Welcoming your new arrival

At Via Christi, we want your baby’s birth to be a happy and memorable experience. We also want to ensure that you and your baby receive the best care possible. This book offers helpful information to guide you throughout your pregnancy. You will also find it useful to bring this to the hospital with you when it is time to deliver your baby.

Congratulations, and thank you for choosing Via Christi for your momentous occasion.
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Welcome and congratulations!

Pregnancy is a very exciting time and we are honored that you have chosen our team to help guide you through this wonderful event. We are pleased to be able to offer obstetric and gynecological services at three Via Christi Clinic locations and birth care at Via Christi Hospital St. Joseph.

Every pregnancy is unique and every week will be a new experience for you. We understand that a trusting relationship with everyone on our team, especially our nursing staff, is very important at this time. Our team is highly qualified and will be happy to answer your questions and concerns. They also recognize and respect that your time is valuable and will work diligently to keep your appointment times on schedule.

Most women enjoy pregnancies that are free of complications. However, should a problem arise between scheduled appointments, please call 636.1550 to reach a member of our medical staff. If you call after hours or on a weekend, you will be routed to the physician on call.

When the big moment arrives, the NewLife Center offers spacious birthing suites that feel like home, but with highly trained staff and specialized equipment. Luxurious mom-and-baby suites feature queen-sized beds and an on-demand room service menu so both you and your baby will rest in comfort.

If you or your baby experience a complication, we are equipped to provide the care you need. In addition to a NewLife Center, St. Joseph has medical, surgical, cardiac and Level III Newborn Intensive Care Units. A member of our birth care team will be onsite 24/7 to provide your care.

Again, thank you for choosing Via Christi Health. We look forward to providing your pregnancy care and doing all we can to provide a safe, joyous birth and comfortable recovery for you and your baby.

Sincerely,

Andrea Fullerton, MD
Janey Maki, MD
Jonathan Scrafford, MD
Matthew Voth, MD
Janey E. Maki, MD
Medical degree: University of Kansas School of Medicine, Wichita, Kansas
Residency: University of Kansas School of Medicine, Wichita, Kansas
Board certified: American Board of Obstetrics and Gynecology
Special procedure: Minimally invasive gynecologic surgery with da Vinci® robot
Practice locations: 1515 S. Clifton, Suite 400, Wichita; 1640 E. Tall Tree, Derby; 14700 W. St. Teresa, Suite 370, Wichita

Andrea M. Fullerton, MD
Medical degree: University of South Dakota Sanford School of Medicine, Vermillion, South Dakota
Residency: University of Kansas School of Medicine, Wichita, Kansas
Board certified: American Board of Obstetrics and Gynecology
Special procedure: Minimally invasive gynecologic surgery with da Vinci® robot
Practice locations: 1515 S. Clifton, Suite 400, Wichita; 1640 E. Tall Tree, Derby; 14700 W. St. Teresa, Suite 370, Wichita

Jonathan D. Scrafford, MD
Medical degree: University of Minnesota Medical School, Minneapolis, Minnesota
Residency: University of Minnesota Medical School, Minneapolis, Minnesota
Practice locations: 14700 W. St. Teresa, Suite 370, Wichita; 1515 S. Clifton, Suite 400, Wichita

Specializing in:
• Obstetrical services
• Infertility services
• Gynecological surgical procedures
• Treatment of abnormal pap smears and colposcopy
• Annual well woman exams

Locations:
Wichita
1515 S. Clifton
Suite 400
14700 W. St. Teresa
Suite 370

Derby
1640 E. Tall Tree

Matthew T. Voth, MD
Medical degree: University of Kansas School of Medicine, Wichita, Kansas
Residency: University of Kansas School of Medicine, Wichita, Kansas
Board certified: American Board of Obstetrics and Gynecology
Special procedure: Minimally invasive gynecologic surgery with da Vinci® robot
Practice locations: 14700 W. St. Teresa, Suite 370, Wichita; 1640 E. Tall Tree, Derby; 1515 S. Clifton, Suite 400, Wichita
Providing additional care and assistance

The NewLife Center has laborists on staff 24/7 to assist your OB doctor with giving birth.

Laborists are obstetricians who take shifts at the hospital so there is always a physician available anytime of the day or night. In the case that your doctor is not able to be at the hospital, the laborist will see you through your entire stay. They will also follow your birthing plan and ensure follow-up care for your baby is arranged.

NewLife Center
3600 E. Harry
Wichita, KS 67218

Maternal Fetal Medicine
1515 S. Clifton, Suite 130
Wichita, KS 67218

Maternal Fetal Medicine
316.689.5990

- Co-management of complicated and high risk pregnancies
- Routine ultrasound for prenatal diagnosis

Michael D. Wolfe, MD
Medical degree: University of Kansas School of Medicine, Wichita, Kansas
Residency: University of Kansas School of Medicine, Wichita, Kansas
Fellowship: University of New Mexico, Albuquerque, New Mexico
Board certified: American Board of Obstetrics and Gynecology (Maternal Fetal Medicine)
Contacting our office
Via Christi Clinic
OB/GYN

Appointments may be scheduled at one of our three convenient locations. You may call one of the numbers listed below during regular office hours. To reach one of the physicians after hours, call the physician exchange number at 316.262.6262.

If it is an emergency, call 911.

- 14700 W. St. Teresa, Suite 370
  Wichita, KS 67235
  316.636.1550
  - Andrea M. Fullerton, MD
  - Janey E. Maki, MD
  - Jonathan D. Scrafford, MD
  - Matthew T. Voth, MD

- 1640 E. Tall Tree
  Derby, KS 67037
  316.636.1550
  - Andrea M. Fullerton, MD
  - Matthew T. Voth, MD

- 1515 S. Clifton, Suite 400
  Wichita, KS 67218
  316.636.1550
  - Andrea M. Fullerton, MD
  - Janey E. Maki, MD
  - Jonathan D. Scrafford, MD
  - Matthew T. Voth, MD

We understand that your time is valuable and sincerely apologize in advance for any unscheduled deliveries or emergencies that interfere with your scheduled appointment. We will always make an effort to keep this at a minimum.

viachristi.org/obgyn
Choosing your baby’s doctor

Choosing your child’s doctor is important. We are happy to recommend a pediatrician or family medicine physician that would best suit your child and family. The best time to choose your baby’s doctor is in the second trimester or early in the third trimester of pregnancy. Once decided, please let us know who you have selected as your doctor. Our pediatricians and family medicine physicians will meet with you for a prenatal visit between 20 weeks and your due date to answer any questions you may have.

You may use the list below or visit our websites at viachristi.org/doctors for a comprehensive biography of each of these physicians.

Pediatricians

- **9211 E. 21st St.**
  Wichita, KS 67206
  316.609.4400
  • Elaine Harrington, MD
  • Luke Nichols, MD
  • Kay Womack, MD

- **818 N. Carriage Parkway**
  Wichita, KS 67208
  316.651.2278
  • Philip Newlin, MD
  • Jose Sanchez, MD
  • Racquel Sanchez, MD
  • Mark Springer, MD

- **13213 W. 21st St. North**
  Wichita, KS 67235
  316.945.5400
  • John DuPuis, MD
  • Mary Le, MD

- **1640 E. Tall Tree**
  Derby, KS 67037
  316.789.8222
  • Camilo Palacio, MD
Family Medicine

- **9211 E. 21st St.**
  Wichita, KS 67206
  316.609.4501
  - Kevin Hoppock, MD
  - Denise Huskey, MD
  - Vu Thu Nguyen, MD
  - Carol Nibert, MD
  - Jerry Niernberger, DO
  - David Timler, MD

- **1900 N. Amidon, Suite 100**
  Wichita, KS 67203
  316.274.9925
  - Bruce Barclay, MD
  - Michael Grimes, MD
  - Edward Hett, MD
  - Brian Johnson, MD
  - Dennis Phillips, MD
  - Arthur Windholz, MD

- **8444 W. 21st St. North**
  Wichita, KS 67205
  316.274.9850
  - Debbie Gruenbacher, DO
  - Heidi Larison, DO
  - Andrea McCarty, DO
  - Terri Nickel, DO

- **13213 W. 21st St. North**
  Wichita, KS 67235
  316.945.0142
  - Denae Beville, DO
  - Jacques Blackman, MD
  - Rosalie Focken, MD
  - Adam Goodwin, DO

- **13610 W. Maple**
  Wichita, KS 67235
  316.274.9825
  - Samuel Heck, DO
  - Dan McCarty, DO

- **612 N. Andover Road**
  Andover, KS 67002
  316.613.4976
  - Charles Green, MD
  - Scott Hane, MD
  - Tara Katz, DO
  - Michael Wilson, MD

- **1640 E. Tall Tree**
  Derby, KS 67037
  316.789.8222
  - Steven Garner, MD
  - Sara Purdy, DO
Pediatric Specialists

Allergy and Asthma — Pediatrics

- 3311 E. Murdock
  Wichita, KS 67208
  316.274.8178
  • Chrishana Ogilvie, MD

Hospitalists — Pediatrics

- 3311 E. Murdock
  Wichita, KS 67208
  316.268.8065
  • Bala Bhimavarapu, MD
  • Elizabeth Heflin, MD
  • S. Eric Wadud, MD

Gastroenterology — Pediatrics

- 848 N. St. Francis, Suite 3949
  Wichita, KS 67214
  316.268.8040
  • Lana Hattar, MD
  • Mayssa Zayat, MD

Neurology — Pediatrics

- 848 N. St. Francis, Suite 3949
  Wichita, KS 67214
  316.268.8500
  • Bassem El-Nabbout, MD
Pregnancy ultrasound

Via Christi Clinic has multiple locations that offer ultrasound procedures. These locations are staffed by full-time board-certified radiologists and ARDMS-certified ultrasound technologists. The physicians are certified for diagnostic ultrasound at the highest level offered by the American College of Radiology.

