



## Congratulations!

Community Memorial Hospital — Ventura has long been recognized as the area's premier destination for labor and delivery. When you have your baby with us, you can count on receiving the highest level of sophisticated care throughout your pregnancy and after your baby arrives. We are committed to ensuring the safety and comfort of moms and babies, delivered by caring physicians and specially-trained nurses and support staff in state-of-the art Maternal Child Health Department.

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**Community Memorial Hospital – Ventura is a participant in the Baby-Friendly Initiative.** This is a global program sponsored by the United Nations International Children's Fund and the World Health Organization. We are one of only 414 U.S. hospitals and birth centers (out of more than 6,000) to earn this designation that is awarded to hospitals and birth centers that offer an optimal level of care to promote breastfeeding.



**Thank you for allowing us to be a part of this special time. We share your joy in the birth of your baby and will do all we can to help you ease into life with your little one.**

### **Nursing Care**

The mother-baby nurses are always available to answer your questions and to provide instructions or demonstrations on everything from breastfeeding to care of the umbilical cord. Simply ask the nurse for assistance by using your call light.

### **Feeding and Diaper Record**

Please fill in the times you feed your baby, how well your baby breastfeeds, or how much formula your baby eats, and mark a check in the appropriate box for any diaper changes. The Feeding and Diaper Record will help you and your nurse keep track of how your baby is doing.

### **Infant Care Supplies**

For your convenience, there are diapers, wipes, t-shirts, and blankets available for your use. Simply wet the wipes with warm water to use. Ask your nurse if you need more supplies. Upon discharge, please take supplies (diapers, wipes, bulb syringe) with you, but leave the linens (blankets and t-shirts).

### **Hand Washing**

We ask that you and all visitors wash their hands well prior to handling the baby. Please help us instruct your family on the importance of good hand washing, as this is the most important aspect of preventing infection in your baby. You may use the soap provided in your bathroom dispenser or the hand gel in the dispenser on the wall of your room.

We will be coming by to discuss all of the above topics with you. Please look over and fill out the forms provided to you, if necessary.

### **Critical Congenital Heart Defect (CCHD) Screening**

CCHD is looked for in your infant by the use of pulse oximetry. Pulse oximetry (Pulse-Ox) is a simple and painless test that measures how much oxygen is in the blood. It can be helpful in determining if an infant's heart and lungs are healthy and if the baby has a Congenital Heart Defect (CHD). CHD is a problem in the structure of the heart or the blood flow through the heart. CHD is the most common birth defect and the exact cause is not known. The pulse ox test might not detect all forms of problems in the baby's heart. If you have questions please ask your doctor or nurse.

### **Before You Go Home**

We have a few things to take care of before you go home. Please start looking over this list early to help make your discharge easier.

### **For Baby**

- ☐ Legal Birth Certificate/Live Birth Worksheet\*
- ☐ Paternity Papers, if needed
- ☐ Souvenir Birth Certificate\*
- ☐ Hearing Screen\*
- ☐ California State Newborn Screening\*
- ☐ Hepatitis B Vaccine\*
- ☐ Critical Congenital Heart Defect Screening
- ☐ Car Seat Challenge, if required

\* You will be provided with information to read and possibly forms to complete.

### **For Mom**

- ☐ Vaccines — your nurse will discuss any immunizations you may need before discharge.
- ☐ Educational Videos — Please watch the selections chosen for you on the eVideon television program to learn about what to expect in the hospital, how to care for yourself and your baby, and how to prepare for going home.



Moms who exclusively breastfeed tend to make more milk for their babies and are able to breastfeed longer.

## Planning for Breastfeeding

### Reasons to Breastfeed Exclusively

- The first few days, the small amount of colostrum matches the baby's stomach size
- The breasts work on a supply and demand basis
- Frequent breastfeeding helps to build your milk supply. If your baby is filling up with formula, they may not breastfeed frequently and you may not build an adequate milk supply
- Babies use a different sucking motion at the breast compared to an artificial nipple
- Offering an artificial nipple, including use of a pacifier, in the first 3 – 4 weeks may make it harder for the baby to latch to the breast; After that, it is a great time to give a bottle or pacifier for those who wish to do so
- Expect your baby to feed very frequently on the 2nd and 3rd night. They are “putting in their order” for a good milk supply
- Moms who exclusively breastfeed tend to produce more milk for their babies and are often able to breastfeed longer

### Things To Consider Before Offering Your Baby A Bottle

The American Academy of Pediatrics believes that breastfeeding is the optimal source of nutrition through the first year of life.

Unless there is a medical reason, they recommend exclusively breastfeeding for about the first six months of a baby's life, and then gradually adding solid foods while continuing breastfeeding until at least the baby's first birthday. Thereafter, breastfeeding can be continued for as long as both mother and baby desire it.

