

OHIO STATE MATERNITY CENTER

**buckeye**baby



## **Newborn Care**

Your Baby's Care in the First Days



**THE OHIO STATE UNIVERSITY**

WEXNER MEDICAL CENTER



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For a digital copy of this book, please visit [go.osu.edu/pted3868](https://go.osu.edu/pted3868).

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This resource is for informational purposes only. Talk to your healthcare provider if you have any questions about your care. For more education, contact the Library for Health Information at 614-293-3707 or [health-info@osu.edu](mailto:health-info@osu.edu).

# Welcoming Your Baby

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Congratulations on the birth of your baby! We are honored to provide care for you and your baby during this special time.

## Supporting you as you prepare to go home

The Ohio State University Wexner Medical Center is committed to providing specialized care for your needs after your baby is born.

Please ask questions and share your concerns with us, so we can give you the best support.

Use this book to help with your baby's care at home until your first visit with your baby's doctor.

Use this information to support the other important instructions you will get from your Maternity Center team about your baby's care.

## Family-centered maternity care

Family-centered maternity care focuses on you and your family's care needs during the childbirth experience and throughout your stay with us.

We want you to feel comfortable and safe during this life-changing event. We respect your family's cultural differences and commit to providing support for your needs.

Family-centered maternity care includes those family and friends who you tell us are part of your family. They can share in the birth of your baby as you choose. They will be welcome to take part in educational programs and learning baby care skills, so they know the care you and your baby will need after leaving the hospital.



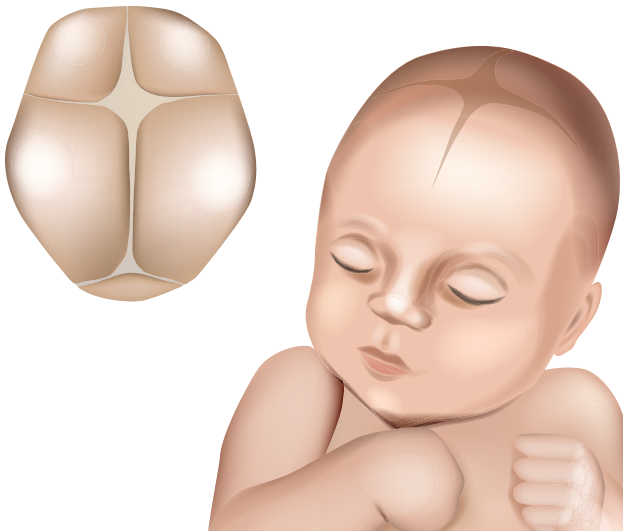
# Newborn Characteristics

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Below are some things you may notice about your baby the first few days after birth. Beyond that, your baby's doctor will give you more information about their growth and development.

## Head and hair

- Your baby's head may appear too large for their body. It is about  $\frac{1}{4}$  of your baby's total body size.
- Your baby may be born with a full head of hair or none at all. It is common for babies to lose their first hair by 1 year.
- Your baby's head may look out of shape. This is from labor and delivery, and is temporary.
- Handle your baby's head carefully. Newborns have 2 soft spots, called fontanelles, on their heads. These are areas where the skull bones do not yet meet to allow the head to grow. They are held together by a tough membrane.
- The fontanelle on the back of the head is shaped like a triangle and closes by 6 weeks of age. The fontanelle on top of the head is diamond shaped and closes by 18 months.



## Eyes and vision

- You may not see tears when your newborn cries. Tear ducts may not work for the first few weeks after birth.
- Your baby's eyes may have some swelling, which goes away in a few days.
- Your baby may look cross-eyed because eye muscles are weak at first. Over the next few weeks, eye muscle strength will improve.
- Eye color depends on skin tone. Eyes are blue-gray if fair-skinned or brown if dark-skinned. The color can change over the first months of life and is permanent by about 1 year of age.
- When showing your baby objects, hold them 8 to 12 inches away from their face.

## Hearing

- Loud noises may startle your baby, while soft noises may help calm.
- Your baby may turn their head to a familiar voice, especially their parents.

## Taste and smell

- Newborns can taste and smell at birth, so avoid wearing strong perfume.
- Do not smoke around your baby. In addition to the smell, tobacco smoke is dangerous for your baby to breathe. Smoke that lingers on clothing can also be a hazard for new babies. Have anyone who will hold the baby change their shirt if it smells like smoke or place a blanket over their clothing.