There are no known risks or side effects for the mother or child during a pregnancy ultrasound. Screening ultrasounds are usually done between 18 and 20 weeks. Most health insurance plans will pay for ultrasounds deemed medically necessary. If you have an ultrasound that is not medically necessary (for example, to find out the gender of your baby), your insurance plan may not cover the ultrasound. If you do have an ultrasound, please be sure to let your technologist know in advance if you would like them to share information with you about the gender of your child.
Via Christi hospitals, OB/GYN offices and other locations

A Via Christi Hospital St. Teresa
B Via Christi Hospital St. Francis
C Via Christi Hospital St. Joseph
1 9211 E. 21st St., Wichita
2 818 N. Carriage Parkway, Wichita
3 1640 E. Tall Tree, Derby

4 3311 E. Murdock, Wichita
5 13213 W. 21st St. North, Wichita
6 14700 W. St Teresa, Suite 370, Wichita
7 1515 S. Clifton, Suite 130, Wichita
8 1515 S. Clifton, Suite 400, Wichita

- Hospitals
- Clinic locations
- OB/GYN offices
- Lab
- Immediate Care
- Maternal fetal medicine
Prenatal care is designed to provide the best medical care for you and your baby by identifying risk factors and complications as early as possible. To accomplish this, regular visits are scheduled with increasing frequency as you approach your due date. This may vary depending on the presence or absence of risk factors or complications.

Each pregnancy is unique, but you can expect to be seen in the office with the frequency shown below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Visit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 to 13 weeks</td>
<td>Initial visit with doctor and nurse including paperwork, complete examination, identification of risk factors, prenatal lab work, genetic screen and establishment of due date.</td>
</tr>
<tr>
<td>16 weeks</td>
<td>Routine check and genetic screen (if desired)</td>
</tr>
<tr>
<td>20 weeks</td>
<td>Routine check</td>
</tr>
<tr>
<td>24 weeks</td>
<td>Routine check</td>
</tr>
<tr>
<td>26-28 weeks</td>
<td>Routine check and diabetes screen — Plan to be here for at least one hour (No special prep needed for this test)</td>
</tr>
<tr>
<td>32 weeks</td>
<td>Routine check</td>
</tr>
<tr>
<td>34 weeks</td>
<td>Routine check</td>
</tr>
<tr>
<td>35-36 weeks</td>
<td>Routine check and infection screen</td>
</tr>
<tr>
<td>37 weeks</td>
<td>Routine check and cervical exam for dilation and effacement</td>
</tr>
<tr>
<td>38 weeks</td>
<td>Routine check (cervical exam as indicated)</td>
</tr>
<tr>
<td>39 weeks</td>
<td>Routine check (cervical exam as indicated)</td>
</tr>
<tr>
<td>40 weeks</td>
<td>Routine check (cervical exam as indicated)</td>
</tr>
<tr>
<td>6 weeks after birth</td>
<td>Complete history and physical examination</td>
</tr>
</tbody>
</table>
Genetic screening

Genetic screening for disease processes and birth defects are increasingly available with advances in research. New tests are becoming available and the information we can share with our patients is constantly being updated. Thankfully, most of these tests are for rare conditions and are not necessary for the majority of our patients.

You will be asked to complete a history sheet outlining any genetic diseases that you are aware of in your family at your first prenatal visit. Your doctor will also ask you about any medical conditions that run in your family. This information could affect your care during pregnancy.

A few genetic conditions are statistically common enough that screenings are available for them to every patient or certain patient types. Some of these conditions include Down syndrome, spina bifida and cystic fibrosis. Getting screened for these conditions is not required and usually is a personal decision.

Genetic screening is complicated and not always diagnostic so we strive to explain the advantages and disadvantages of any screening. Insurance companies can be vastly different in their coverage of any testing, so be sure to double-check with your insurance on costs.

Most screenings should be completed during the first half of pregnancy to provide you with as much information as possible.
Medications

While some medications are considered safe during pregnancy, most medication effects in pregnancy are unknown. That does not mean these other medications cause problems or birth defects. You should speak to a doctor before taking medications while you are pregnant. This is especially important in the first trimester when fetal development is most important.

We recommend not taking over-the-counter medications unless it is absolutely necessary. Below is a list of medications that have no known harmful effects in pregnancy when taken appropriately.

For medical questions that arise after hours, please call the Via Christi hospital operator at 268.5000 and ask to be connected to the doctor on-call.

### Allergy
Benadryl, Zyrtec, Claritin, Dimetapp

### Cough and cold
Robitussin DM (non-productive cough), Robitussin (cough), Vicks vapor rub, Mucinex, cough drops, Triaminic

### Congestion
Sudafed (do not use if you have an elevated blood pressure), Ocean Mist nasal spray (saline solution)

**Do not use:** phenylephrine

### Constipation
Metamucil, Citrucil, FiberCon, Fiberall, Colace, Milk of Magnesia, Miralax, Senekot

### Diarrhea
Imodium (1 dose — if it persists, please notify office), drink fluids (water, Gatorade, juice)

### Heartburn, indigestion and gas
Tums, Zantac, Pepcid, Prilosec, Gas-X, Maalox, Mylanta

**Do not use:** Pepto-Bismol

### Hemorrhoids
Preparation H, Anusol, Tucks medicated pads, Witch hazel

**Lice treatment**
Rid

**Do not use:** Kwell

### Nausea and vomiting
Vitamin B6 (25mg 3x per day), small, frequent meals, sweet fruit syrup from canned fruits (i.e. peaches, pears)

### Insomnia
Benadryl

### Pain
Tylenol for minor aches, pains or headaches

**Do not use:** Motrin, Advil, Aleve or aspirin

### Rash/derm
Hydrocortisone cream, Benadryl cream

### Toothache
Orajel, see your dentist (you may have X-rays with lead shield)

### Yeast infection
Monistat, Gyne-Lotrimin

### Vitamins
Prenatal vitamins, prescription or over the counter omega fatty acid products (i.e. Enfamil lipil) — often included in prescription vitamins now

### Other
Neosporin, Bacitracin

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Welcoming your new arrival

1.3 Prenatal care
Pregnancy discomfort

The following are ideas for treating some of the minor aches and pains during your pregnancy:

- **Abdominal pain**
  Try using a heating pad or taking a warm bath for a short time. Exercise and stretching can also help, but avoid starting any new vigorous exercise programs.

- **Backache**
  Keep weight gain under control. Use heating pads, pregnancy support belts and do light exercise. Wear comfortable shoes and avoid high heels. Avoid lifting more than 10-15 pounds.

- **Breast pain**
  Wear appropriate support bras. Use nursing pads for any early leakage.

- **Breathlessness**
  Some breathlessness is normal, especially near your due date. Lie on your left side. If you have any persistent problems you should call the office.

- **Constipation**
  Drink more fluids and increase fiber intake (fruit, vegetables, whole grains, over-the-counter fiber).

- **Dizziness/feeling faint**
  Slow down, eat snacks and stay hydrated. Sit or lie down if necessary.

- **False labor/Braxton-Hicks**
  Change to a more comfortable position and take Benadryl. Regular contractions should always prompt a call or trip to the hospital.

- **Heartburn**
  Avoid spicy, greasy or acidic foods. Eat smaller, more frequent meals of bland foods. Don’t lie down right after meals and don’t eat for 3-4 hours before bedtime.

- **Hemorrhoids**
  Eat fiber to avoid constipation. Avoid straining.

- **Leg pain/cramps**
  Elevating your feet, wearing support hose, getting a pregnancy massage and stretching can all help with leg pain and cramps.

- **Skin changes**
  Stay out of the sun on bright days and wear sun block. Lubricate your skin. There is no proven treatment for stretch marks. They usually fade and decrease after birth.

- **Sleep disturbances**
  Usually this occurs in the first and third trimester. Naps, warm baths, exercise and support pillows can help. Don’t take sleeping aids without talking to your doctor.

- **Leg swelling and varicose veins**
  Wear support hose and avoid standing for long hours. Elevate your feet above your head at night.
Welcoming your new arrival

2.1 Classes and resources

NewLife Center tour
So you’re expecting. Now what? We designed this tour, along with a question-and-answer session, to give you and your partner a chance to get familiar with the facility, meet other expectant families and begin to plan your birth experience. This tour also will help you prepare for your arrival and stay at the NewLife Center. We will go over everything from where to park to what to expect during your birthing experience.

Register: visit viachristi.org/newlife
Cost: FREE
When: Schedule online
Where: 3600 E. Harry

Childbirth
We recommend that you plan to take one of the following classes during or after your seventh month. Class space is limited, so please enroll early, no matter when you will actually be attending the class.

Childbirth Preparation (four-week course)
This class provides ample time to discuss medication options, medical procedures and any possible difficulties you might encounter during labor, as well as information regarding cesarean birth. In addition, you’ll also spend a limited amount of time learning and practicing relaxation skills and breathing techniques.

Register: visit viachristi.org/newlife
Cost: $55
When: 7-9 p.m., Tuesday or Thursday

Condensed Childbirth Preparation (one-day course)
A brief overview of what to expect during labor and birth, medication options, medical procedures, cesarean birth, relaxation and breathing techniques.

Register: visit viachristi.org/newlife
Cost: $55
When: 9 a.m.-4:30 p.m., one Saturday per month
Childbirth education schedule (cont’d)

**Baby care**
We recommend taking the following classes during your sixth or seventh month of pregnancy. Class space is limited, however, so please enroll early, no matter when you will actually be attending the class.

**Baby Care Seminar**
During this course, you and your partner will learn how to care for your new baby. Not only will you learn how to bathe, dress and calm him or her, we’ll teach you how to recognize signs that your baby may be ill, what to do if your baby is sick and when to seek medical advice and/or treatment. You’ll also learn how to design the safest possible environment for your baby, what to do should an emergency arise and how to perform CPR on your infant. And, if you’re baffled by all the car seats to choose from, don’t worry. We’ll explore that, too! Classes are offered two times per month.