**Exclusive breastfeeding** means feeding your baby only breast milk, not any other foods or liquids (including infant formula or water), except for medications or vitamin and mineral supplements. American Academy recommends Vitamin D supplementation for breastfed babies.



## Early Cues

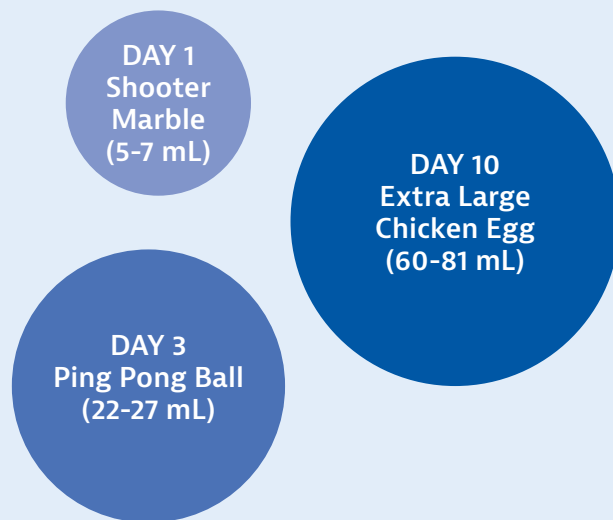
- ## Late Cues

- Fussing and/or crying

## Newborn Feeding Cues

Babies should feed 8 or more times in a 24 hour period.

## Your Baby's Stomach Size



Adult stomach size is approx.  
the size of a softball

[illegible]







## Safety Education

### Welcome!

Our primary concern is for the health and safety of you and your baby. Please review these important notes to ensure your wellbeing while here in the hospital:

### Safety

**Please use your call light when you feel a need to walk to the bathroom.** The first couple of times you walk to the bathroom, we want to walk with you.

**Please do not carry the baby in your arms when you walk in the hall.** We will encourage you to take walks in the hall as you are recovering. Your baby may be left in your room with your banded support person, or you may push the baby in the crib.

**Anyone who holds your baby should be awake and alert.** Sleeping with your baby in your bed or chair puts your baby at risk for suffocation and falling.

**Use a breastfeeding pillow or hospital pillows to support your baby** while he or she is in your arms to keep your baby from falling.

**Raise the lower bed side rails while you are breastfeeding your baby in your bed.** We encourage you to call for assistance raising and lowering the side rails, if needed.

**Place your baby on his or her back in the crib** or call for assistance putting your baby in the crib if you feel sleepy while holding your baby.

**Keep toys, stuffed animals, pillows, and thick blankets out of your baby's crib.**

**Find a support person will be able to stay with you during your hospital stay.**

**Please use your call light if you are ever concerned about your or your baby's well-being.**

### Security

**Please tell us if one of the ID bands slips off your baby so we may replace it.** Your baby is wearing two ID bands that match those of you and your support person.

**Your baby is also wearing an alarm sensor.** The alarm will sound if your baby gets too close to an exit or the sensor is removed.

**Your baby will stay in your room with you.** If we need to take your baby out of your room for a procedure, we will notify you. Only staff wearing a CMH badge with a pink stripe may take baby out of your room. Your support person may walk along with us.

**Use your call light if you are ever concerned about anyone who enters your room.**







## Breastfeeding Recommendations & Resources

The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life. This means you only give your baby your breast milk for that time period unless there is a medical reason and your doctor recommends formula. Breastfeeding is then recommended to continue for at least a year and appropriate solid food added at around 6 months of age.

We want to help you meet your breastfeeding goals and we are here to help you! While you are here at the hospital, please ask your nurse if you are having any problems or concerns with breastfeeding. Once you go home, check out our recommended resources (at right) for additional support.

### CMH New Parent Resource Center 805-948-BABY (805-948-2229)

We offer private lactation consultations Monday – Friday. Appointment required.

We offer a Breastfeeding Support Group.

### CMH Maternity Department

805-948-8350

We offer lactation consultations for emergent issues on Saturday or Sunday. Appointment required (please call before noon).

### Other Community Resources

[www.BreastfeedVentura.org](http://www.BreastfeedVentura.org)

WIC: 805-981-5251

Ventura Public Health: 800-781-4449, Ext. 3

La Leche League: 805-323-6063

Ojai Valley Breastfeeding Help Line  
805-646-7559



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## Storage and Handling of Breastmilk

Pumped breastmilk should be stored in the cleanest and safest way. It can be stored in any clean container: plastic, glass or nurser bags.

Recommendations for storage temperatures and times vary greatly from one authority to another. We are recommending guidelines based on research and common sense.

### Room Temperature

Freshly pumped breastmilk can be kept at room temperature for 4 – 6 hours. If it will need to be kept longer, please refrigerate. Milk that has been previously chilled should be kept at room temperature for no longer than an hour or so.

