you also recognize and deal with changes happening in your life. Partners are responsible for many aspects of your family's daily routines that mom may not have the energy for right now. Give yourself a break and be proud of your role during these nine months. Some of the most common concerns are:

- Finding time for the additional responsibilities at home
- Financial strain of adding a new baby to the already tight budget
- Less alone time between you and your partner
- Sleep deprivation
- Depression
- Finding room to add the baby supplies to your home, which may already have space limitations.

Things to do to help get ready

- Decide where the nursery will be. Clean, paint and help decorate as needed.
- Purchase a newborn car seat. Read your manual and install the car seat, then have the installation checked by a certified passenger safety technician. To find one, go to NHTSA.gov/cps.
- Attend doctor visits and ultrasounds.
- Attend childbirth, breastfeeding, newborn care and infant CPR classes.
- Help your partner find and interview a pediatrician for your baby.

- Practice diapering and swaddling. Baby dolls or even the family pet will work for practice!
- Talk openly about your thoughts and ideas about labor and delivery. Find out what mom thinks will help her in labor.
- Attend the maternity navigator visit and feel free to ask questions and offer your input.
- Make a dry run to the hospital and find out where to park. Where do you go if there is an emergency?
- Start a file of important phone numbers that you will need such as mom's physician, baby's doctor, and numbers for physicians on weekends or evenings.
- Make a list of family and friends to contact when baby is born. Discuss how you plan to handle social media after baby is born.

During labor and delivery

- Make sure you keep eating and drinking.
- Sit down while the epidural is being placed to avoid getting light headed or passing out.
- Control the number of visitors per mom's wishes. You may ask your nurses to assist with this as well.
- You will wear street clothes for a vaginal delivery or street clothes with a cover for a cesarean-section delivery.

Once your baby is here

Your time in the hospital after your baby is born is an incredibly special time. The memories from those short days will last a lifetime. Our rooms are set up for you to stay in the hospital and be as involved as you want. We recommend that you ask your nurses to show you how to diaper, swaddle, burp and comfort your baby. Spend time with your baby skin-to-skin and let her get to know you. Be a part of your baby's first bath and video or take pictures of this special time.

Here are some things you can do to get to know your baby after discharge from the hospital.

- Remember that “your time” is as important as “mommy time.” This is a time for your baby to learn that you and mom do things in your own ways.
- Get hands-on with your baby from the beginning. Learn to talk to her, massage her and rock her. Within a few weeks, you will start to recognize her cues that she is hungry, wet or tired.
- Your influence plays the biggest role in determining the success of breastfeeding for mom and baby. Encourage and support your partner in her goals.

Medications and drugs during pregnancy

When you are pregnant, the medications or drugs that you take get into your bloodstream. They can be passed to your baby through the placenta, and the effects of the medication/drug can be felt by the baby. It is important that you tell your provider about any and all medications/drugs that you are taking. This information helps us provide your baby with the best care possible.

This list includes:

- Prescribed or over-the-counter pain medications
- Antidepressants and mood stabilizers
- Alcohol
- Cigarettes and smokeless cigarettes
- Herbal supplements
- Street drugs
- Amphetamines (Adderall, Concerta, Ritalin)
- Benzodiazapines (Xanax, Ativan, Valium, Klonopin)

When two or more of these medications/drugs are used together, the effect on the baby can be more significant. Nicotine use with any of these medications, or with a combination of these medications, also makes the symptoms more likely.

Do not change your medication/drug routine or stop taking prescribed medications without talking to your provider. Your health and your baby’s health could be affected. For the safety of your baby, a drug screen may be done on you and/or your baby.

Sometimes, when you are taking these medications, your baby may experience the symptoms of neonatal abstinence syndrome, or NAS. NAS refers to symptoms that may occur in babies whose mothers have used certain types of medications or drugs during their pregnancy. These are also known as withdrawal symptoms.

Effects of tobacco use in pregnancy

Smoking while pregnant is one of the most preventable causes of complications, illness and death with moms and babies. Women who quit smoking before or during their pregnancy can reduce their risk for poor pregnancy outcomes. Compared to nonsmokers, women who smoke before pregnancy are about twice as likely to experience the following complications:

- Ectopic pregnancy (fertilization of the egg in the fallopian tube rather than in the uterus)
- Premature rupture of membranes (water breaking before your due date)
- Placental abruption (placenta pulling away from the wall of the uterus causing life-threatening blood loss)
- Placenta previa (placenta growing over the opening of the birth canal possibly resulting in life-threatening blood loss).

Compared to babies who are born to non-smoking mothers, babies who are born to mothers who smoke have a higher risk of:

- Prematurity (being born before their due date)
- Low birth weight
- Born with cleft lip, palate or both
- More likely to die of sudden infant death syndrome (SIDS).

The use of smokeless tobacco products have been associated with:

- Prematurity
- Still birth
- Apnea (babies who stop breathing after birth).

Electronic cigarettes are not yet regulated and have not been shown to be a safe or effective aid in helping to quit smoking.

There are 700 different chemicals in cigarettes and secondhand smoke.

The following are two great options if you would like help to quit smoking:

- KanQuit, the Kansas Tobacco Quitline - 1-800-784-8669 or kanquit.org
- Freedom From Smoking class, AdventHealthKC.com/events, call 913-676-7777, Option 1, for information.

Parts taken from CDC "Preventing Tobacco Use During Pregnancy." C5249735-A

Car seat safety

Child safety seats are required by law in every state. You must have a car seat installed in your car to take your baby home from the hospital. Our nurses are not Certified Child Passenger Safety Technicians and are not able to check your baby's car seat installation. This is your responsibility. You can locate an inspection station near you at NHTSA.gov/cps.

It is important that you:

- Select a child safety seat based on your child's size and age.
- Refer to the safety seat instructions and vehicle manufacturer's instructions for weight limits, proper use and installation.
- Be aware of the safety seat's expiration date. All manufacturers are required to include the model number and manufacture date on each seat that they produce. This information can be found on a label attached to the restraint, usually on the bottom or the side of the seat. Replace the safety seat before the date of expiration.
- New child safety seats have a registration card. Register your child's safety seat with the manufacturer so that you will be notified in the event of a recall.

Your infant's car seat must be brought to your room prior to discharge. It is your responsibility to secure your baby in the car seat safely and secure the car seat into the car for the ride home. It is ideal to have your car seat installed by a certified car seat specialist prior to coming to the hospital.

Advance directive

An advance directive is a document prepared when you're in good health to enable you to communicate instruction about your own health care if you become unable to communicate. A U.S. Supreme Court decision (Cruzan) recognizes that all people have a constitutional right to refuse medical treatment, including life-prolonging procedures. Further, the Court's decision affirms the right to name a person to make health care decisions for you if you are unable to communicate your wishes.

The advance directive has two parts:

- Health Care Treatment Directive
- Durable Power of Attorney for Health Care

Health Care Treatment Directive

The Health Care Treatment Directive is a signed, dated and witnessed document that allows you to state in advance your wishes regarding the use of life-prolonging procedures. The Health Care Treatment Directive has no effect until you can no longer make or communicate decisions for yourself.

Durable Power of Attorney for Health Care

The Durable Power of Attorney for Health Care allows you to appoint a person to make health care decisions for you if you are unable to do so. This document goes into effect only when you cannot make or communicate decisions for yourself.

Why is communication important?

The most important aspect of your advance directive is its power as a communication tool. Discuss your advance directive with your physician and make your wishes about health care known to your family, friends, clergy, medical durable power of attorney, financial planner and CPA. If you have a health care directive or durable power of attorney on file at AdventHealth, it will need to be reviewed when you are admitted.

For more information on advance directives, contact the spiritual wellness department at 913-676-2304.

Insurance and billing

What I need to know about insurance and benefits

At approximately 34 to 36 weeks gestation, you will meet with a maternity navigator for the pre-admission process. If you have not already provided your insurance information, the maternity navigator will collect it at this time. If your baby will be covered by a different insurance company, please let us know.

Maternity financial specialist

We will verify your insurance benefits and answer any financial questions you may have. If your insurance information was provided in advance, you will receive an estimate of your financial responsibility for your delivery at the maternity navigator visit. The amount will be based on the current information we have obtained from your insurance company.

The estimate only pertains to the hospital charges for mom. You may be billed for additional charges if extra services are incurred. The following services will be billed separately:

- OB/Gyn
- Pediatrician for baby care
- Anesthesiologist for epidural
- OB hospitalist
- Baby's hospital charges
- Hearing screen for baby
- Children's Mercy providers
- Perinatologist
- Radiology
- Pathology.

Down payments can be made by cash, check or debit/credit card. For more information, call the Single Billing office at 855-241-2455 or the Financial Specialist at 913-676-7558.

Insurance and billing after discharge

- You will receive one statement for you and one for baby. They are billed separately. This can take four to six weeks after discharge to fully process.
- We will bill your insurance based on the information that you provide to us. Please be sure the information on your pre-admission form is correct. If this information changes during your pregnancy, please contact us to update your information.
- If your insurance does not pay within 60 days, you will be notified. You may need to call the insurance company to see if they need additional information from you.
- Periodic statements or letters will be sent to keep you informed of your account status.
- If payment was not made prior to delivery, payment will be due upon receiving a bill.
- Customer service can be reached at 913-676-7558, weekdays, 8 am to 4 pm.

What else do I need to know about billing?

- Your insurance will not pay for services it determines are not medically necessary.
- The charges billed to you by the hospital do not include the professional fees of your physicians.
- You will also receive bills from your doctor and your baby's doctor.

If you receive anesthesia services, such as an epidural, you will receive a bill from Midwest Anesthesia Associates. It is important that you check with your insurance company to be sure they cover Midwest Anesthesia Associates. Kansas Medicaid is accepted by this group.

What if I don't have insurance?

If you are not insured for maternity care or if your baby will not be insured, we offer a self-pay maternity plan that will need to be paid prior to your delivery. Please contact our Patient Financial Services at 913-676-7558 or call the Single Billing Office's Financial Assistance line at 855-462-0490.

Packing for the hospital

What to bring

- Pillows – colored pillowcases recommended to avoid confusion with hospital pillows
- Lotion or oil for massage during labor
- Warm socks
- Snacks for your partner and change for vending machines
- One or more items for back massage or counter pressure, e.g. tennis balls
- You may bring electronic devices such as a camera, cell phone, laptop and chargers, but **please label your electronics and chargers.**
- Change of clothing for your partner, if staying overnight
- Leave large amounts of money and valuables at home. If an emergency C-section is needed, we will need to remove all metal from your skin. This means wedding rings, jewelry and piercings. This can happen very suddenly. Since we don't know in advance when this may occur, we ask that you leave these items at home to avoid losing them.
- Sports bra or t-shirt for laboring in water
- Money to cover \$4 birth certificate filing fee and any co-payment or deductible that is due. We accept checks or cash, but please bring exact amount in cash as our birth registrar will not be able to make change.
- AdventHealth is not responsible for lost or broken items.