- **Register:** visit viachristi.org/newlife
- **Cost:** $25
- **When:** 9 a.m.-12:30 p.m., Saturday or 6:30-9 p.m., Thursday

**Boot Camp for New Dads®**
Offered monthly at various locations around the community. This one-time, three-hour class pairs expectant first-time fathers with veteran dads and their newborns for hands-on “basic training” in fatherhood. Topics include learning to diffuse your stress, how to help Mom, forming a bonded family, surviving a crying baby and much more. “Rookie” dads receive a training manual.

- **Register:** visit viachristi.org/newlife
- **Cost:** Free
- **When:** One Saturday per month, 9 a.m.-noon

**The Happiest Baby on the Block™**
A two-hour program that teaches parents the five steps to soothe and calm a crying baby. Participants in the program will receive a swaddling blanket, instructional DVD and a calming sounds CD.

- **Register:** visit viachristi.org/newlife
- **Cost:** $20
- **When:** One Tuesday per month, 7-9 p.m.

**Infant massage**
Massage is known to help babies sleep longer and improve elimination. This is a one-hour session with your newborn. You will learn how to calm your baby through touch. Offered once per month.

- **Register:** visit viachristi.org/newlife
- **Cost:** $15

**Grandparenting Class**
This two-hour session helps grandparents learn the most recent safety information. It covers an overview of infant CPR, safe sleep for your grandbaby, car seat safety and breastfeeding support information. This information will be valuable for grandparenting and for giving support to new parents.

- **Register:** visit viachristi.org/newlife
- **Cost:** Free
- **When:** One Tuesday per month, 7-9 p.m.
Breastfeeding support for new moms

You want a successful breastfeeding experience. We do, too. That’s why we offer breastfeeding support before babies are born, during your hospital stay and even after you and your baby have gone home. Our highly trained lactation staff will work with you, providing special support and instructional materials.

We also offer support through:

Nursing Your Baby
Learn how breastfeeding will benefit you and your baby, as well as how to promote a successful breastfeeding experience. Also covered during this one-session class: preparing to go back to work and information about the various kinds of breast pumps.

Register: visit viachristi.org/newlife
Cost: $15
When: 9-11 a.m., Saturday or 7-9 p.m., Tuesday

Via Christi Breastfeeding Clinic
The NewLife Center at Via Christi Hospital St. Joseph offers walk-in services on a first-come, first-served basis at no cost if you’ve delivered your baby at Via Christi, and for a one-time $50 fee if you’ve delivered elsewhere. Staffed by registered nurses and lactation consultants, the clinic offers education and support with issues such as sore nipples and inadequate milk supply; infant weight checks; help with choosing and/or finding a breast pump; and preparing to continue breastfeeding after you return to work.

Register: visit viachristi.org/newlife
Cost: FREE or one-time $50 fee
When: 10 a.m.-2 p.m., Monday through Friday
Where: 3600 E. Harry, Room 435/436

Via Christi Gift Shops
Offer breastfeeding equipment — including breast pumps for sale or rental — and a full complement of supplies and nursing bras.

For more information, call 316.689.5299.

We’re here to help see that new mothers and babies get off to a good start!
Resources

Agency for Healthcare Research and Quality
ahrq.gov

American Board of Obstetrics and Gynecology
abog.org

American Congress of Obstetricians and Gynecologists
acog.org

American Diabetes Association
diabetes.org

Childbirth.org
childbirth.org

Miscarriage, Stillbirth, Infant Death and Pregnancy Complications
kumc.edu/gec/support/miscarri.html

The National Women's Health Information Center
womenshealth.gov/pregnancy

U.S. Food and Drug Administration
fda.gov

Single Parents Association
singleparents.org

Institute for Vaccine Safety
vaccinesafety.edu

KidsHealth
kidshealth.org

National Institute of Child Health and Human Development
nichd.nih.gov

The American Academy of Pediatrics
aap.org

Kansas Infant Death and SIDS Network, Inc.
kidsks.org

National Easter Seal Society
easterseals.com

Auto Safety Hotline
800.424.9153

Product Safety Hotline
800.638.2772

American Academy of Family Physicians
familydoctor.org

Office of Child Care
acf.hhs.gov/occ
NewLife Center

Via Christi Hospital St. Joseph
3600 E. Harry

At our NewLife Center you’ll find a care team that, in addition to outstanding in-house OB/GYNs and nursing staff, includes anesthesiologists and nurse anesthetists to help manage your pain; lactation consultants to provide you with breastfeeding education and support; and a chaplain and social workers to provide you with other help as needed.

The NewLife Center is also equipped to care for complicated deliveries and critically ill babies. Babies born prematurely or with health problems receive the special care they need at our Level III Newborn Intensive Care Unit, located only steps away from the Birthing and Mom-and-Baby Suites and staffed around the clock by a highly specialized team of neonatologists and nurse practitioners.

Laborists

The NewLife Center provides in-house OBs, known as laborists, 24 hours a day to manage patient care and births of newborns. The presence of laborists provides our patients and families the highest level of support and quality care at all times.
What to pack for the hospital

This is a sample list of ideas and suggestions of what you should bring with you to the hospital. Please check the hospital’s guidelines prior to admission.

- Insurance card and photo ID
- Hospital registration forms
- Birth plan (if discussed)
- Camera, video camera, batteries, charger, memory card and/or film
- Small stereo and CDs, or an iPod (if desired)
- Cell phone and charger
- Phone numbers of family and friends
- Magazines and books
- Notebook/pens/journal
- Baby book
- Pillows (use colored pillowcases so they don’t get mixed up)
- Nursing pillow
- Gifts for siblings
- Medications
- Eyeglasses, contacts, solution and cases
- Lip balm and lotion
- Toiletries (toothbrush and paste, deodorant, brush, soap and shampoo)
- Sleep wear (bathrobe or nightgown, slippers and socks)
- Nursing bras
- Several pairs of underwear
- Sweater or housecoat
- Change of clothes/going home outfit (for you and your baby)
- Receiving blanket for baby
- Installed infant car seat
Arriving for delivery

1. You are encouraged to pre-register by the end of your second trimester at viachristi.org/preregister or by using the form on page 6.2.

2. If you arrive for delivery during weekday business hours, you should first come in through Admissions. After hours and weekends, you can come in through the Emergency Department.

3. Be sure to bring your insurance cards and identification.

4. When you check in, registration will verify demographic information and insurance information to ensure it is still accurate.

5. For safety purposes, an armband will be placed on you during check-in.

6. After delivery, Admissions staff will follow up with you regarding your financial obligation.

Assessing your labor

Once you arrive at the NewLife Center, you will first be greeted by a nurse in the labor assessment area. She will collect your health history and perform an initial assessment. Your blood pressure, pulse, respiratory rate and temperature will be checked. You will be placed on a fetal monitor so your contraction pattern and your baby’s heart rate can be evaluated.

If you did not check in through the first-floor admissions desk, you will need to present your insurance card and identification to either your nurse or our clerical staff. This will ensure you are registered into our system for observation.

Once your nurse has completed your initial assessment, the resident physician will be called for further evaluation. After approximately one hour, you will either be admitted to the hospital or sent home, based on how your labor is progressing. If you are admitted, you will be moved to labor, delivery and recovery suite, where you will be cared for by your primary nurse.
Having a baby

■ During the birth
Having a baby is a family event. Consequently, you may want the father-to-be, family members, friends, or even a doula there for support. We’re glad to accommodate you and those you choose to be present, but we ask that no more than three people be present at the time of your baby’s birth and stabilization. (If cesarean, we ask that you have only one support person with you in the operating suite.) Should a medical emergency or the need for a general anesthetic arise, your physician may ask your support person to step outside.

■ Videotaping and photography
Videotaping of you and your baby is allowed at any time during hospitalization, except:

• At the moment of birth
• During immediate post-delivery care and/or resuscitation of your baby
• In the operating suite

We do not allow videotaping during these moments as we do not want anything to interfere with the safe birth of your new baby.

■ Security
Rest assured, Via Christi has the electronic security systems and procedures in place to ensure your baby’s safety while in our care.

■ Health coverage for your baby
Be sure to check with your health insurance carrier to see whether notification is required in order to have your new baby added to your healthcare plan. Some plans require only a phone call, while others may require written notification within a limited time frame in order to ensure coverage is provided for your new family member from date of birth forward.

During your stay

■ Visiting
Our family-centered approach to care means you may choose to have your spouse or other family members stay with you overnight. (Please note that for patients under the age of 18, overnight visitation is limited to spouse, parent or guardian.)

■ Dining
Enjoy some extra pampering with our room service and food service that has won numerous national awards. Visitors may order room service for a nominal cost or dine in one our exceptional hospital eateries.

■ Gift Shops
Our convenient Via Christi Gift Shops offer a wide selection of flowers, gifts and baby items, as well as personal care items, cards, postage and more. For more information, please call 316.689.5296 or go to viachristi.org/flowers.

■ Announcing the birth
Since we consider every birth special, Brahm’s Lullaby is played throughout the hospital each time a baby is born at our Via Christi NewLife Center. Be sure to listen for it when your baby arrives.

■ Questions and suggestions
During your stay, please let us know if you have questions or concerns. We welcome your thoughts and suggestions as to how we can better serve you. In the first few weeks following your baby’s birth, you also may be randomly selected to receive a survey asking for your comments on your stay. We’d appreciate your participation in order to help us create the ideal patient experience.
Ready for the unexpected when you’re expecting

Via Christi Hospital St. Joseph
3600 E. Harry
Wichita, Kansas
800.353.3111

Level III Neonatal Intensive Care Unit
Mohammed Ansari, MD MPH FAAP
Medical Director, Neonatal Services
Follow the link viachristi.org/nicu to view a video of Dr. Ansari at work.

■ Love for the littlest ones
When complications threaten the health of your newborn, the care they receive in the first few hours of their life can transform their future. In the Via Christi NewLife Center’s Neonatal Intensive Care Unit, the hands and hearts of every care provider are unified in one mission: seeking the best outcome for your precious child.