## Skin

- You may see “whiteheads,” called milia, on your baby’s forehead, nose, and cheeks. These are plugged oil glands that will go away in several weeks.
- Your baby may have soft, downy hair that covers the face and body, called lanugo. This goes away within a few weeks.
- A newborn’s skin is very sensitive to temperature changes. If your baby becomes too cold, they may appear blotchy with slightly bluish hands and feet. If your baby gets overheated, a rash may develop.
- A newborn’s skin may be sensitive to detergents with fragrance or bleach. Use detergent without these things.

## Other things you may notice

- The breasts of boy or girl babies can look enlarged after birth. This will go away in about 2 weeks.
- The abdomen may be round or stick out a little, and you may notice some swelling around the genitals.
- Girl babies may have white vaginal drainage or a few spots of blood in the diaper.
- Your baby’s arms and legs may look bent. The arms and legs may also appear too short for the body because of their bent appearance. This is temporary.

## Baby screening tests

Your baby will have some health tests before leaving the hospital. Finding health issues early and treating them is important for your baby’s health. You will get more information about screening tests from your hospital care team.

### Heel Stick

After 24 hours, a few drops of blood will be taken from your baby’s heel to screen for many different health problems. The results are given to your baby’s doctor to share with you.

### Congenital Heart Disease Check

After 24 hours, the oxygen level in your baby’s blood is checked with a small sensor on the baby’s hand and foot. This helps find problems with the baby’s heart and how it works. Results will be shared with you after the test.

### Hearing Test

Your baby is checked for hearing loss because it can impact speech and language development. There are 2 tests that may be done. Each test is safe and has no risk to your baby. You will get the results before your baby goes home.



Hearing test

## Reflexes

Your baby will be born with many reflexes for survival and safety. These reflexes also help your baby's doctor know if your baby has a healthy nervous system. Some examples are:

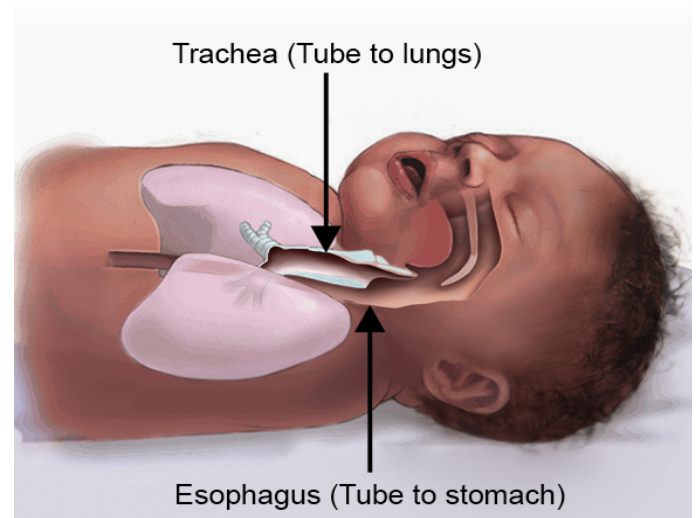
- **Sucking reflex:** A reflex for feeding, the baby sucks when the area around the mouth is touched.
- **Rooting:** A feeding reflex that happens when the baby's cheek is stroked. The baby's head turns toward that side, and they may make sucking motions.
- **Gag reflex:** A reflex to prevent choking if the back of the mouth or throat is touched.
- **Moro reflex:** The baby thrusts out both arms and legs when they are startled.
- **Startle reflex:** The baby pulls arms and legs in after hearing a loud noise.
- **Tonic neck reflex:** When a baby's head is turned to 1 side, the arm on that side stretches out, and the opposite arm bends up at the elbow, sometimes called the fencing position.
- **Grasp reflex:** The baby holds on tightly to an object placed in their palm.
- **Stepping reflex:** The baby makes stepping movements when held in a standing position with feet touching a solid surface.

## Sleeping and waking

- Your newborn baby will probably spend a lot of time sleeping. Your baby may be very alert and gaze at you, or be very quiet and drowsy right after birth.
- **Share the room, not the bed.** Keep your newborn close to your bed, but on a separate safety-approved sleep surface, such as a crib or bassinet.
- When awake, your baby's behavior may range from alert to fussy. When the baby is quietly alert, this is the best time to feed and talk to your baby.
- Some babies start to sleep 5 to 6 hours at a time by 2 to 3 months of age, but others take longer.
- **Place your baby on their back for every sleep.** Some parents worry this position puts the baby at more risk of choking, but the opposite is true. When a baby is on their back, the "air pipe" (trachea) lies on top of the "food pipe" (esophagus). If a baby spits up while laying on their back, it is harder for spit up to go into the "air pipe," which decreases the chance of choking.