For you

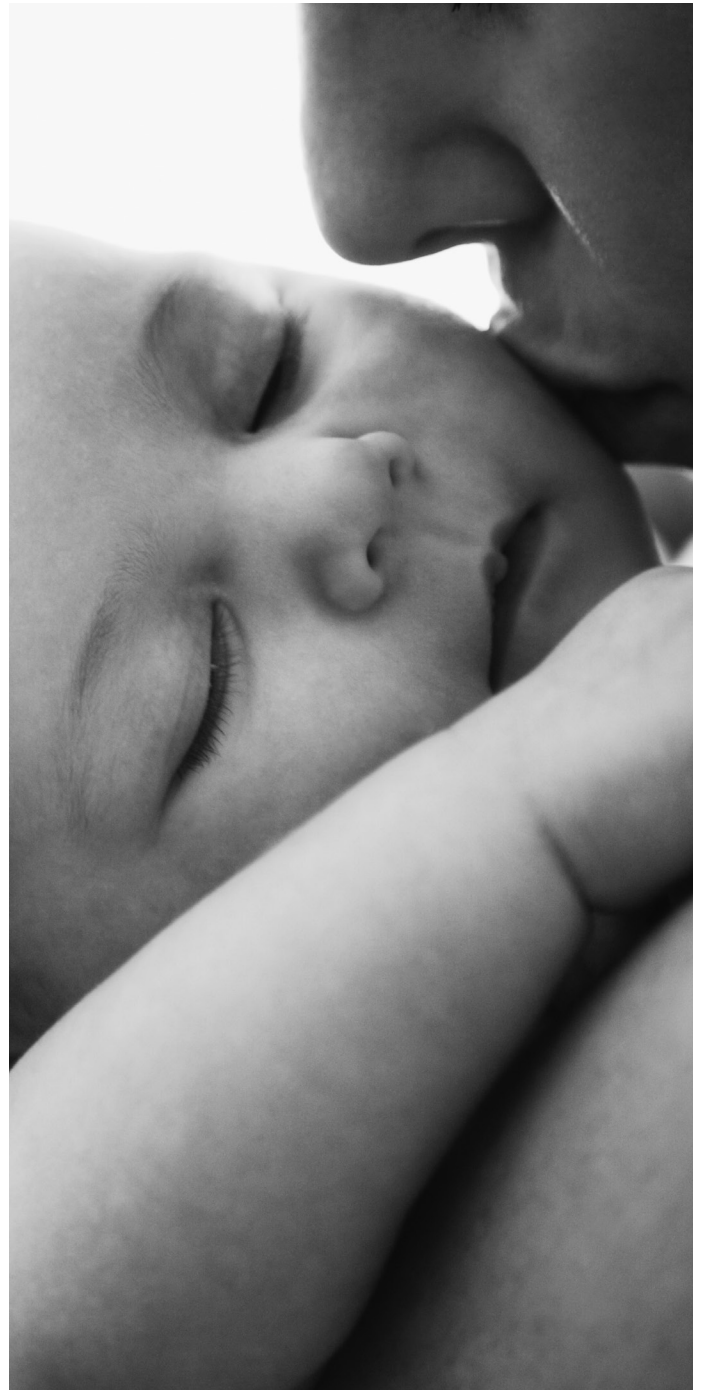
- Flip flops
- Pajamas and a nursing tank or bra, if desired
- Lip moisturizer
- Hairbrush, rubber bands or barrettes
- Birth announcements and keepsake baby book
- Personal hygiene supplies for both you and partner
- Blow dryer
- An outfit to wear home (should be loose and comfortable, like an early maternity outfit)

For baby

- Clothing to wear home
- Blankets or sleep sacks (optional) or outerwear suitable for outside temperatures
- Approved car seat. It is your responsibility to install according to manufacturer's instructions before you go home.

Items we provide

- Supplies for you: disposable underpants, sanitary pads, peri bottle
- Newborn care supplies: bulb syringe, thermometer, wipes, diapers, soap and circumcision supplies for boys





At the Hospital

We support your choice to share this special event with family and friends. Our visiting policies are designed to accommodate your wishes, while ensuring we can provide you the best possible care and appropriate rest time. We encourage families to wait until they are moved to the mother & baby unit to have visitors. This gives the new family time to bond and begin breastfeeding.

- At the time of delivery, we limit visitors to no more than two people. This is also at the discretion of the nurses and physicians.
- Nap time is 2:30 to 4:30 pm. We encourage families to rest during this time and ask visitors to schedule visits at another time.
- The number of visitors in a patient room will be regulated at the discretion of the attending nurse or physician, in consideration of your condition.
- To maintain privacy and to protect the safety of all, we cannot allow family or visitors to linger in the hallways. Families are welcome to wait in our waiting areas on each floor.
- Visitors may be asked to leave a patient's room during procedures or during bedside report to respect patient privacy.
- For the safety and security of our babies, our units have continuous video monitoring.
- Clergy may visit at any time.
- Unauthorized or unruly persons may be questioned and asked to leave. Security will escort individuals as needed.
- For the health of our patients, we ask that all visitors be healthy, with no recent exposure to any illness.

- Your children are welcome to visit during your stay. For security reasons, children under age one (other than siblings) are not allowed, and we suggest all other children visit you at home. All children must be supervised by an adult at all times.
- We are a non-smoking facility.
- Cell phones are allowed in patient rooms, hallways and waiting rooms in the Birth Center. Please remember to use common courtesy by keeping your voice quiet out of respect for our other patients.
- Wireless Internet is available to our patients and families in all of our rooms.
- The entrance to the Birth Center is used for admission and dismissal only. It is a fire lane that the city requires us to keep unblocked at all times.

Cafeteria

Harvest Kitchen is open to patients and visitors at most times during the day.

Harvest Kitchen hours

Monday-Friday, 6:30 am to 7 pm

Saturday and Sunday, 7 am to 2 pm

The restaurant is closed each day from 10 to 11 am and 3 to 4 pm.

Harvest Kitchen is open between most meal times for beverage and snack service. A coffee shop is located just outside Harvest Kitchen and in the lobby of the Main Hospital Entrance..

When labor begins

Letting labor start on its own is one of the best ways to ensure the health of your baby and promote your own recovery. When you suspect that labor is beginning (your water is leaking, has broken or you are having regular contractions), you should notify your provider. Be sure that you have the phone numbers needed for reaching them during the week as well as evenings and weekends. Once your physician has decided you should come to the hospital, they will call our labor and delivery unit to let us know you are on your way. Please know that we are always here if you don't have time to call your physician – just come to the Birth Center. Our labor staff will pull the papers that you have completed with your maternity navigator and take you to our triage area.

The first hour after you are admitted is typically time for us to assess your labor. We do this by discussing your symptoms, performing a vaginal exam to check your cervix, and monitoring your contraction pattern and your baby's heartbeat with a fetal monitor. We will then call your physician to update them on your progress and obtain orders for your care as needed.

Our labor rooms are equipped with rocker-recliners, birthing balls and either a shower or SANIJET tub for use during labor. Your activity level in labor will be based on your personal situation, your provider orders and your baby's tolerance during labor. Many mothers will choose to be up and moving during labor, while others will choose pain medication or an epidural that requires them to labor in bed. Our goal is to provide you with the delivery experience that you choose, keeping in mind that the safety of you and your baby is of utmost concern.

You may have visitors with you during labor as you choose unless there are special circumstances that arise. In that case, your physician or nurse may choose to have visitors leave while we provide the care that you need. After delivery, we

strongly encourage you to spend the first hour or two with your support person and baby. There are many important benefits to keeping your baby skin-to-skin with mom or dad, and your nurses will help you with this. This is an incredibly special and important time for your new family to bond. Most grandparents and extended family will understand the need for this alone time if you prepare them ahead of time that it may be awhile before they are allowed into the room.

Approximately two hours after delivery, your family will be transferred to the mother & baby unit for care during the remainder of your hospital stay.

Why wait 40 weeks?

Here are some of the ways in which a baby develops during the last few weeks of pregnancy.

- The brain grows by one-third.
- The baby gains needed weight.
- Important lung and liver development takes place.
- Ear and eye development takes place, so babies born at 40 weeks and later are less likely to develop hearing and vision problems.

Inductions

Induction of labor means to use medication to start your labor before it begins by itself. The following information will help answer any questions you may have surrounding induction of labor.

Induced labor vs. natural labor

There are always risks to childbirth, but those risks increase slightly when labor is induced prior to 40 weeks. If you are thinking of scheduling an elective induction, consider these three important reasons to wait for full-term labor, if you are healthy enough.

- Inducing labor may not work. Sometimes the medication given to induce labor doesn't work properly. A failed induction increases your risk of infection and bleeding. If the induction fails, you may need a cesarean section.
- A cesarean section is major surgery. You'll most likely need more time to recover from a cesarean birth than you would from a vaginal birth. There's also an increased risk of complications for mom and baby, such as infection or bleeding.
- A cesarean section affects future pregnancies. With each cesarean section, there's a greater risk for complications and often a longer recovery period.

Why would my physician want to induce my labor?

There are many reasons why you may be scheduled to induce labor rather than waiting for it to start naturally. When your provider recommends labor induction, it is because this is safer and healthier for you or your baby. Some of these reasons include problems with the baby such as poor growth, low amniotic fluid, abnormal heartbeat, Rh disease or overdue pregnancy. Sometimes, labor induction is necessary due to problems for the mother, such as high blood pressure, infection or bleeding.

There are two types of inductions: medically necessary and elective. Medically necessary inductions are performed if your care provider believes the health of you or your baby is at risk. Your care provider will work with our team members to schedule your induction. Plan on coming to the Birth Center at the scheduled time, unless you receive a call from us stating otherwise.

Elective inductions are done without medical reason. They should not be performed before 39 weeks gestation, and only if your cervix is soft and favorable for labor. Your care provider will work with us to find a tentative day and time for your induction, but these are not scheduled. Your name will be placed on a list, and our staff will contact you when you can come to the hospital. It is possible that your induction could be delayed or canceled based on activity on our labor and delivery unit. If this happens, you will need to call your care provider to reschedule your induction. Priority in any labor and delivery unit is given to those mothers and babies who are in spontaneous labor or have a medical concern.

What procedures may be used to induce my labor?

Be sure to ask your physician about the plan for your own labor induction. Often, labor induction begins with ripening the cervix with medicine or a mechanical method to make it soft, stretchy and easier to dilate. Later, your care team may administer a medicine called Pitocin through an IV in your arm or hand to bring on steady contractions that open the cervix and help you push the baby out. Your physician may decide to break the bag of water around the baby to help speed up your labor.

Why is induction of labor not used for every mother and baby?

In some cases, induction of labor is necessary because the health of mother or baby will be harmed if delivery does not happen soon. These are called medically indicated inductions of labor. However, there are risks to bringing on labor with medicine. For this reason, induction of labor should not be taken lightly or used as a convenience.

How long does it take to induce labor?

Every mother is different, and the amount of time needed to deliver your baby will depend upon several things. Labor is easier to induce if you have previously given birth. Also, if your cervix is already ripe, or if you are at or past your due date, labor generally happens faster with induction. If your cervix is not yet ready, or if you are not at or past your due date, sometimes it takes more than one day to induce labor.

What are the risks if labor is induced?

Induction of labor without a medical reason can cause prematurity of the baby when the due date is not exactly known, and the baby is accidentally delivered before 39 weeks. Induction of labor can make your labor longer and increases the likelihood that you will bleed more after delivery. It also increases the chances that other medical procedures will be used during your labor, such as cervical ripening, epidural, breaking the bag of water, forceps, vacuum or episiotomy. These are not used for every mother. Ask your doctor about them.

Trial of labor after a cesarean (TOLAC)

In some cases, women who have had a previous cesarean delivery may choose to attempt to deliver vaginally with their next pregnancy. This is called a TOLAC and requires detailed discussions with your physician to see if it is a safe option in your specific situation.

Compared to a planned cesarean, vaginal birth may have the following benefits:

- Less blood loss
- Less risk of infection
- Shorter recovery time
- No abdominal surgery.

The most common risk with a TOLAC is the possible rupture of the cesarean scar on your uterus. Although this is rare, it is very serious and can be life threatening for both you and your baby. TOLACs should only be offered in a hospital setting with physicians readily available should an emergency cesarean delivery be necessary.

If a TOLAC is something that you are considering, please discuss this in depth with your physician to help you make an educated decision regarding your delivery.

Mothers who choose a TOLAC must have IV access and have continuous uterine monitoring throughout their labor.

How is labor pain treated?

Most women ask about the pain they will experience during labor and birth. Pain varies from woman to woman and from one birth to the next. At AdventHealth, we encourage women to choose the labor methods most comfortable for them. Some of these include:

- Walking, rocking
- Breathing and relaxation
- Showering
- Use of our labor tubs
- Laughter, humor
- Position change, elevation or immobilization
- Cold packs or warm compresses
- Foot or hand massage or back rub.

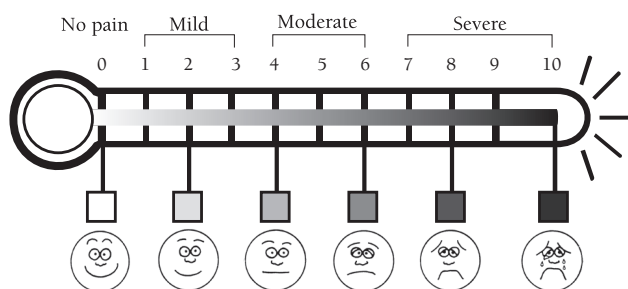
Labor tub

Because hydrotherapy is a proven aid in dealing with the pain of labor, AdventHealth has added pipeless Sanijet whirlpool tubs to six of our birthing suites. These tubs will provide you with a comfortable, relaxing option in labor. Please be sure to discuss this option with your physician to help decide if it is appropriate for your labor.