■ Exceptional care around the clock
Neonatologists are on duty 24 hours a day to attend to emergency births and to treat the full range of medical problems that can occur after birth. Your child will be cared for by a compassionate team of professionals with advanced credentials in neonatal critical care.

Via Christi offers 24-hour air and ground transport to the hospital by a team specializing in transporting mothers-to-be and newborns.

■ The NICU team includes:
  • Consulting specialists in surgical care for newborns with birth defects and pediatric medical care for genetic conditions; conditions affecting the nervous system, heart, lungs, eyes and blood; and infectious disease.
  • Neonatal occupational, physical and speech therapists, dietitian and board-certified lactation consultants

While the unit’s open environment allows babies to be closely monitored, each bed can be easily enclosed for breastfeeding, skin-to-skin contact and quiet time for you and your baby. For nursing mothers, there’s a spacious lactation room and rooms that may be used for overnight stays after you’ve been discharged from the hospital.

The unit’s social worker can help connect you with hospital and community resources. The chaplain assigned to the unit and a third-floor chapel stands ready to provide spiritual support.

Prior to discharge, you can spend a night or two caring for your baby in a bedroom housed within the unit so that you can practice your care-giving skills with the medical and nursing staff close at hand.

■ Lodging in Wichita
A number of Wichita hotels offer a discount to patients and families receiving care at Via Christi. Be sure to ask if there is a Via Christi discount/rate at the time of your booking.

For your dining convenience, the award-winning Down Under Café is located on-site on the lower level of Via Christi Hospital. Other eating establishments are located nearby.

Care you can count on

■ From pregnancy complications to premature births, you can trust the expertise and proven quality of Via Christi’s newborn intensive care specialists.*

*On average, Via Christi infant mortality rates have been significantly lower than national levels. Also, Via Christi babies have a better survival rate with fewer complications than national averages. Source: Vermont Oxford Network (VON), 2008-2010.
Breastfeeding when your baby is in NICU

Preparation to pump
- Wash your hands.
- Gently massage your breasts.
- Relax and pump in a quiet, private place where you are comfortable.
- Have a glass of water or juice to drink each time.
- You should drink when you are thirsty, at least six to eight glasses of water a day.

Pumping your breasts
- Connect your clean equipment to the electric breast pump.
- Place the flanges firmly against breasts so there is a good seal with nipple in the center of opening.
- Nipple should move back and forth in funnel.
- The first few times you pump, only drops of milk may come out. (This is normal.)
- Pump your breasts for 10 to 15 minutes, eight to 12 times a day. It is best to pump every two to three hours during the day and at least one time at night. Milk production depends on demand. The more often you pump, the more milk you will produce. Do not go any longer than five hours without pumping.

Storing your milk
- In the first two to four days, you will be expressing colostrum. This can be drawn up into a sterile syringe with orange cap replaced. A new syringe will be used at each pumping.
- As your milk comes in, you will need larger storage containers. NICU staff will provide as many breast milk storage containers as you need. Place your personal preprinted label, obtained from your nurse, on the container, along with the date and time pumped.
- Containers should be filled no more than ¾ full to allow for expansion with freezing.
- Place the cap tightly on the container without touching the inside of the cap or the container.
- A new container must be used for each pumping.
- You may store milk from both breasts in one container.
- Label each container with name, date and time milk was pumped.
- Check with your NICU nurse to see whether she recommends you refrigerate or freeze your breast milk.
- Refrigerate or freeze your milk after pumping. In NICU, breast milk may be stored up to five days in a refrigerator. Frozen breast milk can be stored three to four months in a refrigerator’s freezer. Breast milk can be stored six months or more in a deep freeze. Place breast milk in the back of the freezer, away from the door.

Transporting breast milk
- When transporting, place milk in a refrigerated, insulated container with freezer packs.
- If you can pump while you are here visiting your baby, that would be ideal. Then your baby can get fresh breast milk for that feeding.

Cleaning your equipment
- After each use, wash the parts of the equipment that come into contact with your breasts or breast milk in warm soapy dishwater. Rinse thoroughly and lay out on a clean towel to air dry.
- Once you are home, sterilize this equipment once a day by boiling for ten minutes on top of stove in boiling water, or by placing in top rack of dishwasher. Medela Quick Clean™ Micro-Steam™ Bags, available in Via Christi Gift Shop, can also be used.

Is breastfeeding worth the work?
Your breast milk provides very special benefits to your baby, especially to the premature infant:

- Protection from infection
- Reduced risk for developing NEC (serious infection of the intestinal tract)
- Better retinal (eye) development and function
- Less risk of developing allergies
- Increased neurological and cognitive development (a smarter baby)
- Fewer signs of stress (apnea and bradycardia) while feeding

If you notice the amount of pumped milk decreases, visit with our lactation consultants to discuss ways to increase milk supply for your baby. Studies show skin-to-skin time with your baby can increase milk supply.

As a NICU mother, you are forming a very special bond with your baby and providing a priceless treasure that only YOU can give: your breast milk!

If you have questions or need more help, please call Via Christi Lactation Department at 316.689.5426.
Caring for yourself after birth

After birth, your body goes through some very dramatic changes. The following information is designed to answer many of the questions you may have.

Activity
- Rest and take naps often. It is normal to feel tired. It is a good idea to rest when your baby is sleeping. Let family members and friends help with household chores.
- Pamper yourself. Decide which jobs are most important.
- Get some exercise. Daily walking is a good, relaxing exercise. Start with mild exercises and gradually add more exercise as you are able.
- If you had a C-section, do not lift anything heavier than your baby for two to three weeks after the birth. Do not drive for at least two weeks.
- Do not drive a car if you have severe pain or if you are taking pain pills.

Breast care
- Avoid using soap on your nipples; soap is very drying.
- Wear a bra for support and comfort. You may find it more comfortable to wear your bra to bed.
- Change breast pads when they are even just a little wet.
- Wear a support bra and use ice packs to relieve pain from engorgement (breast swelling). If you are breast feeding, use a warm pack just before feedings.

For help with breast pain, call the lactation consultant at 316.689.5426.

Bleeding
- Bleeding may continue for three to six weeks. The flow should slowly lessen in amount. The color should change from bright red to dark brown to white.
- Change pads often. Do not wear tampons.
- Your flow may be heavier when you get up after you’ve been lying down, or after you breastfeed.
- Periods may start about six weeks after birth. If you are breastfeeding, it may be longer before you begin having periods again.

Hygiene
- Wash your hands often, especially before and after using the bathroom.
- Take a bath or shower every day using soap. Be sure to wash your perineum (bottom).

Care of perineum (bottom)
- You may spray your bottom with warm water each time you go to the bathroom. Use the squirt bottle you received in the hospital.
- Always wipe from front to back.
- Change your pad every time you use the bathroom.
- Do not douche.
**Stitches (episiotomy)**
- Stitches will dissolve in about three to six weeks.
- You may feel soreness and itching during healing.
- If your doctor ordered a spray or foam for you to use in the hospital, continue to use it when you get home until it is gone.

**Cesarean sections**
- Pat your scar (incision) dry after your bath or shower.
- Allow your scar to air dry for a few minutes before you dress.
- Wear loose clothing over your scar.

**Proper diet**
- Eat a well-balanced diet. This is very important to both you and your baby. You should eat different healthy foods such as meat, eggs, dried beans, milk, cheese, fruits, vegetables, bread, cereal and pastas.
- Eat whole grain products, raw fruits and vegetables for fiber. This will avoid constipation.
- Avoid junk foods
- Drink at least eight glasses of water a day.

**Kegel (pelvic muscles) exercise**
- Tighten your pelvic muscles, as if you were stopping the flow of urine. Hold to a count of five, then release. Repeat this 10 times.
- Do this exercise 10 times a day.
- You may do this anywhere and anytime.
- Continue this exercise for the rest of your life. It will prevent leakage of urine.

**Postpartum blues**
- Emotional changes are common. The changes in your body and changes in your life may sometimes make you feel sad or depressed.
- Get plenty of rest.
- Talk about your feelings to other family members or close friends.
- Tell your doctor if you begin to feel extremely sad or if the “blues” last longer than the first three weeks.

**Sexual relations**
- Talk to your doctor about when you can begin having sex.
- Pregnancy may result as soon as you begin having sex.
- If you have had a measles shot while in the hospital, you should avoid becoming pregnant for three months. It may cause birth defects if you become pregnant again within three months.

**Medicines**
- If you are taking prescription pain pills, do not drive a car or drink alcohol.
- Ask your lactation consultant about any medicines you are taking to be sure it is safe to breastfeed.

**Call your doctor if you have:**
- Chills and/or fever of 100.4°F or higher.
- Increased soreness in the uterus (womb).
- Heavy vaginal bleeding with large egg-size clots or bad smell.
- Swollen or very sore stitches, with bad smell or pus.
- Any redness, pus-like drainage or opening of your C-section scar.
- Severe pain or swelling in your thigh or calf.
- Pain or burning while urinating or urinating small amounts.
- Soreness or red, hot areas in the breast after milk comes in (engorgement).
- Anything that makes you feel worse in any way.

**Follow-up care**
- Call your doctor’s office the day you get home to make your appointment.

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**Welcoming your new arrival**

**Caring for yourself**
Caring for your newborn baby

Congratulations on your new arrival! The following information is designed to answer many of the questions you may have. If you have any questions, please feel free to call the Via Christi NewLife Center.

Feeding

- **Breast**
  - Offer breast when baby shows signs of early hunger (rooting, sucking on hands). Babies are often hungry every one and a half to three hours.
  - Feed a minimum of eight times a day — baby may want to eat up to 12 or 14 times a day.
  - Feed baby for about 15 to 20 minutes on each breast, or until baby stops sucking and falls asleep.
  - If baby has not wakened to eat after four hours, wake baby and offer breast.
  - Burp baby after nursing at each breast.
  - Use pacifiers only after baby is nursing well at the breast.
  - Use formula only after nursing is well established (usually two to three weeks) or when recommended by your doctor.
  - Call your lactation consultant at 316.689.5426 with questions or concerns.