### Refrigerated

Breastmilk may be stored in a refrigerator 4 – 8 days. If you think that you may not use it within that time period, freeze it. If you find you have milk that has almost reached its expiration date in the refrigerator, you may freeze it for later use.

### Frozen

Breastmilk may be stored in a freezer for up to 3 months and in a deep freeze for up to 12 months. The freezer is cold enough if it keeps your ice cream solid.

That will be about 0°F or -20°C. It should be placed in a part of the freezer that will not be subject to changes in temperature as the door is opened and closed. If plastic nurser bags are used, they should be doubled or protected from being bumped and torn in the freezer.

### Layering Breastmilk

You may add “new” milk to previously chilled or frozen milk. Chill the “new” milk prior to adding it to the container of milk. The expiration date of that container of milk will be from the date of the original milk.

It is best to freeze milk in feeding-sized quantities. If you are just starting to pump, you may not yet have an idea of what will be the right size for your baby.

Freeze in 2 – 3 oz quantities to start. You don’t want to thaw out more milk than your baby will take in 24 hours. You can always get more if necessary, but you will be dismayed if you have to discard pumped breastmilk. After you have some experience with how much your baby takes from a bottle, you can freeze milk in that quantity.

### Thawed

Breast milk can be thawed in just a few minutes, by placing the sealed bag into a container of lukewarm water. Then it can be transferred to a bottle and warmed to serving temperature in the same manner.

Never make it warmer than body temperature. Never use a microwave to thaw or warm breastmilk. Discard any milk left in a bottle after a feeding. Thawed breastmilk must be discarded after 24 hours. Do not re-freeze it.

### Transporting

Chill any milk that you pump at work either in a refrigerator or a portable cooler bag. A cooler bag can be used to transport the milk home.



## Check List for Essentials of Positioning And Latch-on

### Positioning

- Tuck baby close to mom with back straight
- Use pillow to support baby's bottom
- Hold head behind ears, baby's head slightly extended
- Line up baby's nose with nipple



### Offer the Breast

- Line your fingers up with baby's lips, behind the areola
- Use sandwich hold (squeeze areola gently)
- Aim your nipple between baby's nose and top lip
- Place baby's lower lip on lower edge of areola
- Bring baby to breast, not breast to baby, quickly, chin first

### Check the Latch-on

- Look for flanged lips, open mouth to 140°
- Place most of areola in baby's mouth
- Ensure no pain, no wedged or creased nipple
- Check that chin is touching breast, asymmetrical latch-on



### Assess Milk Transfer

- Watch for wide jaw movements
- Look for consistent sucking
- Listen for swallowing (after milk comes in)

## Hand Expression

Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk needed!

### Hand Expression Routine:

1. Apply heat, massage, and stroke breasts
2. Position fingers behind areola
3. Press back toward the chest
4. Compress fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for 5 – 7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back toward the chest
10. Compress fingers together to express milk
11. Express milk for 3 – 5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1 – 2 minutes
15. Complete cycle takes 20 – 30 minutes



Scan the QR codes to watch helpful videos about breastfeeding







## Is My Baby Getting Enough?

Often a new parent's biggest concern is about how much and how often the baby breastfeeds. Your newborn baby should nurse on demand, 8 or more times in 24 hours during the first 2 – 3 weeks. As your baby gets older feedings will become more efficient and may be less frequent. Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. Feedings do not need to be evenly spaced and are often irregular in the newborn baby. Wake your baby if he doesn't awaken to feed within 3 hours during the day. Nighttime feedings can be less frequent.

Babies generally lose a little weight in the first few days after birth and then begin to gain. Ten percent is considered the maximum acceptable weight loss. Have your baby's weight checked a couple of times during the first 2 weeks, especially if you are concerned that your baby is not eating enough. A weight check is the only sure way to determine adequate intake.

Sometimes babies seem to take a good feeding at the breast but wake within a few minutes wanting more. Offer the breast again. It will likely be a short "top off" feeding and your baby will drop off to sleep.

### Typical Patterns for Wet Diapers

- 1 wet diaper on day one
- 2 wet diapers on day two
- 3 wet diapers on day three
- 4 wet diapers on day four
- 5 wet diapers on day five
- 6 wet diapers on day six and from then on look for light yellow to clear urine

### Typical Patterns for Stools (Several Per Day)

- Day 1 meconium (dark & tarry)
- Day 2 brownish
- Day 3 brownish yellow
- Day 4 dark yellow, soft
- Day 5 yellow, semi liquid

Some newborns stool after every feeding. Stools taper off and may not even occur every day as your baby gets older.