For many women, managing labor pain involves the use of narcotics and/or regional anesthesia. Choices of drugs and methods of administration depend on the situation, the amount of time in labor and when relief is needed.

Measuring your pain

You will frequently be asked to measure your pain using the following pain scale, or you may choose a word that best describes your level of pain.



The main reason for using a pain rating scale is to let your nurse know how well your pain control method is working. You will be asked to set goals daily. Your goal is the level where you can do daily activities and rest.

Do not restrict your definition of pain to excruciating and intolerable sensations. Pain can be any discomfort you have anywhere in your body. Pain may be described as aching, burning, tightness, cramping, sharp, hurting, pulling, stabbing or dull.

Pain is very individual; your pain and its treatment may be very different from others. What works to relieve one person's pain may not work to relieve another's pain. The more you can tell us about your pain, the easier it is for us to help you.

Please tell your nurse or doctor if you feel any side effects from pain medication, including nausea, constipation, drowsiness, itching or restlessness.

Anesthesia for labor

Analgesics

Pain medications are used to take the edge off labor pain. These drugs can be injected into an IV during labor. These medications do not remove all the pain of labor, but they make the pain more tolerable and allow you to rest more comfortably between contractions. Side effects may include nausea, vomiting, dizziness and drowsiness. Analgesics may also affect the strength and frequency of your contractions. These medications are usually used during the earlier phases of labor because they can affect your baby's breathing and reflexes if given too close to the time of birth.

Local blocks

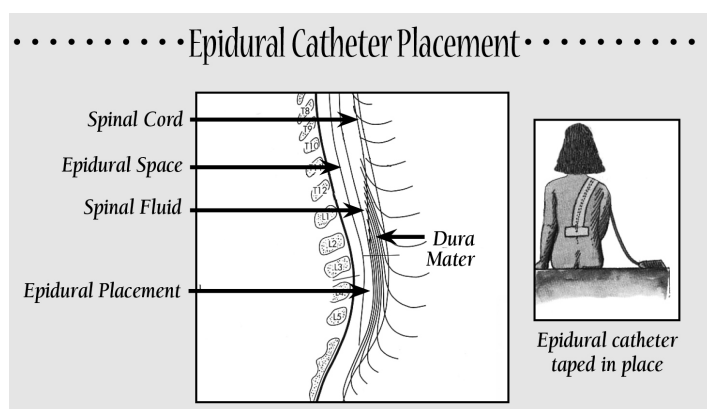
A local block involves injecting medication into the tissue between the vagina and rectum (perineum) to numb the area for an episiotomy and repair.

Epidural anesthesia

This is a common method of pain control during labor and delivery. An anesthesia team member will administer the epidural.

- You will be placed in a sitting position.
- A local anesthetic is injected to numb the skin where the epidural catheter will be placed.
- A needle is placed into your lower back through which a thin tube called an epidural catheter is threaded.
- The needle is then removed, and the tubing is taped to your skin up the center of your back and to your shoulder.

Medication can then be infused through the tubing as needed throughout labor to numb the nerves conducting pain signals from the uterus, cervix and birth canal. This decreases pain from your contractions, but your legs may feel heavy. Because of this, you will need to remain in bed once you have your epidural. Following birth, the anesthetic will wear off in a short period of time, and normal sensations will return quickly.



Risks and potential complications

As with all anesthetics, there are certain risks and complications associated with an epidural.

- **Blood pressure variations.** A decrease in blood pressure is one of the most common side effects of epidurals. Your blood pressure will be monitored frequently to detect and treat this problem. Continuous IV fluids minimize this risk.
- **Partial pain relief.** The amount of pain relief from an epidural varies. Approximately 85 percent of mothers get satisfactory pain relief. Most of the remaining 15 percent may experience partial relief. In rapidly progressing labors, it is possible the epidural may not have time to take effect.
- **Muscle shakes.** Shivering is common during labor and following birth. This can be an uncomfortable side effect, but it's usually temporary and requires no special treatment.
- **Headache.** This uncomfortable side effect can occur following birth. Characteristically, headache occurs when you are upright and diminishes when you lie down. The discomfort can usually be relieved in a few days by taking analgesics, lying flat and drinking more fluids. In some cases, a blood patch is used to treat this problem. This is accomplished by injecting a small amount of your own blood into the same area of the lower back where the epidural or spinal block was placed. This usually relieves the headache.
- **Back discomfort.** The area around the catheter insertion site may become temporarily sore following your epidural.
- **Central nervous system.** Feeling lightheaded or ringing in the ears can happen. Speech problems, visual symptoms, numbness of the tongue, loss of consciousness, seizures or death may follow the accidental injection of the anesthetic into a vein, but are extremely rare. These reactions are usually prevented by giving a small test dose of medicine prior to the larger dose that will be required to produce pain relief.

- **Bladder problems.** Sensations to the bladder may be dulled, and you may not be able to empty your bladder for several hours. A catheter may be used to empty your bladder.
- **Infection.** Because of sterile products and techniques, this complication is extremely rare.
- **Paralysis and nerve injury.** Paralysis and lesser types of nerve injury after an epidural are extremely rare.

Although the list of potential complications is quite long and may seem frightening, epidural anesthesia is considered relatively safe. For questions about epidurals or their risks, visit with the anesthesia team members or your physician.

Certain diseases or problems may prevent the use of epidural. These conditions include:

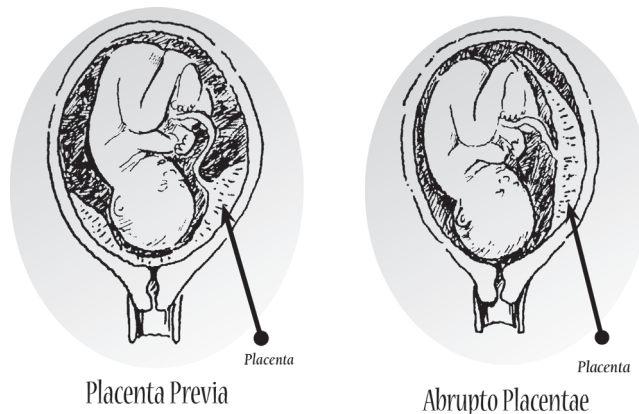
- Problems with blood clotting
- Certain heart problems
- Infection near the site of the puncture
- Significant bleeding problems
- Neurological disorders
- Spinal problems
- Significant blood pressure problem.

If you are considering an epidural and you have or suspect you may have any of these conditions, discuss them with your physician or anesthesiologist.

Cesarean section birth

At AdventHealth Birth Center, our goal is a healthy outcome for both mother and baby. While the majority of our babies are born vaginally, some babies need to be delivered by cesarean birth. Cesarean birth is the delivery of the baby through an incision in the abdominal wall. Cesareans are

performed for a variety of medical reasons to ensure the health of you and your baby.



What are common reasons for a cesarean birth?

- Distress of the baby
- Cephalopelvic disproportion (CPD) – baby is too large for mom’s pelvis
- Position of the baby
- Prolonged labor
- Placental location
- Placental separation
- Umbilical cord problems
- Previous cesarean birth

Cesarean births may either be planned in advance or necessary due to an emergency. A planned cesarean is usually scheduled by your physician. Once a date and time are set, your hospital is notified by your doctor’s office. If you are scheduled for a planned cesarean, your physician will give you a written copy of our pre -surgery instructions. Please read and follow them closely. Call 913-632-4233 if you have questions regarding the instructions.

Preoperative instructions

Keeping you safe and free of infection is important to us. Because skin is not sterile, we must be sure your skin is as clean as possible. Your skin will be prepared with antiseptic before surgery, but the antiseptic works better if your skin is clean.

How do I prepare for my cesarean birth?

Before surgery

- Do not use any herbal preparations or aspirin-containing products seven days before surgery.
- Drink plenty of fluids the day before your surgery.
- Do not eat or drink anything for eight hours prior to your surgery. This includes gum, candy, mints and water.

Eat your normal diet up until eight hours prior to your surgery. Stop all foods after this time.	Stop eating after: _____ (Eight hours before surgery)
Drink clear liquids only until two hours prior to your surgery. Examples: water, Sprite, apple juice, black coffee (no cream, no sugar, no milk)	Stop clear liquids after: _____ (Two hours before surgery)
Arrive at the front desk of the Birth Center two hours before your surgery to check in. Do not drink anything after you arrive/two hours before your surgery.	Arrive at hospital: _____ (Two hours before surgery)

The morning of surgery

- Remove all jewelry, including wedding rings and body piercings.
- Shower with an antibacterial soap paying special attention to the lower abdominal area.

- Brush your teeth and rinse your mouth, spitting out all water and toothpaste.
- Do not take any medications the morning of your surgery unless your physician has specifically told you to.
- Please do not shave your pubic area. Do not put lotion, powder or any other substances on your skin after your shower. Your hair must be dry when you arrive at the hospital.
- If you wear contacts, please be sure to bring your contact case and solution should you need to take them out.
- Leave all valuables at home, including cash and credit cards.

Your surgery may have to be rescheduled if you eat, drink or fail to follow any of your surgeon’s instructions.

When do I arrive for surgery?

- Arrive at the hospital two hours prior to your scheduled surgery time.
- Enter through the Birth Center entrance.
- Leave your overnight bag in the car until you are transferred to the mother & baby unit.

What happens when I get to the hospital?

In the pre-operative area

- One person may stay with you while you prepare for surgery. Other family members or friends must wait in the family waiting area.
- You will complete the admission process by answering questions about your health and needs.
- You will put on a hospital gown. The nurse will check your temperature, pulse, blood pressure and respiration. A monitor will be attached to your abdomen to watch the baby’s heart rate.

- An IV will be started and your lower abdomen will be shaved (using clippers to prevent injury to the skin) around the incision site.
- You will be given an antacid to drink to neutralize your stomach acid.
- A member of the anesthesia team will talk to you about your anesthesia and pain control.

In the operating room

- Your support person will change into appropriate operating room clothing. After the epidural is placed, your support person will be allowed in the operating room with you.
- It is very important that your support person remains on the stool near your head.
- You will have heart and breathing monitors, as well as an oxygen level monitor, on during surgery.
- As a part of our effort to keep you safe during your surgery, you will be asked to participate in a process that we call “time out.” Your nurse will ask you to tell us your name and birthdate. This may take place a couple of times during your surgery: once prior to your anesthesia and again before we start your surgery.
- Once you are numb from the epidural, a catheter will be placed in your bladder to drain urine during and after surgery.
- Your skin will be prepped with soap and sterile drapes will be placed.
- When the baby is delivered, she will be placed under a radiant warmer where the nursery staff will care for her for the first few minutes.
- As soon as you and your baby are stable, your baby will be placed skin-to-skin with you.
- When your baby is ready, your nurse will assist you with the first breastfeeding.

- After your skin-to-skin time, medications will be given to keep your baby healthy. Bracelets will be attached to the baby, you and another adult of your choosing.

- After surgery, you will be moved to a recovery room where we will monitor you closely. When the nurse has you settled, only one or two people may visit with you in the recovery room. Your baby will stay with you unless she needs specialized care. Continued skin-to-skin time and breastfeeding will be encouraged during this time.

- After you have recovered, you will transfer to a mother & baby room for the remainder of your stay.

What anesthesia is used for a cesarean birth?

Regional Anesthetic (Druamorph)

Regional anesthetic, or Dramorph, is an opioid analgesic approach to pain management where a small dose of long-acting medicine is placed in your spinal or epidural in the operating room. It is similar to the placement of an epidural, but it is a onetime dose and there is no tube or catheter left in place. After surgery, you will receive scheduled Acetaminophen and Ibuprofen either by IV or by mouth. This is the most common method used for non-emergent cesarean delivery. Benefits include better pain management, getting up and moving around faster, and improved bonding between mom and baby.

Spinal epidural combination

A combination spinal epidural may be used for anesthesia in cesarean births. Technically, this is very similar to the placement of an epidural. However, a very small needle is inserted through the center of the epidural needle and anesthetic medication is delivered directly into the spinal space through this small needle. After the small needle is removed, a small tube called an epidural catheter may be inserted into the epidural space and pain medication is given through the tubing after cesarean birth. Its main advantage is reliability and quick onset of action. Its numbing effects are very similar to that of an epidural.