- **Formula**
  - Feed as baby shows signs of early hunger (rooting, sucking on hands). Babies are often hungry every two and a half to four hours.
  - Do not reuse a bottle that has been open for two hours or more.
  - Clean or sterilize bottles and nipples according to your doctor’s instructions.
  - Prepare formula according to package instructions.

Your baby’s appearance

- **Breast swelling**
  - Your baby may have some breast swelling or may leak a small amount of fluid from the breasts. This is caused by hormones passed from the mother to the infant and will disappear in two to three weeks.

- **Newborn rash**
  - May appear as small blisters on any part of the body for up to three weeks. It does not need any treatment.

- **Vernix**
  - A thick white coating on the skin that may remain in creases and folds of the skin after the bath. It is a lubricant and goes away by itself.
Lanugo
• Fine hair that covers body, face and ears. It will fall off in the first few weeks.

Bathing
• Gather all supplies before starting bath.
• Do not leave your baby unattended in or out of the water.
• Baby may be given a tub bath or sponge bath.
• Use only lukewarm water for bathing.
• Use a mild soap and water.
• Don’t use soaps or lotion on face and hands.
• Wipe eyes from inner to outer part of eye.
• Do not clean ears or nose with cotton swabs (Q-tips).
• Keep water out of your baby’s ears.
• Use football hold when washing hair.
• Support your baby’s neck when tub bathing.

Skin care
• Use only a little soap, lotion or powder. An allergic reaction or clogging of pores may result from using too much.
• Keep nails clipped with nail clipper, blunt scissors or emery board to prevent your baby from scratching himself. Newborns’ skin grows up under the fingernail, so use clippers or scissors carefully.
• Keep your baby out of the sun. Do not use sunscreen before 6 months of age.
• Cradle cap (thick dandruff on the scalp)
  - Wash hair 1-2 times per week.
  - Brush area with a soft brush once or twice a day.
• Pimples/rash (milea)
  - Do not put oils or lotion on the rash or try to squeeze the pimples. Pimples or rash will gradually disappear.

Cord care
• Clean cord around base and stump with warm water.
• Keep the cord clean and dry.
• Keep diaper below level of cord until cord comes off (usually in seven to 14 days).
• Notify doctor if area is red or has bad odor.
• When cord falls off, there may be a small amount of bleeding. Apply light pressure with a clean tissue to stop bleeding.
• Notify doctor if bleeding continues.

Hygiene for boys
If your baby is not circumcised:
• Do not try to force the foreskin back.
If your baby is circumcised:
• Do not lay on stomach for the first 24-48 hours after circumcision.
• Notify physician if you notice increased redness or bleeding that does not stop.
• When healed, push foreskin back during bath, but do not force.

For Plastibell method of circumcision:
• Keep area clean and dry.
• Do not apply Vaseline or other ointment to penis until plastibell falls off (one week).

For Gomco method of circumcision:
• Apply white petroleum jelly to gauze pad and place over penis before fastening diaper.
• Use until penis is dry.

Hygiene for girls
• Baby girls may have a sticky discharge, streaked with blood, from the vaginal area. This is caused by the mother’s hormones and will disappear in four to eight weeks. The discharge may stick to the skin; don’t try to wash it off. In time it will go away.
• Gently spread labia and wash with soft cloth.
• Always clean genital area from front to back.

Clothing
• Dress your baby in clothes similar to what you feel comfortable in for the season. Use light blanket and clothing in hot weather. To see if your baby is warm enough, feel the back of the neck. If neck feels cool, add more clothing; if neck feels warm or sweaty, your baby is too hot.
• Wash new clothes before baby wears them.
• Wash clothes in mild soaps; rinse clothes twice; do not use fabric softeners in the dryer.

Diapering
• Change diapers frequently.
• Do not leave soiled diaper on baby for a long time — it may cause diaper rash.

Cloth diapers:
• Use plastic panties over cloth diapers, if desired.
• Rinse diaper in clear water, then wash in mild soap.

Disposable diapers:
• Dispose in trash can immediately, away from children and pets.
• In case of rash, try changing brands.
Uranation
- Your baby should have at least six wet diapers in 24 hours.

Stools
Breast-fed babies:
- Usually have three or more yellow, loose-watery stools each day.
- Your diet may cause stomach upset or gas in baby. If stools change or your baby becomes more cranky, think about what you ate in the past 24 hours.

Bottle-fed babies:
- Usually have formed, yellow or brown stools every day or every other day.

Diaper rash
- Desitin, Vaseline and Vitamin A & D Ointment may be used to protect skin from urine and stool.
- Air dry bottom by allowing your baby to go without a diaper for a short time.
- Notify doctor if rash continues to spread.

Thermometer
- Take temperature under the arm (axillary) unless your doctor requests it taken rectally.
- Digital thermometers are preferred for young babies less than 3 months of age.
- Mercury thermometers are not recommended.

Axillary:
- Place thermometer under arm and hold arm securely across chest.

Rectal:
- Apply lubricant to thermometer tip.
- Place baby on tummy.
- Insert thermometer into rectum just to the metal end of the thermometer.
- Hold the thermometer securely.
- Support baby across back and legs so baby does not kick to hold the thermometer in place. Hold the buttocks together to support the thermometer.

Bulb syringe (suction bulb)
- Squeeze air out of bulb before placing in mouth or nose.
- Insert bulb into space below cheek and gums, and slowly release the bulb to suck out mucus.
- Do not insert bulb directly to back of throat.
- Remove bulb from mouth, squeeze bulb to empty it, and prepare to repeat.
- Always suction mouth before nose.

- Repeat procedure until airway is clear and baby’s cry does not sound bubbly.
- Cuddle and reassure baby when finished suctioning.
- Clean bulb with hot soapy water after each use to decrease bacteria growth.
- Do not use bulb for anything else or on any other baby.

Environment
- Wash your hands before eating and after using the restroom.
- Wash hands with soap and water for 15 seconds or use an alcohol-based hand sanitizer and rub your hands together until dry.
- To prevent the spread of all respiratory infections, including flu, use a tissue to cover your cough and sneeze. Dispose of your tissue in the trash.
- Keep room temperature comfortable, 70-80°F.
- Shade face from sun; use a blanket when taking baby outside.
- Limit visitors to prevent overstimulating your baby.
- Keep your baby away from large crowds.
- People with a fever blister or cold sore should not hold or kiss your baby.
- While sneezing is common in newborns, try to keep the baby’s room free from dust.
- Use a cold water vaporizer for very dry air; do not use a hot water vaporizer.

Shaken baby syndrome
Shaken baby syndrome occurs when someone shakes a baby or young child so hard they are hurt. The sudden, forceful whiplash motion can cause brain damage that leads to mental retardation, speech and learning disabilities, paralysis, seizures, hearing loss, blindness and even death. Often it happens because the parent or caregiver is frustrated by the baby’s inconsolable crying.

If you or someone else shakes a baby, either accidentally or on purpose, call 911 or take the child to the emergency room immediately. Early treatment may save your baby many future problems, possibly his life.
Crying

All babies have their own personality and temperament. Although all babies cry, some are more quiet and calm, while others cry more and need more attention. Your baby may cry to tell you he or she is hungry, wet, lonely, too cold or too hot. Your baby may cry to release stress. It is important to check on your baby when he or she is crying. You will not spoil your baby; this is how your baby learns trust.

If he or she is crying incessantly:
- Never throw or shake your baby.
- Always provide support for your baby’s head and neck.
- Place your baby in a crib, leave the room for a few minutes.
- Sit down, close your eyes and count to 20 or ask a friend to “take over” for awhile.
- Take your baby for a stroller ride.
- Play music or sing to your baby.
- Wait to pick your baby up until you feel calm.
- Make sure your baby is fed, burped and dry.
- Gently rock, walk, hug or cuddle your baby.
- Check for discomfort of diaper rash, teething or fever.
- Call the doctor if you think your baby is sick.
- Make sure your baby’s clothing is not too light.
- Give your baby a pacifier, noisy toy or rattle.

Safety

- When driving, always buckle your baby in a car seat used according to manufacturer’s instructions.
- Keep small items such as pins and buttons away from your baby.
- Never leave baby unattended on a surface.
- Keep pillows and plastic articles out of your baby’s bed to prevent suffocation.
- Never prop bottle and leave your baby alone; your baby could choke.
- Do not warm baby bottle in the microwave. Hot spots could burn your baby’s throat.
- Keep pets away from your baby.
- Never leave your baby in the bath unattended and keep one hand on baby at all times during the bath.
- Do not use baby powder.
- Do not smoke around your baby.
- Keep your baby’s immunization shots up to date according to your doctor’s advice.

Creating safe sleep environment

- The safest place for baby to sleep is in a room where others sleep, but not in a shared bed.
- Baby should never sleep on sofas, chairs, recliners, waterbeds, soft surfaces such as pillows, cushions, sleeping bags, sheepskins, or any bed with another adult or child.
- Car seats and other sitting devices are not recommended for routine sleep.
- Crib slats should be no more than 2 3/8 inches apart.
- Crib side rails should be stationary.
- Remove all soft, fluffy, loose bedding (including pillows, blankets, sleeping bags, sheepskins, etc.), toys and stuffed animals from the sleep area.
- Bumper pads, wedges and positioners should not be used.
- Make sure that baby is not too warm. Keep the room at a temperature that feels comfortable for a lightly clothed adult.
- Keep baby’s head uncovered during sleep. Don’t put baby to sleep wearing a hat, as this can result in overheating.
- Consider using a wearable blanket to avoid loose blankets in the sleep area.
- Breast feed, if possible.
- Provide “Tummy Time” when baby is awake and supervised to help strengthen neck muscles and avoid flat spots on the head.
- Consider using a pacifier when you place baby on her back for sleep. If baby is breastfed, wait until she is 1 month old or is used to breast feeding before using a pacifier.
- Don’t allow anyone to smoke around your baby including in your home or car.
- Talk to grandparents, relatives, friends, babysitters, and child care providers about safe sleep and what works best to help baby fall asleep on her back every time.
- Tell everyone who takes care of your baby to follow these important safe sleep practices.