### When to Call for Help From Your Provider or Lactation Consultant

- Baby has not begun to gain weight by the fifth day after birth or has not regained birth weight by 2 weeks
- Baby is not voiding at least 6 – 8 times per day or doesn't have a wet diaper for longer than 6 hours
- Urine is dark or smells strong
- Baby is not passing stool daily
- Baby is lethargic, limp or docile

- Baby has dry mouth
- Baby has inconsolable crying
- Baby has a sunken fontanel (soft spot)
- Baby is feverish
- Baby has yellowish skin

These signs can indicate inadequate feedings and can become a serious concern if not corrected quickly. You may wish to use the chart in this booklet to keep a written record of when your baby voids, stools so you can accurately report this to your provider.

## Things to Watch for While Breastfeeding

### Signs of Hunger

- Rooting
- Mouthing movements
- Tense appearance
- Grunting, other sounds
- Hand-to-mouth activity
- Kicking, waving arms
- Crying

### Signs the Baby is Full

- Drowsiness, sleepiness
- Baby comes off the breast spontaneously
- Relaxed appearance
- Hands and shoulders are relaxed
- Sleeps for a period of time before arousing to feed again

### Signs of a Good Latch-on

- Relatively comfortable, latch-on pain subsides quickly
- Lips at the breast at least 140° angle or greater
- All or most of the areola in the baby's mouth with more areola covered from the area near chin (asymmetrical latch on)
- Lips flanged (rolled out)

### Signs of a Good Feeding

- Easy latch-on, stays latched on
- Swallowing you can hear
- Noticing that your breasts are softer after feedings
- Feeling strong, deep, "pulling" sucking
- Seeing milk in your baby's mouth
- Leaking from the other breast or feeling of a "let down" reflex
- Vigorous sucking
- Wide jaw movements and consistent sucking

Call 805-948-BABY for free, private lactation appointments with one of our Lactation Consultants at the New Parent Resource Center.



## Things That May Affect Breastfeeding Your Baby

Breastfeeding usually gets off to a good start. However, some circumstances that are unique to you and your baby can result in challenges. Some of these situations are listed below.

If one or more of these apply to you and your baby, we're here to help! Call **805-948-BABY** for free, private lactation appointments with one of our Lactation Consultants at the Community Memorial New Parent Resource Center.

### For Moms

- Are a first time mother
- Had a Cesarean Section
- Have a history of low milk supply
- Are diabetic
- Are obese
- Are hypothyroid
- Have polycystic ovarian syndrome
- Have tubular or asymmetric breasts
- Have sore nipples
- Think you don't have enough milk
- Do not hear or see baby swallowing
- Your milk does not come in by the third day after delivery

### For Babies

- Is born early
- Is small or large for gestational age
- Had a vacuum assisted delivery
- Lost more than 7% of birth weight
- Does not latch to the breast
- Has yellow skin and/or eyes
- Has red/orange crystals in the urine
- Cries all the time and/or is never satisfied after feedings
- Is extremely sleepy

**If your baby is not latching and nursing well 8 or more times every 24 hours, express your colostrum/milk every 2-3 hours, and call the New Parent Resource Center at 805-948-BABY for breastfeeding support.**



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## Classes and Support for Pregnancy and Beyond

Whether you're a seasoned mom or a first time mom-to-be, we have a class for you! Ventura parents have come to count on our curriculum—we've been helping people prepare for pregnancy and parenthood for years, and we'd love to do the same for you.

Unless otherwise indicated, all of these classes are held at our New Parent Resource Center, 2580 East Main Street, Suite 101, Ventura CA 93003.

### Our Babies, Ourselves

Developed for parents of babies from newborn to 3 months old, this class focuses on your baby's care, health, and development, and on your journey as a new parent. Class is taught by a Registered Nurse and a board-certified Lactation Consultant. **Pre-registration is required.**

### Breastfeeding Support Group (Virtual)

Led by a Registered Nurse and a board-certified Lactation Consultant, this group is an opportunity to ask questions, get breastfeeding tips, and share your experience with other new moms. **Call for virtual group access.**

### Well-Mama Postpartum Emotional Support Group (Virtual)

From baby blues to post-partum depression, 1 in 5 new mothers experience mood and anxiety disorders. This group provides a safe, professionally moderated environment for women who need support. **Call for virtual group access.**

Our schedule may change over time.  
For class prices, current dates and times,  
visit [mycmh.org](http://mycmh.org) or call us at 805-948-BABY.



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## Excellence in Breastfeeding Care

Community Memorial has received the International Board Certified Lactation Consultant® (IBCLC®) Care Award in recognition of its commitment to staffing professionals who hold the prestigious IBCLC certification and providing a lactation program to support breastfeeding families. Community Memorial has regularly completes activities that help protect, promote, and support breastfeeding.

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**Connect with us**



[mycmhbaby.org](http://mycmhbaby.org)