General anesthesia

General anesthesia is most frequently used for true emergencies where time becomes very critical in delivering the baby. In addition, certain medical conditions may require the use of this method. Food or acid that enters the windpipe from the stomach (known as aspiration) is the most serious problem associated with general anesthesia. You may be given an antacid prior to surgery to help decrease the amount of acid in your stomach. Avoiding food after your labor begins may help minimize this risk. In addition, the medications given for general anesthesia cross the placenta to your baby. Therefore, once you are under general anesthesia, your baby is delivered quickly to minimize the passage of medication to the baby. Please note that if general anesthesia is used, no family member or support person is allowed in the operating room.

Whether you should have general or epidural anesthesia for a cesarean birth depends on your condition, the condition of your baby and the reason for the cesarean birth.

What is my role in pain management?

Because a cesarean section is major abdominal surgery, you will experience some pain and soreness during your recovery. However, taking an active role in the management of your pain helps decrease the amount of discomfort you feel. Your nurse will ask you to state your pain goal, and rate your pain before, during and after treatment using a 0-10 scale. You may choose a word that best describes your level of pain.

How will my pain be treated?

Your physician or anesthesiologist will discuss pain medication options prior to your surgery. These include:

- **Continuous epidural anesthesia (CEA)** – Medication is given through a very small catheter in your back for approximately 12-18 hours after surgery. The dose of medication is ordered by your physician and infuses continuously through a computerized pump.

- **Patient controlled analgesia (PCA)** – Medication is given through your IV when you push the button. The dose and number of times you may push the button is determined by your physician and programmed into a pump.

- **Pain pills** – Pain pills are given once you are able to eat and drink. They are not usually given on a regular schedule, but rather as you need them. Ask your nurse for your pain medication as soon as you feel pain increasing.

Other notes about pain management

- It may be necessary to combine more than one of these options to provide the best pain relief for you.
- There are non-medication therapies to help relieve your pain. Your nurse can help you use these therapies.
- Prevention is the key to successful pain control. It is easier to treat pain before it becomes severe. Tell your nurse when pain is beginning.
- Side effects of pain medications may include nausea, vomiting, drowsiness, insomnia, restlessness or itching. If these symptoms occur, report them to your nurse immediately. Most side effects are preventable or treatable.

Guidelines for best results

- Some pain medications are scheduled (e.g., four times daily). However, most pain medication is ordered as needed, meaning that you will need to ask your nurse for them. Ask for your pain medicine as soon as you feel pain starting. Don't wait until it becomes severe.
- Be sure to tell your nurse about pain that doesn't go away. Pain may be a sign of other problems. Your nurse wants and needs to know about it.
- Remember, our goal is your comfort. We always work with you to obtain the best possible results.

Other suggestions for pain control:

- “Splinting” involves holding a firm object or pillow over your incision site for activities, such as coughing or changing positions
- Massage
- Cold or warm packs
- Relaxation
- Music or other distractions
- Positive thinking.

When used in combination with medication, these methods often enhance the effectiveness of your pain control.

What should I expect after my cesarean birth?

- If you have an epidural or spinal anesthesia, your legs and abdomen will be numb following surgery.
- After the anesthesia wears off, you will be able to move your legs. The incision pain will remain, but by taking your pain medication, you can get out of bed, move around easier and be more interested in taking care of your baby. In general, the sooner you are up and moving, the faster your recovery.

Typically, you and your baby will stay in the hospital three days. Your activity, diet and pain medications will be adjusted based on your rate of recovery. Because you’ve had major surgery, your recovery at home will take longer than after a vaginal birth. You will require more help at home. It is helpful to surround yourself with family and friends to assist with meals and housekeeping so that you are free to care for your baby.

Prior to discharge from the hospital, your nurse and physician will review specific instructions on how to care for yourself. Never hesitate to contact your physician with questions or concerns.



Rest for new families

Postpartum fatigue may cause women to have:

- Decreased immune response (colds, runny nose, cough, flu)
- Lack of energy
- Decreased confidence in new role as a parent
- Self-doubt
- Feelings of sadness, crying, anxiety or postpartum depression
- Poor bonding with baby.

What can you do to manage postpartum fatigue?

- Plan simple, healthy meals.
- Plan your day so that you can rest between activities that are tiring and increase daily activity slowly.
- Sleep or relax when the baby does.
- Limit visitors.
- Ask for help with shopping, cooking and caring for older children.



After Baby is Born

In the delivery room

Immediately following birth, your baby will be placed on your chest or abdomen, dried and covered with blankets. ID bands and security bracelets are applied. The nurse may stimulate your baby to cry by rubbing his back or feet during the first few minutes after birth to help clear the lungs. Your baby is best kept warm by your body heat and a blanket. This is important time called skin-to-skin holding.

Skin-to-skin

Many studies show that when newborn babies are placed naked on their mom's chest (baby can wear a diaper), both mom and baby receive many benefits. Your baby is much more likely to latch on to the breast easily; her temperature stabilizes more rapidly outside the warm uterus; her heart rate, blood pressure and blood sugars stabilize more quickly; and she is less likely to cry when kept skin-to-skin.

Your baby's weight, measurements and medications can wait until she is an hour old if she is stable after delivery. Skin-to-skin time is very important through the first weeks of life, not just the first hour.

While on your abdomen, an APGAR test will be done to evaluate your baby's transition into the world. This evaluation is repeated at five minutes and again at 10 minutes following birth.

The following areas are evaluated:

- Appearance (color)
- Pulse (heartbeat)
- Grimace (reflex)
- Activity (muscle tone)
- Respiration (breathing).

After the first hour of life:

- Measurements and footprints are taken, and identification bands are put in place.
- A special antibiotic ointment will be placed on your baby's eyes to help prevent infection.
- Baby will receive a vitamin K injection to help prevent bleeding.
- Your baby's first hepatitis B immunization will be given, with your consent, as recommended by the American Academy of Pediatrics.

What is delayed bathing?

Delayed bathing means waiting to give your baby's first bath. Similar to skin-to-skin, there are many benefits of delaying a bath for your baby. We recommend waiting a minimum of six to 12 hours before bathing your baby. If your baby is born prematurely, it is even more important to delay the first bath to help the baby transition to life outside the womb.

The benefits of delayed bathing include:

- Delaying the bath helps make the first day of life easier for your baby
- More early skin-to-skin means more parent-infant bonding time
- Promotes easier breastfeeding
- Helps baby maintain a stable body temperature
- Cold stress can lead to extra energy usage and unstable blood sugar levels
- Vernix, the white substance on the baby's skin, helps protect the baby from dry skin and infection.

In some cases, it may be recommended that your baby be bathed right away. Ask your baby's physician if you are unsure.

Mom

Immediately following delivery, your uterus is approximately the size of a grapefruit. It can be felt just below your navel. Your nurse will be checking your uterus (fundus) and bleeding frequently. Your uterus will return to its normal size and weight, so don't be discouraged if you still look a few months pregnant. It takes several weeks for your abdominal muscles to regain their muscle tone. Breastfeeding stimulates the uterus to contract and thus can increase vaginal flow. Even if you are not breastfeeding, your uterus will contract after you deliver. Some women, especially second-time mothers, may feel painful, after-birth contractions. Your physician may suggest a mild pain reliever to help. After a short recovery period in the labor room, you will move to the mother & baby unit.

Rooming-in

During your hospital stay, you and your baby will be cared for by our mother & baby nurses in your private room. This will allow better coordination of care for both of you and ensure the best opportunity for learning about your new infant in a secure and caring environment. Take advantage of this time in the hospital for you and your baby to get to know each other.

Benefits of rooming-in with your baby

- You get to know your baby by holding, cuddling and responding to your baby's cues.
- Your baby will cry less than babies who are away from their mom.
- Mothers who keep their babies in the room with them at night actually sleep better.

How to make rooming in successful

- It is helpful to have a support person stay with you to help with your baby at night. This is especially important if you had a cesarean birth.

- While you are awake, you can hold your baby in your bed or in a chair.
- Be aware that your baby may be very sleepy in the first 24 hours.
- Keeping your baby on your chest, skin-to-skin, as much as possible while in the hospital will make breastfeeding easier. This will also keep your baby warm and make her feel safe.
- Feed your baby when she shows signs of hunger, such as sucking on fingers, rooting, making rapid eye movements or making sucking noises.
- If your baby is not showing signs of hunger after about three hours, place her skin-to-skin. At the first signs of hunger, express some milk to help your baby latch.
- If you become sleepy, your baby should be placed in the crib next to your bed, or another alert caregiver may hold your baby while you sleep.

Visitors while you are in the hospital

Visitors can be a wonderful source of support for the new mother and growing family. However, we want to protect the importance of what we call "the golden hours" by encouraging only immediate family or support persons to be present during the first two hours after delivery. New parents need this time to bond with their new baby.

We suggest that only close family members visit during your hospital stay and that those visits be for limited periods of time. You will need this time to rest and to learn to care for your new baby. You will be going home soon, and it may be more helpful to have visitors there.

Children under one year of age are not allowed to visit.

Nap time

The Birth Center encourages new families to rest each afternoon. These quiet hours are seven days a week from 2:30 to 4:30 pm. Visitors are asked to come before or after these hours whenever possible, so the only interruptions in mom's room are for essential patient care.

Nap time is designed to provide our patients and families the much needed rest and privacy they deserve during their short stay. Nap time also benefits mothers and babies by decreasing fatigue, increasing bonding time and allowing parents to become familiar with their baby's feeding cues.

Infant security

What do I need to know about infant safety?

Once your baby is in your arms, the lifelong concern over her safety and security begins. Being aware of the Birth Center's safety policies will help ease your concerns during your hospital stay. Although your baby will be with you most of your stay, following these simple precautions can help ensure your baby's protection.

- A nurse will place three bracelets on your baby at birth. Two of them are identification bracelets, and one is a security tag. You and the baby's father or other support person also receive identification bracelets at that time (all of the bracelets have the same pre-printed numbers). Keep these bracelets in place during your hospital stay. Bracelet numbers must be verified by team members every time your baby is brought to you. Remember, you are the best security system for protecting your infant.
- Do not let your baby out of your sight, even when you go to the bathroom. If you must leave your baby unattended, please make arrangements with your support person or nurse.

- It is always a good idea to keep your baby's crib next to your bed on the side farthest from the door.
- Never give your baby to anyone without properly verified hospital identification. If you are unfamiliar with a team member, you may go with the baby or ask to see your nurse.
- In the hallways, your baby should always be in a crib.
- Consider the risk you may take in publishing your infant's birth information in any media, including social media. Never include your family's home address or last names in announcements. Use of lawn decorations and signage outside your home is not recommended.
- If you are having follow-up care at home, make sure you understand who will be coming and when. Request properly verified identification before you allow anyone into your home.
- Only allow persons into your home who are well known to you. Be cautious of allowing anyone into your home who became a mere acquaintance during pregnancy.



Feeding Your Baby

As a parent, one of the most important things you will decide is how to feed your baby. Because we care about the health of you and your baby, we want to be sure you have accurate information when making this decision.

Breastmilk is a living food and immune support system that provides protection from many diseases. Breastfed babies have lower risks of asthma, childhood leukemia, childhood obesity, ear infections, respiratory infections, sudden infant death syndrome (SIDS) and type 2 diabetes.

Breastfeeding also helps protect mothers from certain cancers, diabetes and bone loss. For these reasons, most health organizations and medical groups recommend feeding babies only breastmilk for first six months of life, and continued breastfeeding in addition to solid foods until babies are at least one year.

We know the decision to breastfeed is a personal matter. If you decide that breastfeeding is not for you, we will support you in your informed choice. If you are unsure, your nurse can help you choose a feeding option that is right for you.

What does it mean for a hospital to be designated “Baby Friendly?”

AdventHealth has been internationally recognized as a Baby-Friendly hospital. This means that the maternity practices you’ll experience during your stay are evidence-based and will support you, no matter your infant feeding preferences. The focus is on supporting breastfeeding, but practices such as skin-to-skin contact, rooming-in with baby, and learning baby’s feeding cues are beneficial for all families regardless



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by Baby-Friendly USA — 2018-2023

of feeding choices. Safe formula preparation is also a part of Baby Friendly. Baby Friendly is a World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) initiative to improve breastfeeding support throughout the world. The Ten steps to successful breastfeeding form the basis of this initiative and are supported by numerous health organizations.

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in the skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within one hour of birth
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants
6. Give infants no food or drink other than breastmilk, unless medically indicated
7. Practice rooming-in by encouraging mothers and infants to remain together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no pacifiers or artificial nipples to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.