ABCs of safe sleep:
- Alone
- On their back
- In a safety approved crib
Positioning
- Place your baby on his or her back to sleep.
- While awake or during playtime, place on tummy to allow development of the neck and shoulder muscles.
- Never put your baby to sleep on stomach.

Jaundice
Jaundice (yellow skin) is common and usually harmless to newborns. Baby’s skin, gums and eyes may appear yellow. If your baby has jaundice, you should follow the instructions given by your doctor.

Newborn screening
Phenylketonuria (PKU) is a condition that occurs when the enzyme needed to break down a certain food is missing. If not diagnosed, brain damage can occur.
- Even in a seemingly healthy baby, there can be medical conditions that are not immediately apparent. About 24 hours after birth, hospital staff will collect a blood sample from your baby and send it to the State of Kansas public health lab. Testing for and treating such conditions early can lessen your baby’s chances of developing more severe health issues.
- If you are dismissed before your baby is 24 hours old, it will be necessary for you to bring your baby back for a repeat newborn screening.
- There will be a charge for the test.

Call the doctor if baby:
- Shows no interest in feeding or sleeps through several feedings.
- Does not have bowel movements.
- Has dark yellow or brown urine.
- Is extremely sleepy (hard to wake).
- Is extremely irritable (hard to comfort).
- Has a high-pitched cry (sounds like cat cry or shrill scream).
- Becomes more jaundiced (yellow).
- Has difficulty breathing.
- Feeds poorly (two missed feedings in eight hours).
- Has projectile vomiting (forceful vomiting).
- Has diarrhea (loose, green, watery stools or bloody stools).
- Is constipated — no stools in 48 hours and baby is cranky.
- Has a temperature under the arm of 100°F or more (rectal temperature of 101°F or more).
Breastfeeding information

■ Hunger cues
Rapid eye movement, hand clenched, lip smacking, tongue licking, hand-to-mouth activity and rooting.

■ Attempting breastfeeding
If your newborn is not waking to feed every two to three hours, at two and a half hours after beginning of last feed, place your baby skin-to-skin, (newborn in diaper on mom’s bare chest). If newborn is not waking and showing signs of hunger at three-hour mark, change the diaper, talk and play with newborn, sit baby up to burp or rub baby’s back.

■ Signs of a good latch
Breastfeeding should not hurt mom! Make sure newborn’s mouth is wide open, with lower lip rolled outward. Breastfeeding should feel like a tug-pull sensation, not a pinch bite. Listen for swallowing while newborn is at breast.

■ Keys to remember when latching newborn at breast
• Newborn on side, facing breast
• Head supported with fingers/thumb behind ear
• Heel of hand supporting shoulder blades
• Place nipple on tip of nose and stroke down to chin
• When mouth is wide open, move baby onto breast
• Baby’s chin buried into breast

■ Measuring output
Babies generally lose a little weight in the first few days of life. Babies should regain their birth weight by two weeks of age. Come to the Breastfeeding Clinic for a weight check.

■ How big is your baby’s tummy?

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 10</th>
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</thead>
<tbody>
<tr>
<td>Size of shooter marble</td>
<td>Size of ping pong ball</td>
<td>Size of large egg</td>
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<tr>
<td>Holds 5-7 ml</td>
<td>Holds 22-27 ml</td>
<td>Holds 60-81 ml</td>
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Your baby does not need supplementation unless medically indicated. If medically indicated, follow the supplementation guidelines on the breastfeeding log.
See your lactation consultant or pediatrician if:
- Your baby loses more than 10 percent of birth weight.
- Your baby has not regained birth weight by two weeks of age.
- Your baby does not urinate six to eight times in 24 hours by day six.
- Your baby does not have three to four stools in 24 hours by day six.
- You have sore nipples that do not heal.

Breastfeeding at home: Do not give pacifiers during the first two weeks. Wait to introduce bottles until after three weeks and before six weeks. It’s better to have someone other than Mommy introduce the bottle.

Preventing sore nipples: Make sure baby latches on well. Nipple should be full and round after feeding, not pinched. Express breast milk to dab on nipples and allow them to air dry after feedings. Use Lansinoh cream sparingly on nipples.

Preventing engorgement: It is normal for the breast to feel full three to five days after giving birth. Feed newborn frequently. If breasts are full after feeding, pump or manually express breast milk until comfortable. Use warm compresses before breastfeeding or pumping. Use cold compresses after breastfeeding or pumping.

Eat foods you normally like to eat and drink water when you are thirsty. Moms often feel thirsty when they nurse; it is helpful to have a glass of juice or water nearby. Caffeine and cigarettes can make your baby jittery and hard to calm, so avoid them. Also limit or avoid alcohol. Check with your doctor or lactation consultant before taking over-the-counter medications.

Do not take street drugs!

Starting solids is not recommended until after six months of age. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life.

We hope breastfeeding is a wonderful experience for you, but if you hit any bumps along the road, remember we are here to support you. Call 316.689.5426 or come by the breastfeeding clinic to see us.
Hospital to home breastfeeding log

Instructions: Each day, circle the time to the nearest hour that you start breastfeeding. Under the hour, circle which breast you started on, L (left) or R (right). Then write the number of minutes at breast below.

Date _____________  Birth weight (lbs) _________ (grams) _________

Midnight  Noon
Hour:     12  1  2  3  4  5  6  7  8  9  10  11
Breast:   LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR
Minutes:
Bowel movements 1 + 2 3 4
Comments:

Day 1: Breastfeed or attempt to breastfeed eight to 12 times (every two to three hours) in 24 hours. Many babies will not nurse eight times on day one and this is normal. Document attempts along with actual nursing sessions. Lactation will be in to see you during the day. We like to watch the baby at breast at least once during the day to make sure the baby is latching correctly, to help prevent sore nipples. Breastfeeding should not hurt! We need to see one wet (urine) diaper and one dirty (stool) diaper for the first 24 hours of life. Sometimes babies are very sleepy the first 24 hours. If baby is not waking for feedings, call Lactation or let your nurse know so they can contact us. Skin-to-skin time is very important now. Skin-to-skin helps baby regulate temperature, heart rate and breathing. It also helps the breastfeeding instinct kick in. Try to do this as much as possible. Please do not give supplements unless medically indicated. This can interfere drastically with breastfeeding success.

Day 2: Breastfeed or attempt to breastfeed eight to 12 times (every two to three hours) in 24 hours. Actual nursing sessions should increase on day two. You should see two wet (urine) diapers and one dirty (stool) diaper for this 24-hour period. Babies usually start waking up more on day two and want to feed more frequently. This is normal. Call Lactation if baby is not nursing every two to three hours, or wet and dirty diapers are not adequate.

Date _____________  Weight (lbs) _________ (grams) _________

Midnight  Noon
Hour:     12  1  2  3  4  5  6  7  8  9  10  11
Breast:   LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR  LR
Minutes:
Bowel movements 1 + 2 3 4
Comments:

Instructions: Each day, circle the time to the nearest hour that you start breastfeeding. Under the hour, circle which breast you started on, L (left) or R (right). Then write the number of minutes at breast below. Make a slash through the number of wet and dirty diapers. Ask Lactation for assistance with this as needed. Bring this record with you when you come to the Breastfeeding Clinic.
Day 3: Breastfeed eight to 12 times (every two to three hours) in 24 hours. Baby may want to nurse frequently today. This is normal. Baby should have three wet (urine) diapers and two dirty (stool) diapers. The stools will be a greenish color, not the black meconium they have been. If your baby's not nursing frequently, call Lactation or come by the Breastfeeding Clinic if you are home. The clinic and office phone number is 316.689.5426. If baby's skin has a yellow color (jaundice) you need to call your doctor and come by the clinic to make sure baby is getting adequate intake.

Day 4: Breastfeed eight to 12 times (every two to three hours) in 24 hours. Mature milk should be in, or coming in. Breasts will feel much heavier and may be engorged (very full and tight). If baby is having a hard time latching to full breasts, you may want to pump or hand express for a couple of minutes before latching baby. You will likely hear more swallowing when your baby is at breast. Baby should have four wet (urine) diapers and three to four dirty (stool) diapers. The urine should be pale yellow to clear. The stools will be yellow with tiny lumps and much runnier. We encourage moms to come to the Breastfeeding Clinic for a weight check, to make sure everything is going well.
Day 5: Breastfeed eight to 12 times (every two to three hours) in 24 hours. Mature milk should be in fully by now. If mature milk is not in by now, it is critical that you come to the Breastfeeding Clinic. We need to assess why the milk is not in and start supplementing baby if needed. Your breasts should feel heavier before feedings and softer after feedings. Baby should have six wet (urine) diapers and three to four dirty (yellow stool with tiny lumps) diapers.

Day 6: Breastfeed eight to 12 times (every two to three hours) in 24 hours. Baby should have six wet (urine) diapers and three to four dirty (yellow stool with tiny lumps) diapers. Call or visit the Breastfeeding Clinic at 316.689.5426.

Day 14: Baby should be back up to birth weight now. Babies go through a growth spurt around 10 days to three weeks, and again at six weeks, three months and six months. You will feel like baby is eating all the time. It is demand and supply. Let them demand by eating frequently, which will increase the milk supply.

If breastfeeding is not going well, the following are supplement guidelines to use. It is best to do this with a tube and needleless syringe while the baby is at breast. Once mature milk is in, come to the Breastfeeding Clinic for pre- and post-feeding weights to make sure baby is getting enough at breast and supplementation can be discontinued.

Day 1: 6-14 ml should be given for every feeding, baby nursing at least eight to 12 times per 24 hours.

Day 2: 15-20 ml should be given for every feeding, baby nursing at least eight to 12 times per 24 hours.

Day 3: 30 ml should be given for every feeding, baby nursing at least eight to 12 times per 24 hours.