Baby Feeding Cues

In the early weeks, it is important that babies feed frequently and on demand. Young babies do not eat on a schedule. Look for early feeding cues, and expect your baby to feed eight or more times in 24 hours.

EARLY CUES - *"I'm hungry"*



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

MID CUES - *"I'm really hungry"*



- Stretching



- Increasing physical movement



- Hand to mouth

LATE CUES - *"Calm me, then feed me"*



- Crying



- Agitated body movements



- Colour turning red



Breastfeeding: Getting Off to a Good Start

Although breastfeeding is a natural process, it takes patience, guidance and support to get off to a good start. Our nurses are specially trained to support you and help you reach your goals.

Latching your baby

- Is baby showing feeding cues? Bring baby skin-to-skin.
- Baby should be facing you, tummy-to-tummy, and tucked in close to your body.
- Support your breast with your free hand.



The cross-cradle hold

Illustration by Mary Newell

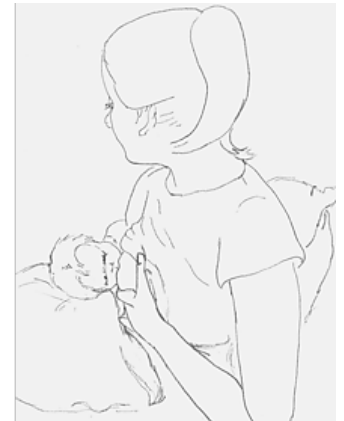
- Baby's head is slightly tilted back so his nose is in line with your nipple.
- Gently brush your nipple on baby's upper lip or nose.
- When baby's mouth opens wide like a yawn, bring baby in fast and firm.



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Checking the latch – How does it feel?

- If the latch is painful or noisy, gently break the suction with a finger and try again.
- Baby's chin and cheeks should be touching the breast.
- After the feeding – look at your nipple. Is it round shaped? A crease lets you know baby needs a deeper latch.



The clutch or football hold

Illustration by Mary Newell

Signs things are going well

- Baby eats eight or more times each day.
- Latch feels like a tugging or pulling, but is not painful.
- Baby is content and calmer after feedings.
- You can hear and see swallowing.
- After the first three or four days, your baby is gaining about five to seven ounces per week. Babies should be back to their birth weight by 10 to 14 days.
- By the end of the first week, your baby is having six or more wet diapers and four or more soft, yellow stools each day.

Why babies breastfeed often

At first, it might feel like you're breastfeeding all the time. Here's why:

- Newborns have small tummies that can only take in a small amount of milk at a time
- Breastmilk is digested very easily
- Newborns eat a lot because they are growing fast.

Most babies need to eat eight or more times in 24 hours.

Engorgement

Engorgement may occur during the period of time when your milk volume increases and your breast tissue swells. This is a normal transition for your body that occurs two to five days after the birth of your baby and usually lasts about 24 to 48 hours.

- Breastfeed your baby frequently, right from birth. Mothers who breastfeed early and often have fewer problems with engorgement. Rooming-in with your baby makes it easier for your baby to nurse frequently following your baby's cues.
- If your baby is sleepy or not nursing well, keep the breasts soft by hand expressing or using a breast pump to empty the breasts regularly, eight or more times in 24 hours, even at night. This will prevent problems with engorgement and ensure that you have a plentiful milk supply when your baby begins to feed better.
- Between feedings, cold compresses can be used to ease any swelling.
- Avoid using bottles or pacifiers during this time. All of the baby's sucking should be at the breast. This relieves the mother's discomfort and helps your body adjust milk production to match your baby's needs.

- Call your physician if you have a fever greater than 100.4° F or severe pain or redness in either breast.

Communicating with your nurses

There are several different things we do to ensure we are working together to provide this care.

- **Bedside handover.** Every time we change nurses, your off-going nurse and on-coming nurse will meet at your bedside for handover. This is our way of exchanging the critical information about you and your baby that is necessary to care for you for the next 12 hours. This handover also gives you the opportunity to ask questions and offer input that you want your nurses to know.
- **Hourly visits.** Your nurse will visit every hour during the day and every two hours at night. The purpose of this is to anticipate your needs before you have to ask.
- **Nurse leader visits.** A member of our leadership team will visit with you daily to see how your care has been and ensure your specific needs are being met.

Uncircumcised Penis



Circumcised Penis (healed after the procedure)



Circumcision

Circumcision is a surgical procedure in which the skin covering the end of the penis is removed. It is usually performed in the first few days of life and an infant must be stable and healthy to be circumcised.

The American Academy of Pediatrics states, “Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure’s benefits justify access to this procedure for families who choose it, however, existing scientific evidence is not sufficient to recommend routine circumcision. Therefore, because the procedure is not essential to a child’s current well-being, we recommend that the decision to circumcise is one best made by parents in consultation with their pediatrician, taking into account what is in the best interests of the child, including medical, religious, cultural and ethnic traditions.”

Is circumcision painful?

Circumcision is painful when performed without a numbing medication. Talk to your pediatrician about which numbing medication is best for your son.

Caring for a circumcision

To clean the newly circumcised penis, saturate a washcloth with clean, soapy water. Squeeze out the water over the penis, then rinse in the same fashion. A yellowish covering will appear on the glans (tip) of the penis after the first or second day. This is a normal part of the healing process and it should not be washed off. A circumcision generally heals within seven to 10 days.

- Mogen or Gomco. Vaseline or petroleum jelly is applied until the circumcision heals. This will prevent the penis from sticking to the diaper.
- Plastibell. Keep the area clean and dry. No Vaseline is needed. The plastic rim of the Plastibell usually falls off five to eight days following the procedure. A dark black or brown-colored ring on the skin around the plastic rim is expected; it will disappear when the plastic rim comes off. Notify your baby’s doctor if the plastic ring has not fallen off within eight days, or if the ring slips onto the shaft of the penis.

What if I choose not to have my son circumcised?

The foreskin of the penis does not fully retract for several years. It should never be forced. Keep the penis clean by gently washing the genital area while bathing. When the foreskin begins to retract, talk to your pediatrician about cleaning the penis just like any other part of the body.

Birth certificate

A certificate of birth must be filed with the State of Kansas Registrar’s office. Obtaining a birth certificate includes the following steps.

- A birth certificate interview and worksheet will be completed prior to your discharge from the hospital. Kansas law requires that a \$4 filing fee be collected at this time. Please have cash or check payable to AdventHealth Shawnee Mission.
- The hospital will send your baby’s information to the Kansas Office of Vital Statistics.
- The hospital will provide you with the following items.
 - A souvenir footprint certificate of your baby’s birth. This is not a certified legal copy.
 - An application to apply for a certified copy of the birth certificate from the State of Kansas. You must send in your application and fee (\$15) to the State of Kansas to obtain a copy of the legal birth certificate.

- Your copy of the birth certificate will be mailed to you within six weeks of the state receiving your application.
- If you have questions about the birth certificate, you may contact the Kansas Office of Vital Statistics at 785-296-1400, or visit KDHEKS.gov/vital.

Social Security card

The law requires a Social Security number for any child age one or older listed as a dependent on your tax return. Although you don't legally need this number for a year, now is the easiest time to apply. Here are the steps for obtaining a Social Security card.

- During the birth certificate interview, you will be asked if you would like the hospital to share your information with the Social Security administrator.
- There is no charge for a Social Security card or number.
- You will receive the Social Security card in the mail within 45 days.
- If you choose not to apply for a Social Security card at birth, you may apply at any time to the Social Security administrator.

Paternity affidavit

If you are unmarried to the father of your baby, you are given information on how to acknowledge paternity for your baby. You should know the father's full name (first, middle, last), DOB, birthplace (state or country), Social Security number and current address. If the father of the baby is present and willing to sign an affidavit to the birth certificate, the hospital staff can arrange for the paternity consent to be signed. Please be sure that the baby's father has a picture ID with him to sign the paternity affidavit. Acknowledged paternity for your baby means more than simply adding the father's last name to the birth certificate. It means once paternity is established for a child who is born to unmarried parents, there are two people legally designated to provide support. It means in the eyes of the law, the man whose name appears on the birth certificate is the baby's father, unless someone proves otherwise through genetic tests or other evidence.

Paternity testing

Why is it important for me to acknowledge my baby's father?

- If your child gets sick, it is important to have accurate information about both parents' medical history.
- If the father becomes disabled or dies, your child may be entitled to receive benefits, including child support, medical insurance, inheritance rights, Social Security and veteran's benefits.
- If you and baby's father ever separate or you die, it is easier to protect your child's interests. Custody, visitation and child support arrangements are easier to establish.
- Parents of infants born in Kansas may call 785-296-1400 for questions regarding birth certificate information or changes.
- AdventHealth does not offer paternity testing.

Newborn Pictures

AdventHealth and Bella Baby Photography offer our families the opportunity to have professional photography in the privacy of your hospital room using natural lighting. You can use your own special clothing, blankets or afghans to add texture, color and memories to your photos.

Your photographer will capture multiple poses of your baby. Soon after the photo shoot, they will return with a video of your pictures for you to preview. You can order at that time or you can visit BellaBabyPhotography.com to view and order photos for up to two weeks after your baby's birth.

Newborn screenings

Hearing screening

Hearing loss in newborns is easy to overlook since it is not a visible problem and babies cannot tell us that they cannot hear. Since it is a state mandate that every family be offered the chance to have their baby's hearing tested, once parents have given consent, our hearing screeners will meet with you to explain the process. The name of the test that we use is the auditory brainstem response (ABR). This test is simple and takes only minutes to complete. Most babies will sleep through the entire screening process.

The ABR screening uses miniature earphones and sensors placed on the head, neck and shoulders that measure the brainwaves to determine if sounds are heard normally. Passing the hearing screening indicates that your baby does not need any additional testing at this time. There are many common reasons that your baby may not pass the hearing screening. Your baby may be too awake, too active or have fluid or debris from delivery in the ear canal. If your baby does not pass the screen, she will need additional testing.

Depending on your insurance coverage, you may have some responsibility for the cost of the hearing screen. If you have questions about this test, you can reach our hearing screeners at 913-676-7686.

Kansas newborn screening blood test

While most newborns look perfectly healthy at birth, there are some diseases that may be present but not visible. Unless these diseases are identified and treated early, they can cause severe illness, developmental delay or even death. The state of Kansas tests for 31 of these diseases by having the hospital staff prick your baby's heel and collect a small sample of blood. This blood is then sent to the state public health laboratory where it is tested for 31 different diseases. If the results are abnormal, re-testing must be done to confirm a diagnosis. These results are not mailed to you at home or

the hospital. They are reported to your baby's physician. The cost of this testing is paid for by the state of Kansas.

It is important that you provide us with your pediatrician's name prior to discharge so results can be sent directly to their office.

Jaundice screening

What is jaundice?

Jaundice is a yellow appearance of the baby's skin and whites of the eyes.

Do all babies get jaundice?

Most infants have mild jaundice that is caused by the normal process of breaking down unneeded red blood cells.

What causes jaundice in newborns?

The yellow skin color is caused by a byproduct (bilirubin) of the process of breaking down red blood cells. The following are reasons it may increase:

- Bilirubin is being made faster than the normal newborn liver can remove it
- Infection, diabetes, low body temperature
- The baby is not getting enough breastmilk
- Transient overload of blood in the body system
- Mother-child blood type incompatibility.

Can jaundice be harmful to my baby?

Low levels of bilirubin are harmless. High levels of bilirubin can damage the brain. Bilirubin levels are usually highest at about four days of age. Babies who go home from the hospital before this time may need to have bilirubin levels retested. Your baby's care provider will let you know if your baby will need to be followed more closely.

How are babies tested for bilirubin levels?

Bilirubin levels are checked by obtaining a small amount of blood from your baby's heel. Every baby will have a bilirubin level checked at 24 hours of age. An additional bilirubin level will be taken prior to discharge using a non-invasive method.

How is jaundice treated?

Occasionally, babies need special light treatment (phototherapy) to help decrease their bilirubin level. Your physician will recommend treatment if necessary.

When should I call my physician?

Contact your doctor's office:

- If your baby's color is more yellow than the last time she was seen by the physician
- If your baby is having fewer than six wet diapers per day, by the third or fourth day after birth
- If your baby is not eating well
- If your baby is hard to wake or is increasingly fussy.

What can I do to help prevent severe jaundice?

- Feed your baby early and frequently (eight or more times in a 24-hour period).
- Keep your baby skin to skin to maintain stable temperature.
- Monitor the amount of stools and wet diapers that your baby has every day.
- Schedule and keep follow-up appointments with your baby's physician.

Critical congenital heart defect

What is a CCHD?

A CCHD is a problem in the structure of the heart or with the blood flow through the heart. Congenital heart defects are the most common birth defects in newborns. Unfortunately, the cause is unknown.

When and how is the CCHD screening performed?

The CCHD screening is performed 24 hours after your baby is born. If your baby is a patient in the NICU or the Special Care Nursery, the CCHD will be performed closer to the time your baby goes home. The screening is conducted by pulse oximetry – a simple and painless test to determine the amount of oxygen in the blood. Pulse oximetry is performed by placing a small, soft, flexible sensor on your baby's hand and foot. The screening only takes a few minutes to complete. Low levels of oxygen in the blood may be a sign of a serious heart problem.

What do the pulse oximetry screening results mean?

If your baby's screening is negative (normal blood oxygen level), her test did not raise concern for CCHD. However, pulse oximetry screenings do not catch all congenital heart defects, so it is still possible to have CCHD even with a negative result. Your baby should continue to have regular visits with her physician.

If your baby's screening is positive (low blood oxygen level), her test showed low levels of oxygen in the blood, which may be a sign of CCHD. A positive result does not always mean a baby has a congenital heart defect, but more testing is needed. Your physician or nurse practitioner may recommend a repeat screening and more specific tests such as an echocardiogram.

Late-preterm infants

Late-preterm infants are babies who are born three to five weeks before their due date (35 to 37 weeks gestation). Late-preterm babies will require more care than a full-term baby, and baby will be admitted to the special care nursery (SCN). Your baby's physicians and nurses will be watching for these symptoms and personalizing your baby's care based on what she needs. It is not uncommon for these babies to need a longer hospital stay than normal or possibly require care in our neonatal intensive care unit (NICU).

Neonatal intensive care unit

The birth of a new baby is a very exciting time for you and your family. Sometimes babies are born early or they may require special care. This may be scary for parents. At the Birth Center, we offer the newest technical care given with a gentle touch. Each baby will have his own room, and you are welcome in the NICU to help care for your baby even after mom is discharged.

NICU – Level III

Our NICU team members are trained to care for babies born as early as 27 weeks gestation. Caring for your baby is a team effort. The NICU care team will include your baby's nurses, respiratory therapists, lactation consultants, pharmacists as well as our unit social worker. These team members support the medical team of Children's Mercy neonatologists and neonatal nurse practitioners who oversee the care of your baby while he is in the NICU.

We encourage kangaroo care, or skin-to-skin contact between you and your baby. While you sit in a chair next to your baby's bed, your baby is placed against your chest and you are both covered with a warmed blanket.

Breastmilk is very important for preemies. It is easier to digest and has special protective factors that early babies need. Many mothers wonder if they are still able to

breastfeed if their baby is premature. Yes! A lactation consultant and your baby's nurse will help you with feedings and/or help you to start using a breast pump.

Love and Hugs Program

Our volunteers have been specially trained on how to hold babies in the NICU. They are here to assist staff and families when your baby may need a little extra attention or when you may not be available. Our volunteers are here each day, mornings and evenings.





Going Home

Caring for mom

Follow-up care

Prior to discharge, please call your physician to schedule a follow-up appointment. This appointment may be anywhere from two days to six weeks from going home.

Postpartum warning signs and symptoms

Notify your physician if you experience ANY of the following symptoms after birth:

- Heavy, bright red bleeding (one pad per hour)
- Temperature higher than 100.4° F
- Sore, painful, reddened or hot area on breast(s) or in the armpit (may be accompanied by fever and flu-like symptoms)
- Pain or burning while urinating
- An inability to urinate or empty your bladder
- Signs of infection such as redness, swelling, pain, drainage or foul-smelling discharge from your vagina, episiotomy or abdominal incision
- Swollen, red, painful area on leg (especially calf) that is hot to the touch
- Crying spells or mood swings that make you feel out of control, anxiety, agitation, suicidal thoughts, panic attacks, inability to reason, hallucinations, delusions, inability to sleep, eat or care for yourself
- Constipation that is not relieved by diet or laxatives
- Mothers who were diagnosed with gestational diabetes, gestational hypertension, pre-eclampsia or pregnancy-induced hypertension will require additional follow up after delivery.

Activity/Rehabilitation

For the first several weeks after a vaginal delivery, household chores should be limited. Accept help from others. Most activities may be resumed progressively, as long as comfort and rest are considered first.

If you have a cesarean birth, you will be recovering from major abdominal surgery, as well as from childbirth. During the first week at home, slowly progress toward normal activities. Pay attention to comfort and avoid overtiring. You can safely resume driving a car when you can comfortably press on the brake, usually around two weeks postpartum. This is also a great time to resume exercising your pelvic floor muscles.

Family planning

Mothers who exclusively breastfeed will experience a delay in the return of fertility and menstrual flow (periods), which may last six months or longer, however exclusive breastfeeding alone should not be relied on to prevent pregnancy and addition contraception should be used to avoid pregnancy. If you are not breastfeeding, expect for your periods to return around six to eight weeks after delivery. Before you leave the hospital, it's important to discuss with your physician when you may resume intercourse and what methods of birth control are right for you.

Rest

Your goal should be to obtain as much sleep in a 24-hour period as you normally need to function well. If you usually require eight hours of sleep, strive for that now, but expect your sleep patterns to change as you respond to your baby's needs.

Elimination

Concerns about your stitches or hemorrhoids may make you worry about your first bowel movement after delivery. Try to keep your stools soft until after your perineum heals. It is helpful to add foods rich in fiber and extra fluids to your diet. Your physician will recommend a stool softener. Please ask your nurse for these daily.

It is a good idea to urinate every two to four hours until your bladder has regained its pre-pregnancy tone. Discomfort or pain during, before or after urination should be reported to your physician.

Perineal care

Use sanitary pads instead of tampons, and change them every two to three hours. After you use the bathroom, use the peri bottle you received in the hospital to clean yourself. Do this by pouring warm water over your perineum from the front toward your rectum. Your physician may suggest using a topical anesthetic to reduce discomfort as your stitches heal. Soaking your bottom in a clean bath helps promote healing and cleanliness.

Uterus

Following delivery, your uterus can be felt just below your navel. The uterus contracts to slow bleeding and reduce to its small size, which will cause cramping for about six weeks after delivery.

Vaginal bleeding

The first few days after birth, your vaginal flow is bright red and heavy. The amount of flow may change with your activity. Bleeding slowly diminishes and becomes paler in color. If your vaginal bleeding has decreased, then suddenly increases and is bright red, you may be too active. Listen to your body's signals, and slow down and take it easy. If you experience a dramatic increase in bleeding (for example, soaking through a maxi pad in one hour), or if the odor changes to a foul smell, you should notify your physician immediately.

Diet and nutrition

A well-balanced diet is essential to help your body remain healthy and to heal properly after you give birth. Fluid intake should be approximately six to eight glasses of liquid per day.

Weight loss

The good news is that you will lose a significant amount of weight shortly after birth, but don't expect to fit into last year's clothing right away. It takes most women a few months or even a year to lose the rest of their pregnancy weight. Be sure to check with your physician about when it is appropriate to start exercise after delivery.

Home medications

Your physician will provide prescriptions for any medications to take once you are home. Be sure to read and follow all instructions provided by your pharmacist. This will help you avoid any food or drug interactions.

Postpartum emotional support

Having a child is one of the most exciting and overwhelming events you may ever experience. Motherhood is challenging, especially as you learn how to fit into your role as a new mom while balancing the needs of your family. Experiencing a roller coaster of emotions is common and expected after childbirth, and usually subsides with rest and time. But if it becomes overwhelming, creating feelings of anxiety, depression or inability to care for yourself or your baby, it's important to find help.

Baby blues

Many women experience fatigue, anxiety and mild depression the first few weeks after birth. Exhaustion, hormonal changes and isolation after the birth of your baby may lead to what is referred to as "baby blues." To some degree, this happens to everyone. Don't be surprised if you find yourself upset or tearful over minor issues when you get home from the hospital. This is normal, and it is not permanent. The best thing you can do for yourself is get plenty of rest. Being rested helps you cope more effectively with both physical and emotional changes.

Postpartum depression

However, if symptoms last more than two weeks, it could be more than just the blues. Postpartum depression can occur any time during the first year after childbirth. Signs that normal postpartum feelings have progressed into depression come in many different forms. Some of the most common are:

- Sleep problems that increase
- Eating too much or too little
- Self-doubt
- Increasing discomfort with being a mother
- Fear you may harm your child
- Suicidal thoughts
- Panic attacks
- Avoiding people or becoming withdrawn
- Inability to reason, hallucinations, delusions
- Mania, feeling “speedy,” decreased need to sleep, irritable or excitable
- The fear of being alone with your baby.

Getting help

New mothers experiencing postpartum depression are not alone. In fact, 20 percent of new moms experience some type of postpartum mood disorder. AdventHealth is here to help you manage your health and ease the transition into motherhood with the following resources.

In the hospital

At the AdventHealth Birth Center, all new moms complete a postpartum depression risk assessment. This simple, short questionnaire helps you to assess your feelings after childbirth while helping us to ensure individuals at high risk receive the education, resources and care they need before they leave the hospital.

After you go home

Once you get home, caring for a new baby and establishing a routine can be challenging and isolating for new moms. You will receive a phone call from one of the nurse leaders a few days after you are home. The purpose of the call is to answer any questions or concerns you may have since being discharged from the hospital. Don't be afraid or ashamed to seek help if your feelings become overwhelming. It is important to contact your physician if your emotional state becomes concerning. Your physician can provide information on community resources such as counseling and support groups. AdventHealth offers a postpartum emotional support group for mothers who are simply looking for a way to understand and manage their emotional health.

Postpartum support group

Postpartum Emotional Support group meets every Thursday from 5:30 to 6:30 pm. Participants learn valuable tips for managing their emotional changes and benefit from the support of other mothers who understand what they're going through. The postpartum depression risk assessment is retaken at regular intervals to help monitor improvement. Participants are welcome to join the group at any time. No registration required.

For more information about the Postpartum Emotional Support group, including dates and directions, call 913-632-4223 or visit adventhealthkc.com/birthcenter.



AdventHealth KC Postpartum Support on Facebook

Helping siblings cope

Quite often, the birth of a baby causes a mixture of feelings of love and jealousy in an older brother or sister. You can usually help minimize possible resentment by planning ahead. How you prepare your child depends upon age, understanding and temperament.

Try these tips to help siblings prepare for a new family member.

- Even reasonably secure children may feel displaced by a new baby. If a move to a new room, bed, etc., is necessary, try to do it at least two to three months before your due date so the older child has less reason to feel left out when the baby arrives.
- Get out photo albums from your older child's infancy and talk about the things you did for her and explain how you'll do those things for this baby, too.
- Attend a sibling class with your child.
- While you are in the hospital, make frequent phone calls to let your child know you are well and you are concerned about him. Try to arrange for your child to visit you and the baby in the hospital. Make it a celebration; have a small present for your older child.
- When you and your baby arrive home, have someone else carry the baby into the house, leaving you free to give some undivided time and attention to your other children.
- You also might have the baby take a present home to big brother or sister.
- Always include the older sibling: let her take visitors in to show the new baby and help with feeding or bath time (even a toddler can help in small ways). Let the sibling be your "legs" to run small errands.
- Allow special time for the sibling without baby. Five to 10 minutes of time alone with mom or dad can work wonders!
- The child may have noisy and aggressive demands for attention, or be silent or withdrawn to hide hurt and angry feelings. Either way, the child needs extra love and attention!
- Public libraries have some wonderful books to prepare children and parents for this change in their lives.

- The bottom line is love and acceptance. Make sure your children know your love for them did not change with the birth of this baby.

Caring for baby

When and why do I take my baby to the doctor?

Your baby will be scheduled for regular well-baby exams to help monitor her growth and development and to allow you to talk with your physician about routine care. Well-baby exams are most frequently scheduled with routine immunizations for many of the preventable childhood illnesses.