Day 4: 60 ml should be given for every feeding, baby nursing at least eight to 12 times per 24 hours.
Breastfeeding fact sheet

The benefits of breastfeeding for both mother and child are staggering. While most people agree that breastfeeding is good for the baby, the following summary of its impact on mothers, babies and society may surprise many people:

<table>
<thead>
<tr>
<th>Benefits to moms</th>
<th>Benefits to babies</th>
<th>Benefits to society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced risk of breast and ovarian cancers</td>
<td>Provides children with the most complete and optimal mix of nutrients and antibodies</td>
<td>Reduces the cost of healthcare by promoting healthier children and mothers</td>
</tr>
<tr>
<td>Reduced risk of anemia</td>
<td>Varying breast milk composition keeps pace with the infant’s growth and changing nutritional needs</td>
<td>Reduces global pollution by reducing the use of resources and energy required to produce, process, package, distribute, promote and dispose of material created by artificial baby milk</td>
</tr>
<tr>
<td>Protection against osteoporosis and hip fracture later in life</td>
<td>Protects against diarrhea, gastroenteritis and other stomach upsets</td>
<td>Reduces tax burden on communities and government to ensure children are properly fed</td>
</tr>
<tr>
<td>Helps faster return of mother’s body to its prepregnancy state</td>
<td>Reduces risk of sudden infant death syndrome (SIDS)</td>
<td>Reduced absenteeism in the workplace due to children’s illnesses</td>
</tr>
<tr>
<td>Helps delay return of fertility and to space subsequent pregnancies</td>
<td>Protects against meningitis, childhood lymphoma, Crohn’s disease and ulcerative enterocolitis</td>
<td></td>
</tr>
<tr>
<td>Develops a special emotional relationship and bond with child</td>
<td>Reduces incidence and severity of allergic disease</td>
<td></td>
</tr>
<tr>
<td>Breast milk is free, reducing or eliminating the cost of formula</td>
<td>Builds bonding and emotional relationship with mother</td>
<td></td>
</tr>
<tr>
<td>Healthier babies, reducing healthcare costs to family and less time off work</td>
<td>Important to emotional development of babies</td>
<td></td>
</tr>
<tr>
<td>Decreased risk of developing rheumatoid arthritis</td>
<td>Higher IQs and better brain and nervous system development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lessens risk of heart disease in later life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased bone density</td>
<td></td>
</tr>
</tbody>
</table>
## Breast pumping log

| Date | Midnight | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Noon | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|------|----------|---|---|---|---|---|---|---|---|---|----|----|------|---|---|---|---|---|---|---|---|---|----|----|------|
|      |          |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    |      |
|      |          |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    |      |
|      |          |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    |      |
|      |          |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    |      |
|      |          |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    |      |

During the day, pump breasts every two to three hours for 15 minutes. At night, pump every three to four hours. To increase supply once milk is fully in, pump your breasts for two more minutes after milk stops dripping, but no longer than 30 minutes.

Call Via Christi Lactation Department at 316.689.5426 with questions about pumping or placing your baby to breast.

Save even small amounts of milk for your baby. Containers are available in NICU. Write name, date and time on each container.

Wash your pump parts with dish soap between pumpings and sterilize or use Quick Clean™ Bags once per day.
Your baby’s hearing screening

Why do I need to know about my baby’s hearing now?
Because babies learn to speak by listening, children who do not hear normally do not develop speech and language normally. Birth to 3 years of age are the most important years for the development of speech and language. Finding hearing loss early allows us to help language development as well as social, emotional and academic development.

How do I find out about my baby’s hearing?
A trained technician will do an evoked otoacoustic emissions screening on your baby in your room. A soft probe will be placed at the opening of your baby’s ear to examine the echoes that the ear makes as it sends sound to the brain. The testing is painless and typically takes about 10 minutes. In fact, most babies sleep through the entire test.

When will I know the results?
You’ll be notified of the results at the time of testing. The results also will be sent to your baby’s physician.

What does a “pass” or “refer” test result mean?
The ears are tested separately. A “pass” indicates that both ears have tested normal. A “refer” indicates that more testing is needed for one or both ears.

What happens next if the test result is “refer”?
Your baby will receive an ABR screen in a hearing screening room. The ABR measures the change in brain wave activity that occurs when the baby hears a sound. If a “refer” is present on the ABR screen, hearing levels are outside the normal range. The most common reason for a baby not to pass is because of debris in the ear canal. A follow-up screening will be scheduled in the next three to four weeks.

How do we get a follow-up hearing screening done? The staff member screening your baby will set up a return date and time to have your baby’s hearing rechecked.

What happens if my baby does not pass the follow-up screening?
If the baby continues to show a “refer” result at the follow-up screen, further testing will be done. A diagnostic ABR may be performed to confirm the type and exact amount of the hearing loss.

If needed, management and early intervention will be discussed.

What can I do if a hearing loss is present?
Seeing a medical ear specialist may be needed. If your baby requires hearing aids, this will generally need to be done before 6 months of age.

What if the hearing screening was not completed prior to dismissal?
You will need to bring your baby in for outpatient testing. Please call 316.268.8100 to schedule the appointment. Kansas law requires testing by 5 days of age. Testing is done in Audiology at Via Christi Hospital St. Francis.

Hearing impairment is the most common birth defect. An undetected and untreated hearing loss can place your child at great risk for permanent delays in speech and language. The sooner the loss is identified, the better chance your child has to develop normal speech and language.

What if I have questions about the hearing screening?
The audiologist will be happy to answer any questions about the hearing screening process or about the newborn hearing screening program. Call 316.268.8200 and ask to speak to an audiologist.

You also can visit with your infant’s physician about the testing.

Keeping your baby safe

In the hospital
Your baby’s safety is a priority at Via Christi Hospital. Although infant kidnappings are rare, we take precautions to prevent them. You will want to take precautions to protect your baby when you are at home, too. If you have questions or concerns at any time during your stay, ask your nurse or press your call light.

You can help by following these important steps:

Become familiar with Via Christi Hospital staff who take care of you and your baby.
A nurse is assigned to care for you and your baby at all times. The nurse will come in and introduce herself/himself. Your nurse will be aware of any additional medical personnel coming into your room or if anyone is to take your baby out of the room. If you have questions or are unsure about any person, press your call light and someone from the nurse’s station will assist you immediately.

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Your baby’s safety is a priority at Via Christi Hospital. Although infant kidnappings are rare, we take precautions to prevent them. You will want to take precautions to protect your baby when you are at home, too. If you have questions or concerns at any time during your stay, ask your nurse or press your call light.

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Never leave your baby alone or unsupervised in the room.
When you go into the bathroom, take your baby with you. If you leave the room, ask a family member or the nurse to care for your baby.

- Feel free to question anyone who comes into your room. If you are unsure of anyone who comes into your room or asks about your baby, even if she/he is wearing a uniform or has an apparent reason for being there, press your call light to check with the nurse’s station. If your nurse takes your baby for tests or procedures, you are encouraged to ask where they will be and how long they will take. You may also request to go with your baby while the tests or procedures are being done.
- Check for proper identification before giving your baby to anyone. Hospital staff who are allowed to handle your baby wear photo ID badges with the Via Christi Health logo. Even if a person entering your room looks and acts like a Via Christi hospital employee, ask her or him for identification. If you’re still unsure for any reason, press your call light to contact the nurse’s station and alert your nurse.
- Place your baby's bassinet on the side of your bed that is opposite the door. This positioning allows you to see visitors and Via Christi Hospital staff as they approach your baby.
- Babies are never carried in the hallways. They are always to be pushed in the bassinet. This includes anyone — mother or other family or visitor designated by you.

At home

- Do not allow anyone into the house who is not well known to you.
Be wary of any mere acquaintance, especially if you met briefly since you became pregnant or gave birth to your baby.

- Do not allow anyone into your house who says they are from the hospital or home care agency without proper hospital identification.
Staff wear a picture name badge. If you have any questions, do not allow them into your house before you call to verify their visit.

- Consider the risk you may be taking when placing your infant’s birth announcement in the newspaper or online.
Birth announcements should never include the family’s home address and should be limited to the parents’ surname(s).

The use of outdoor decorations such as balloons, signs, wooden storks and other lawn ornaments to announce the baby’s arrival are not recommended.

Protecting your baby from infections

Protecting your baby from infections is one of the most loving things a new parent can do. Here are easy, common-sense steps you can take to help your baby stay healthy.

Immunizations

Immunizations (baby shots) can prevent many childhood illnesses. These illnesses can make your baby sick, disrupt your family’s schedule and put your baby at risk of serious problems. Don’t wait until your child is ready for school. Start protecting your baby now! Keep your baby’s shots up to date and contact your doctor, clinic or health department if you have any questions.

Childhood diseases that immunizations can prevent:

- **Hepatitis B**
  - Hepatitis B can be spread to babies from infected mothers at the time of birth. This germ infects the liver and may lead to liver damage or cancer later in life. People with hepatitis B may not have symptoms. They may not know they are carrying this germ.

- **DPT (diphtheria-pertussis-tetanus)**
  - Diphtheria is a severe respiratory illness. Germs pass from the nose or throat of an infected person to others, causing a thick coating in the throat. Diphtheria can lead to breathing problems, heart failure, paralysis or death.
  - Pertussis (whooping cough) causes severe coughing and choking for several weeks. This disease can cause pneumonia, seizures, brain damage and death.
  - Tetanus (lockjaw) is caused when a germ enters the body through a cut or wound. This disease causes painful spasms of muscles leading to locking of the jaw. Very young children, elderly people and those with weak immune systems have a higher risk of death.

- **Polio**
  Polio is a serious disease that spreads from an infected person to the mouths of others. It can cause paralysis and death.
Haemophilus influenza meningitis (HIB)
This infection in the spinal fluid around the brain is spread through the air. HIB may cause fever, severe headache, nausea, vomiting, stiff neck, skin rash, sluggishness and coma.