Sleeping

Often, babies just want to be close or sleep snuggled against your breast or chest. Infants often have their days and nights mixed up, so it's a good idea for you to sleep when your infant sleeps – no matter what the time. Babies may continue for some weeks to be fussy and awaken at night for frequent feedings. This is normal; they do eventually outgrow this stage.

The American Academy of Pediatrics recommends that normal, healthy infants be positioned on their backs for sleeping. Some babies may have medical conditions which require different sleep positions. Check with your baby's physician or nurse to determine the best sleep position for your baby.

What is SIDS?

SIDS is the sudden, unexplained death of a baby younger than one year of age that doesn't have a known cause even after a complete investigation.

Each year in the United States, thousands of babies die suddenly and unexpectedly. These deaths are also called SUID (pronounced SOO-idd), which stands for "sudden unexpected infant death."

SUID includes all unexpected deaths: those without a clear cause, such as SIDS, and those from a known cause, such as suffocation. One-half of all SUID cases are SIDS. Many unexpected infant deaths are accident, but a disease or something done on purpose can also cause a baby to die suddenly and unexpectedly.

Sleep-related causes of infant death are those linked to how or where a baby sleeps or slept. They are due to accidental causes, such as: suffocation; entrapment, when baby gets trapped between two objects, such as a mattress and wall and can't breathe; or strangulation, when something presses on or wraps around baby's neck, blocking baby's airway. These deaths are not SIDS.

What should I know about SIDS?

- **We have made great progress in reducing SIDS.** Since awareness campaigns that stressed back sleeping for babies started in 1994, the SIDS rate in the United States has dropped by 50 percent. This decreased rate equals thousands of babies' lives and is a result of parents and caregivers placing babies on their backs to sleep. Although significant progress has been made, African American, American Indian and Alaskan Native babies remain at higher risk for SIDS based on their numbers within the U.S. population.
- **Babies sleep safest on their backs.** Babies who sleep on their backs are much less likely to die of SIDS than babies who sleep on their stomachs or sides.
- **Every sleep time counts.** Babies should sleep on their backs for all sleep times – for naps and at night. Babies who are used to sleeping on their backs but are then placed on their stomachs to sleep, like for a nap, are at very high risk of SIDS.
- **Sleep surface matters.** Babies who sleep on a soft surface, such as an adult bed, or under a soft covering, such as a soft blanket or quilt, are more likely to die of SIDS or suffocation.

What can I do to lower my baby's risk of SIDS and other sleep-related causes of infant death?

There is no sure way to prevent SIDS, but parents and caregivers can take these steps to reduce the risk of SIDS and other sleep-related causes of infant death.

- **Always place a baby on his back to sleep, for naps and at night.** The back sleep position is the safest position for all babies, including preterm babies. Keep in mind that every sleep time counts.
- **Use a firm sleep surface,** such as a mattress in a safety-approved crib, covered by a fitted sheet. Firm sleep surfaces can include safety-approved cribs, bassinets and portable play areas. Do not use a car seat, carrier, swing or similar product as baby's everyday sleep area. Never place baby to sleep on soft surfaces, such as on a couch or sofa, pillows, quilts, sheepskins or blankets.
- **Your baby should not sleep in an adult bed, on a couch or on a chair alone, with you or with anyone else.** Room sharing – keeping baby's sleep area in the same room where you sleep – reduces the risk of SIDS and other sleep-related causes of infant death. If you bring your baby into your bed to breastfeed, make sure to put him back in a separate sleep area in your room, such as a safety-approved crib, bassinet or portable play area, when you are finished.
- **Keep soft objects, toys, crib bumpers and loose bedding out of your baby's sleep area.** Don't use pillows, blankets, quilts, sheepskins or crib bumpers anywhere in your baby's sleep area. Evidence does not support using crib bumpers to prevent injury. In fact, crib bumpers can cause serious injuries and even death. Keeping them out of baby's sleep area is the best way to avoid these dangers.
- **To reduce the risk of SIDS,** do not smoke or allow smoking around your baby.
- **Breastfeed your baby to reduce the risk of SIDS.** Breastfeeding has many health benefits for mother and baby.

What does a safe sleep environment look like?

The image below shows a safe infant sleep environment.

Baby's sleep area is in the same room, next to where parents sleep.

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

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

Do not smoke or let anyone else smoke around your baby.



Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

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

- **Once breastfeeding has been established (after three to four weeks), consider offering a pacifier at nap time and at night.** But don't force the baby to use it. If the pacifier falls out of baby's mouth during sleep, there is no need to put the pacifier back in.

- **Do not let your baby get too hot during sleep.** Dress your baby in no more than one layer more of clothing than an adult would wear to be comfortable. Keep the room at a temperature that is comfortable for an adult.

- **Follow health care guidance** on your baby's vaccines and regular health checkups.

- **Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.** These wedges, positioners and other products have not been tested for safety or effectiveness.

- **Do not use home heart or breathing monitors to reduce the risk of SIDS.** If you have questions about using these monitors for other health conditions, talk with your baby's health care provider.

- **Give your baby plenty of tummy time when she is awake and when someone is watching.** Supervised tummy time helps your baby's neck, shoulder and arm muscles get stronger. It also helps to prevent flat spots on the back of your baby's head. Holding baby upright and limiting time in carriers and bouncers can also help prevent flat spots on the back of baby's head.

Will my baby choke if placed on the back to sleep?

No. Healthy babies naturally swallow or cough up fluids – it's a reflex all people have. Babies might actually clear such fluids better when on their backs.

What if my baby rolls onto the stomach on her own during sleep? Do I need to put my baby in the back sleep position again if this happens?

No. Rolling over is an important and natural part of your baby's growth. Most babies start rolling over on their own

around four to six months of age. If your baby rolls over on her own during sleep, you do not need to turn the baby over onto her back. The important thing is that the baby start off every sleep time on her back to reduce the risk of SIDS, and that there is no soft, loose bedding in the baby's sleep area.

Courtesy of Safe to Sleep®; safetosleep.nichd.nih.gov.

How will I know if my baby is sick?

Common health concerns among all parents include knowing when their baby is truly sick and when they should call the baby's physician. If your baby seems different from normal, she may be sick. Don't hesitate to call your baby's doctor.

Signs of illness

- An increasing yellowish discoloration (jaundice) of the skin or whites of the eyes
- A change in appetite or feeding, such as refusing to feed several times in a row or sucking poorly
- Very sleepy or difficult to wake up
- Increased fussiness, excessive crying or inability to console your baby
- Axillary (under the armpit) temperature of 100° F or higher – be sure your baby isn't over-dressed
- Difficulty breathing
- Forceful vomiting, not just spitting up
- Less than six wet diapers per day by the sixth day after birth
- Hard, difficult to pass stool, or absence of stools
- Diarrhea or frequent stools with mucus or foul odor
- Yellow/green drainage, redness or foul odor around cord or circumcised penis
- Any unusual rash

What do I tell the doctor if my baby is sick?

- What is wrong
- When the baby got sick
- What you have done for the baby already
- Whether the baby has been around others who are sick

Before you call your baby's physician, write your questions down and have paper and pencil ready to write any instructions. If medicine is needed, write down the name, amount and when to give it.

Other information to be aware of before you call your baby's physician

Temperature: (arm pit) _____

Breathing: ☐ noisy ☐ difficult ☐ coughing

Activity:

☐ alert ☐ drowsy ☐ fussy ☐ excessive crying

How many wet diapers each day? _____

How many bowel movements each day? _____

How is baby eating? _____

Vomiting: _____ amount _____

Is it forceful? _____

How often? _____

Skin color: ☐ red ☐ pale ☐ yellow ☐ blue

Skin rash: _____ Where? _____

Ears: Is baby pulling at ears? _____

Eyes: ☐ irritated ☐ red ☐ yellow

Is there drainage? _____

Nose: ☐ stuffy ☐ runny

Is there any color to drainage? _____

When should I take my baby's temperature?

While your baby's temperature does not need to be taken regularly, it should be taken if you suspect illness.

- Never use a thermometer with mercury in it.
- Never use a thermometer in a baby's mouth.
- Follow manufacturer's recommendations for any thermometer.
- Ear thermometers are not considered accurate when used on newborns.

Taking a baby's temperature under the armpit

Carefully place the bulb end of the thermometer into the infant's armpit from the front. Make sure her clothing is out of the way. Hold her arm snugly against her body. Wait until digital thermometer beeps, indicating it has registered a temperature.

Cord care

Until the cord falls off and heals (usually within two weeks), follow these steps.

- Keep cord area clean and dry.
- Keep diaper folded and under cord to allow drying.
- If cord becomes soiled with urine or stool, cleanse gently with water and allow to dry. In certain situations, your physician may choose to have you use alcohol to clean the cord.
- Although rare, notify the physician if you see signs of infection such as redness, pus or foul smelling discharge.

Call your baby's doctor if:

- He has not urinated within 24 hours after the circumcision
- Bleeding persists
- There are signs of infection, including redness, swelling, drainage or foul odor.

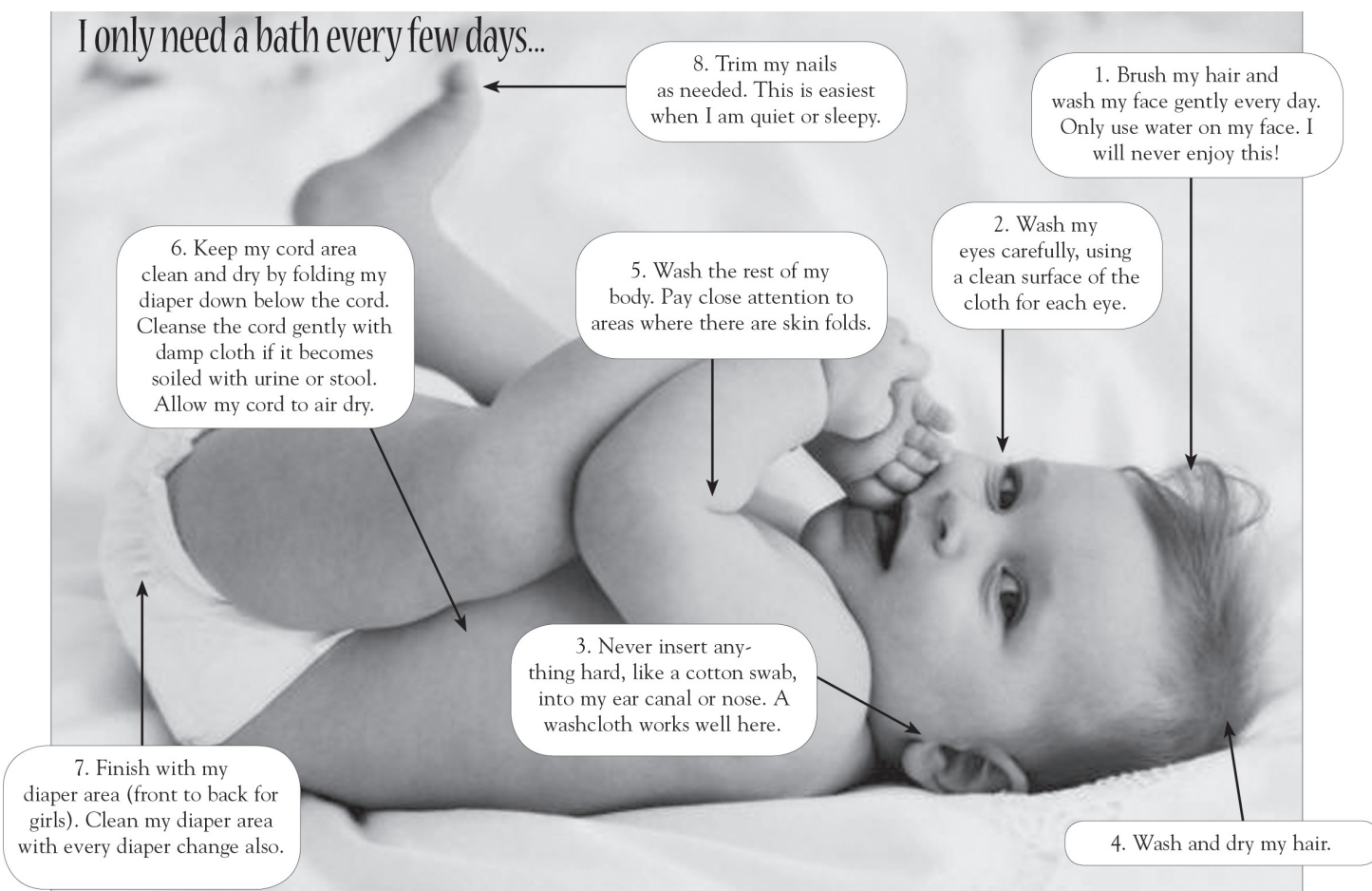
Nail care

To trim your baby's fingernails:

- Grasp a hand firmly
- Trim straight across
- Use baby cuticle scissors or an infant emery board
- Try trimming while baby is drowsy or sleeping.

Dressing your baby

Overdressing will make your baby hot and fussy. A t-shirt and socks, in addition to a sleeper, are generally recommended during the first few weeks of life.



Bathing baby

Sponge bathe until the baby's cord falls off and belly button and circumcision have healed. After this time, you may use a tub or sink for bathing. A reclining tub or infant bath sponge may make handling easier. Babies are slippery when wet!

Supplies for bathing baby

- Gather all supplies prior to beginning the bath.
- Clean, warm water. Test the water with your wrist. It should feel comfortably warm to the touch.
- A mild soap with no perfume or deodorant. This soap may also be used to shampoo hair. Baby shampoo is optional.
- Washcloth and towel. Include an extra towel to lay under baby during the bath.
- Fresh diapers and clean clothing.
- Oils, powders or lotions are not necessary to use on a baby's skin unless otherwise recommended by a physician. Stay away from powders because the baby could inhale them!

Using a bulb syringe

Infants are normally able to clear their own airways by sneezing or snorting. If mucus interferes with your infant's breathing to the extent she is unable to clear the airway, you may use a bulb syringe.

The bulb syringe must be used gently and with caution, and only when your infant is unable to clear his airway alone.

To use the bulb syringe, first press the bulb to deflate it. Place gently in the sides of the mouth, or at the base of the nostrils, whichever is necessary. Release pressure on the bulb to create suction.

After use, clean the inside of the bulb syringe with warm, soapy water and rinse well. The nursing team will demonstrate correct use of the bulb syringe.

How to know baby is getting enough milk

Birth to six weeks

Weight gain: Weight loss during the first three or four days of life is normal in breastfed babies. After day five, average weight gain should be about five to seven ounces per week. Babies should be back to their birth weight by 10 to 14 days.

Diapers: By day six of life, expect to see six or more wet diapers and four or more stools per day. By this time, urine should be pale and mild smelling, and breastfed babies' stools should be soft and yellow.

Breastfeeding support services

Breastfeeding warm line

Our International Board Certified Lactation Consultants are on staff at the hospital seven days a week and available to answer feeding questions. Call 913-632-4330 and leave your name, phone number and the nature of your concern. A lactation consultant will return your call.

Breastfeeding Support group

Join us as we share in the joys and challenges of breastfeeding! Facilitated by a lactation consultant, this group provides an opportunity to ask questions, learn from one another and share experiences at all stages of breastfeeding. A baby scale is available. No registration or fee is needed.

Weekly morning group – each Tuesday from 10 to 11:30 am
Shawnee Mission Room.

Enter through the Birth Center and follow signage for group.



AdventHealth KC Breastfeeding Support on Facebook

Outpatient breastfeeding clinic

Outpatient visits with the lactation consultants are available to new and expectant mothers. The fee includes a one-hour visit with an International Board Certified Lactation Consultant to answer questions and provide hands-on help and support for feeding problems. To schedule an appointment, call 913-632-4330.

Pumping and milk storage

If you are unable to breastfeed your baby directly, it is important to remove milk during the times your baby would normally feed. This will help you continue to make milk. Insurance coverage for breast pumps varies by provider. For this reason, we encourage mothers to contact their insurance provider to determine if their plan’s coverage will meet their needs. Hospital-grade electric breast pumps can be rented by

calling the Breastfeeding WarmLine at 913-632-4330. These pumps work well for establishing milk supply when new babies cannot feed at the breast, or in other special circumstances.

Containers for storage

The best options for storing human milk are glass or hard-sided plastic containers with well-fitted lids. Containers should be washed in hot, soapy water, rinsed well, and allowed to air-dry. Containers may also be washed and dried in a dishwasher. Milk may also be stored in plastic bags that are made for human milk. Keep breastmilk at the back of the refrigerator or freezer where the temperature will remain stable. Plan to store about two to four ounces of milk in each bag or container – the amount your baby is likely to eat in a single feeding – to help avoid waste. Small amounts are also easier to thaw. Be sure to label every container of milk with the date it was expressed, using the oldest milk first.

Storage Duration of Fresh Milk for Healthy Full-Term Infants

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	6–8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Location – Freezer	Temperature	Duration	Comments
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	Store milk toward the back of the of a refrigerator freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3–6 months	
Chest or upright deep freezer	-4°F or -20°C	6–12 months	
Information adapted from: La Leche League’s “Storing Human Milk” and the Academy of Breastfeeding Medicine’s Protocol #8 “Human Milk Storage Information for Home Use for Full-Term Infants” (2017).			

Using stored milk

- Human milk should be thawed and heated slowly. Use thawed milk within 24 hours.
- Frozen milk should be thawed in the refrigerator overnight or under cool running water. Gradually increase the temperature of the water to heat the milk to feeding temperature or immerse the container in a pan of water that has been heated on the stove. Take the milk out and reheat the water if necessary.
- Warm refrigerated milk under warm running water for several minutes, or immerse the container in a pan of warm water. Do not heat the milk directly on the stove. Some babies accept milk right from the refrigerator.
- Never use a microwave to heat breastmilk because it can create hot spots in the milk that can be dangerous.
- It is normal for milk to separate into a milk layer and a cream layer when it is stored. Swirl (don't shake) it gently to mix the layers before giving it to baby.

Safety at home

We suggest you take an Infant and Child CPR class before or soon after the birth of your child. If you would like more information about AdventHealth classes, call AdventHealth NurseLine at 913-676-7777 or visit [AdventHealthKC.com/events](https://www.adventhealthkc.com/events).

Medications

Never give your baby any medication without first checking with baby's doctor. If you are to give medications, read and follow all instructions carefully.

Shaken baby syndrome

Even in play, children can be injured. Tossing a small child into the air is not a safe play activity. Striking a child in the head or throwing a child onto a bed or couch can also cause injury. Babies have weak neck muscles and large heads.

Shaking causes the brain to strike the inside of the skull, which causes bleeding in the brain, blindness and sometimes brain damage. The brain can become so damaged that the child is never the same. She might not be able to learn to crawl, walk, run or play. Sometimes the damage is so severe the child may even die. Shaken baby syndrome occurs most often before age one. In 80 percent of cases reported, the adult involved has no history of abuse.

Signs of shaken baby syndrome:

- A swelling soft spot, a larger-than normal head or bleeding in the eyes
- Irritability
- Excessive drowsiness
- Sluggish behavior
- Seizures
- Projectile vomiting

Falls

Your baby depends on you to keep him safe from devastating falls that can result in head injuries or broken bones. Never leave your baby in any high place, such as the bed or changing table, without your hand on him. Infants can scoot and squirm off a bed quickly, even when your back is turned for just a few seconds. Do not fall asleep with your baby in your arms.

Check to see that stairway banister posts are no more than six inches apart. If they are, your child could fall through. In most newer homes, this is not a problem. But in older homes or many public places, the banisters may be further than six inches apart.

When your child can stand, don't leave anything in the crib on which your child could stand, such as bumper pads or stuffed animals. Always lock the side rail in its highest position whenever you place your baby in the crib. Once your child can pull up, keep the mattress in its lowest position.

When you grocery shop, always strap your baby into the shopping cart. The same is true once your baby is using a highchair for meals – always strap him in.

It's estimated that more children are injured in baby walkers than with any other baby product. Because of these startling statistics, many experts recommend against purchasing a walker.

Environmental tobacco smoke and children

Environmental tobacco smoke includes both exhaled smoke and the smoke coming from a burning cigarette. It contains more than 700 poisonous chemicals and at least 43 cancer-causing chemicals. Even light or occasional smoking can harm your child. Children who are exposed to smoke have increased risk for:

- SIDS
- Developing or worsening childhood asthma
- Suffering from middle ear infections
- Developing or triggering allergies
- Contracting meningitis
- Suffering from respiratory tract infections (such as pneumonia and bronchitis)
- Developing lung cancer as adults.

Therefore, it is important to keep your child away from smoke. Protect your child by:

- Becoming a smoke-free family (ask your physician for help)
- Change clothing after smoking and before holding your child – children absorb chemicals through skin
- Insisting people not smoke in the home or car
- Using only nonsmoking child care providers.

Immunizations

Why are immunizations important?

Did you know that infectious diseases killed more children than any other cause until the 1950s? Most of us have never been around anyone with whooping cough or polio, but if you talk with your parents or grandparents, they can tell you about the devastating effects of these diseases.

Immunizations have almost eliminated many of these potentially fatal illnesses. But sadly, in the greater Kansas City area, only about 50 percent of children under age five are immunized on time.

Please take time to make sure your infant receives the vaccines necessary for a healthy life. Although reactions may occur after an immunization, in most cases they are mild, and medical experts agree the vaccine benefits far outweigh the risks. Your baby's physician or the local health department can provide the necessary immunizations.

Community Resources

AdventHealth Shawnee Mission

9100 W. 74th Street, Shawnee Mission, KS 66204
913-676-2000 | AdventHealthKC.com

Anesthesia services

913-676-2679

Anesthesia billing

913-642-4900

Birth Center admitting

913-632-4100

Birth certificates and Social Security cards

913-676-2261

Birth Center Information Line

913-676-2300

Breastfeeding warm line, support group and the outpatient breastfeeding clinic

913-632-4330

Class registration

913-676-7777

Maternity financial specialist

913-632-4104

Maternity navigator

913-632-4233

Patient advocate

913-676-2155

Perinatal bereavement services

913-632-4223

Postpartum emotional support

913-632-4223

Social services

913-632-1032

Birth Center leadership team

Administrative director

913-676-2396

Labor & delivery manager

913-632-4225

Mother & baby manager

913-632-4325

NICU manager

913-632-4425

Program coordinator of lactation services

913-632-4324

Program coordinator of maternity navigators and parent education

913-632-4245

Car seat safety

For car seat check information, visit nhtsa.gov or call:

Kansas Safe Kids

913-477-8312 | Safekids.org/coalition/safe-kids-johnson-county

Auto Safety Hotline

1-800-424-9393

Smoking cessation

KanQuit, the Kansas Tobacco Quitline

1-800-784-8669 | kanquit.org

Freedom From Smoking classes at

AdventHealth Shawnee Mission

913-676-7777, Option 1 | AdventHealthKC.com/events

Health departments

Area health departments offer a variety of services, including well-child assessments, immunizations, WIC and child-development information.

Douglas County

785-843-0721 | Ldchealth.org

Jackson County

816-404-6415 | Jacohd.org

Johnson County

913-826-1200 | Jocogov.org/health

Miami County

913-294-2431 | MiamiCountyKs.org

Wyandotte County

913-573-8855 | Wycokck.org/health

Hotline information

Abuse Hotline (SAFEHOME Domestic Violence)

913-262-2868 | SafeHome-ks.org

Child Abuse Hotline

1-800-422-4453

Mental health services

Area mental health services that offer counseling, referral and education opportunities:

AdventHealth Behavioral Health Services

913-676-2528

Johnson County Mental Health

913-826-4200 | Jocogov.org/dept/mental-health

Miami County Mental Health - Layton Center

913-557-9096 | LaytonCenter.org

Poison control

Mid-America Poison Control Center

1-800-332-6633

Other helpful numbers

Charlie's House – The Home Safety Site

913-375-7123 | CharliesHouse.org

Children's Mercy

816-234-3000 | ChildrensMercy.org

CDC Immunization Information

1-800-CDC-INFO | CDC.gov/vaccines

Growing Futures (formerly Head Start)

913-649-9714

Newborn Hearing Screening – Mednax

1-800-738-5544

Parents as Teachers

Click on “community,” then “program locator” to search by zip code. ParentsAsTeachers.org

WIC (Women, Infants and Children)

1-800-392-8209 | Fns.usda.gov/wic





9100 West 74th Street | Shawnee Mission, KS 66204
913-676-2000 | AdventHealthKC.com

AdventHealth Shawnee Mission complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi theo số điện thoại dưới đây.

800-906-1794 (TTY 407-200-1388)