MMR (measles-mumps-rubella)
- Measles is caused when germs spread from an infected person to the nose or throat of others. Symptoms include rash, cough and fever. Measles can lead to ear infections, pneumonia, diarrhea, seizures, brain damage and death.
- Mumps is spread by germs from an infected person to the nose or throat of others. Mumps causes fever, headache and swollen glands in the neck. It can lead to hearing loss, meningitis (brain infection) and sterility in boys.
- Rubella (German measles) causes rash, mild fever, swollen glands and arthritis (mostly in women). If a pregnant woman gets rubella, she can miscarry, or the baby may be born with defects (deafness, blindness, heart disease or brain damage).

Chickenpox (varicella)
Chickenpox is spread when germs pass through the air from an infected person to the nose and throat of others. Chickenpox causes skin rash, fever, itching and cold symptoms. Your child could develop pneumonia or encephalitis (brain inflammation).

What if your baby misses a shot?
It is important that your baby gets each dose as close to the right time as possible. Should you miss one, contact your doctor or health department as soon as possible to get back on schedule. Baby shots protect against serious childhood illnesses. Immunize your baby today.

Signs of infection
- Fever
- Sluggishness
- Not eating
- Continuous crying
- Redness around umbilical cord
- Drainage from umbilical cord
- Breathing problems
- Baby just not acting like usual

Babies with these symptoms may need medical care. Call your doctor, clinic or health department.

Visitors
Remember that a baby’s ability to fight infections is weak. Infections can make your baby very sick. Smaller babies and babies with heart or breathing problems are even more at risk for infections.

Avoid contact with people who are ill (diarrhea, fever, sores on the skin, coughs, colds, flu, fever blisters) in the hospital and at home. Avoid anyone who recently has had an infectious disease like measles or chickenpox. Crowded places increase the chance of your baby getting sick.

Hand washing
Remember that germs live everywhere. The best way to protect your baby from germs is to wash your hands with soap and water. Always wash before preparing food or formula for your baby and after handling or changing diapers.
My birth plan

Name: _____________________________ Partner’s name: _____________________________

Please discuss and review with the physician providing your prenatal care. Feel free to bring your plan with you to the hospital to share with your care team at the time of delivery.

Ideally, I would prefer to have my baby delivered:
☐ Vaginally ☐ By cesarean section
☐ Vaginally after previously having given birth by C-section

During labor
During labor, I would appreciate:
☐ Having my music being played
☐ A relaxing atmosphere
☐ As few interruptions as possible
☐ Having only my own doctors and nurses in the room rather than any medical students or interns
☐ Having my partner present the entire time
☐ The opportunity to walk about freely
☐ Being able to wear my own clothing
☐ Other _____________________________

Fetal monitoring
During my labor, I would prefer that my baby be monitored:
☐ Continuously ☐ Intermittently
☐ Internally ☐ Externally

Pain relief
My preferred method of pain control or relief is:
☐ Acupressure ☐ Birthing ball ☐ Breathing
☐ Epidural ☐ Hot and cold packs ☐ Hypnosis
☐ Meditation ☐ Narcotics ☐ Nothing
☐ Repositioning ☐ Visualization ☐ Walking
☐ Other _____________________________
☐ Candle-less aromatherapy
☐ Massage therapy
☐ Relaxation
☐ Whirlpool
Birth
To deliver my baby vaginally, I would like help to:

- [ ] Kneel/use squat bar
- [ ] Be on my hands and knees
- [ ] Lie on my left side
- [ ] Have leg support
- [ ] Limit staff to _____ people. We encourage you to limit the number of visitors present at birth.

As my baby is being born, I would prefer to:

- [ ] Allow baby to labor down
- [ ] Warm compresses to vaginal area
- [ ] Touch the head as it crowns
- [ ] Avoid vacuum extraction if possible
- [ ] Have a signal word with staff in case I have an unwanted visitor
- [ ] Push as I feel the need
- [ ] Use a mirror to see my baby’s head
- [ ] Avoid using forceps if possible
- [ ] Avoid episiotomy unless doctor deems necessary
- [ ] Have my partner cut the umbilical cord

If I deliver my baby by cesarean, I prefer:

- [ ] My partner present
- [ ] To touch my baby as soon as possible
- [ ] My partner to hold baby as soon as possible
- [ ] Breastfeed in recovery room
- [ ] Family to see once in Mom and Baby Suite

Pictures/videotaping are allowed except at birth, immediately after birth and during stabilization of the baby.

Other notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

After birth
After I deliver my baby, I would like:

- [ ] Place infant on chest immediately
- [ ] Hold and feed baby before bath or other routine assessment
- [ ] Bring my family in to see baby
- [ ] Footprints in baby book
- [ ] No bottle
- [ ] No pacifiers
- [ ] Bottle feed

Other notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If my baby is a boy, I would like him to be:

- [ ] Circumcised at the hospital
- [ ] Circumcised at doctor’s office
- [ ] Circumcised after he is feeding well
- [ ] Not circumcised

Additional information

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I’ve chosen Dr. ___________________________ to be my baby’s doctor.
# Maternity pre-admission form

**Expected due date:** ____________________  
**My physician is:** ____________________

**Patient information**

<table>
<thead>
<tr>
<th>Patient's name: (last name, first name, middle initial)</th>
<th>Birth date: Mo. Day Year</th>
<th>Marital status:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Married □ Divorced □ Single □ Widow □ Sep.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient's address: (street, city, state)</th>
<th>ZIP code:</th>
<th>County patient resides in:</th>
<th>Home phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>Ethnicity:</th>
<th>Religion:</th>
<th>Church preference:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Preferred language:</th>
<th>Social security no.:</th>
<th>Family size:</th>
<th>PCP/family doctor:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient occupation:</th>
<th>Employer:</th>
<th>Employer’s address:</th>
<th>Employer’s phone:</th>
</tr>
</thead>
</table>

**Spouse or parent information:**

<table>
<thead>
<tr>
<th>Spouse, significant other or parent (if minor) name:</th>
<th>Relationship to patient:</th>
<th>Address: (street, city, state, ZIP)</th>
<th>Home phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Responsible person’s social security no.:</th>
<th>Date of birth:</th>
<th>Spouse, significant other or parent occupation:</th>
<th>Spouse, significant other or parent employer:</th>
<th>Employer address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Business phone/extension:</th>
<th>Hearing impaired:</th>
<th>TDD Phone 316-689-5298</th>
</tr>
</thead>
</table>

**Contact information:**

<table>
<thead>
<tr>
<th>First contact person:</th>
<th>Relationship:</th>
<th>Address: (street, city, state, ZIP)</th>
<th>Home phone:</th>
<th>Business phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Second contact person:</th>
<th>Relationship:</th>
<th>Address: (street, city, state, ZIP)</th>
<th>Home phone:</th>
<th>Business phone:</th>
</tr>
</thead>
</table>

**Insurance information:**

**Primary insurance please complete in full OR enclose a copy (front & back) of your insurance card.**

<table>
<thead>
<tr>
<th>Insurance company name:</th>
<th>Address:</th>
<th>City/state/ZIP:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Member/policy #:</th>
<th>Group #:</th>
<th>Subscriber name:</th>
<th>Relationship to patient:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Subscriber’s date of birth:</th>
<th>Subscriber’s SS#:</th>
<th>Subscriber’s employer:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer address:</th>
<th>Employer city/state/ZIP:</th>
<th>Employer phone:</th>
</tr>
</thead>
</table>

**Second insurance please complete in full OR enclose a copy (front & back) of your insurance card.**

<table>
<thead>
<tr>
<th>Insurance company name:</th>
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<th>Phone:</th>
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<thead>
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<th>Subscriber’s SS#:</th>
<th>Subscriber’s employer:</th>
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<tr>
<th>Employer address:</th>
<th>Employer city/state/ZIP:</th>
<th>Employer phone:</th>
</tr>
</thead>
</table>

**Signature of person completing this form:** X

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With all the changes in healthcare insurance these days, you may have some questions about your insurance coverage, pre-authorization requirements or our credit and collection policies. Should you have any questions, feel free to call pre-registration at 316.719.3020.
Birth certificate information

In order to complete your baby’s birth certificate, the Kansas Department of Health and Environment requires us to collect the following information.

**Mother’s information:**

Mother’s present full name: (please print) ____________________________

Mother’s maiden name: ____________________________

Date of birth: ____________________________

Social Security number: ____________________________

Ancestry: ☐ Cuban ☐ Mexican ☐ American ☐ Puerto Rican ☐ Vietnamese ☐ Other (specify): ____________________________

Race: ☐ Native American ☐ Black ☐ White ☐ Other (specify): ____________________________

Education: Specify highest grade completed. (Do not include business or trade schools.)

Elementary: ____________________________

High School: ____________________________

College: ____________________________

Date last normal period began: ____________________________

Is mother legally married? ____________________________

Length of pregnancy when first prenatal visit was made to physician: ____________________________

Current or most recent occupation: ____________________________

Type of business or industry: (do not give name of company) ____________________________

**Father’s information:**

Father’s full name: ____________________________

Date of birth: ____________________________

Social Security number: ____________________________

Ancestry: ☐ Cuban ☐ Mexican ☐ American ☐ Puerto Rican ☐ Vietnamese ☐ Other (specify): ____________________________

Race: ☐ Native American ☐ Black ☐ White ☐ Other (specify): ____________________________

Education: Specify highest grade completed. (Do not include business or trade schools.)

Elementary: ____________________________

High School: ____________________________

College: ____________________________

Current or most recent occupation: ____________________________

Type of business or industry: (do not give name of company) ____________________________

Federal law now requires that children have Social Security numbers. A Social Security number can be automatically issued for your baby eight to 12 weeks after the state receives the birth certificate from the hospital. You may request automatic issuance of your baby’s Social Security number when you are interviewed by the birth registrar.

If you have questions about filling out this form, please call the Birth Registrar’s office at 689.5104.
BIRTH REGISTRAR
VIA CHRISTI NEWLIFE CENTER
3600 E HARRY ST
WICHITA KS 67218-9966