**Baby in the back sleeping position**



Images courtesy of the Safe to Sleep® campaign: Eunice Kennedy Shriver National Institute of Child Health and Human Development

# Skin-to-Skin Contact

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Skin-to-skin contact, also called kangaroo care, is important in the first days and weeks of your baby's life. Have skin-to-skin contact with your baby as often as you can. Partners can do this too.

## About skin-to-skin

Skin-to-skin contact means holding your unclothed baby on your bare chest, between your breasts with the baby's stomach against you.

Skin-to-skin contact has many benefits for both you and your baby. It helps your baby keep a steady blood sugar and body temperature, helps you to bond with your baby, and much more. You may also be more aware of when your baby is hungry.

## Benefits

Skin-to-skin time has many benefits, including:

- Better bonding with your baby by cuddling and touching. This can also help with baby bonding for your partner, too.
- Baby cries less.
- Better start at breastfeeding by helping with latching on and interest in feeding.
- Increases your milk production for breastfeeding by boosting milk-making hormones.
- Helps regulate body temperature for both baby and parent.
- Better recovery from delivery. It helps control postpartum bleeding and helps the uterus return to normal size more quickly.
- Parents report feeling more relaxed.

## Tips for holding your baby skin-to-skin

- Place your baby upright on your bare chest or between your breasts, so their stomach is toward your chest.
- Turn your baby's face to 1 side. You should be able to see their face.
- Support the baby's head and body with your arms. The baby's legs can be tucked in or stretched out.
- Sit up when you hold your baby this way. It is not safe for you to sleep while holding your baby.
- Your baby may wear a diaper and head cover, or not wear anything.
- Place a blanket over their back for more warmth or nest your baby inside of your clothing.



# Feeding Your Baby

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## Breastfeeding

Breast milk is the perfect food for your baby. It helps prevent allergies and infections. It is easy for babies to digest, and it has everything your baby needs to grow.

Breastfeeding can take some practice to learn for both you and your baby. While you are in the hospital, your bedside nurse and lactation consultant will help you to get started and provide support. You will also get a breastfeeding book to take home.

### Breastfeeding the First Days

The first milk you produce is called colostrum, which may look yellow and creamy, or clear. It provides the baby with important nutrients and infection-fighting antibodies.

In 3 to 5 days, your breasts will feel fuller as your milk supply increases. Your milk now changes from colostrum to more mature milk.

#### Helpful tips to get started:

- Rest as much as you can. Try to sleep when your baby sleeps.
- Sit or lie down in a comfortable position.

- Offer the breast when your baby shows signs of hunger (see feeding cues on the next page) or at least every 2 to 3 hours, around the clock. You may need to wake the baby to feed. It is normal for a newborn to eat up to 8 to 12 times each day.
- If your baby has trouble feeding or is too sleepy, place baby skin-to-skin on your chest (see page 7 about skin-to-skin). Wait several minutes and try again.
- Limit visitors the first few days. Focus on getting comfortable with breastfeeding.
- Drink enough fluids. This helps you produce milk.

Your body makes as much milk as your baby needs. If you nurse every 2 to 3 hours, your body will make more than enough milk for your baby.

As long as your baby has wet diapers, has stools (poops), and is gaining the right amount of weight, then they should be getting enough to eat.

#### Signs your baby is getting enough milk:

- 5 to 6 wet diapers per day by the end of the first week.
- 3 to 4 dirty diapers per day, and becoming yellow and seedy by around day 4.
- Gaining the right amount of weight (may be 4 to 7 ounces per week). It is normal for babies to lose weight the first week, but your baby should begin gaining after that. Your baby's doctor can guide you.

Get help within the first 5 days if you think your baby is not getting enough to eat. Call your baby's doctor or a lactation specialist.



## Feeding cues

Your baby will give you signs of hunger, called feeding cues, which may include:

- Clenched fists
- Hands to mouth
- Licking of lips
- Moving arms and legs
- Turning head toward your body
- Sucking sounds
- Crying



Your baby will also show signs when they are full, such as fingers open, hands down to the side, and relaxed arms and legs. If your baby is crying, turning red, and moving arms and legs, you will need to calm your baby before they can feed.

Talk to your baby in a calm and soothing voice. Cuddling or placing your baby skin-to-skin on your chest can help them to calm down and be ready to feed.

## Burping and spitting up

During feedings, newborn babies swallow air, which makes them feel full and uncomfortable. This may cause your baby to stop feeding too soon. If you breastfeed, burp your baby after the first breast. If you bottle feed, burp the baby after every ½ ounce to 1 ounce they drink. Try different burping positions because babies often burp better in 1 position over another.

Spitting up small amounts after feeding or burping is normal. Call your baby's doctor if your baby is spitting up large amounts often or with force.

### Burping Positions



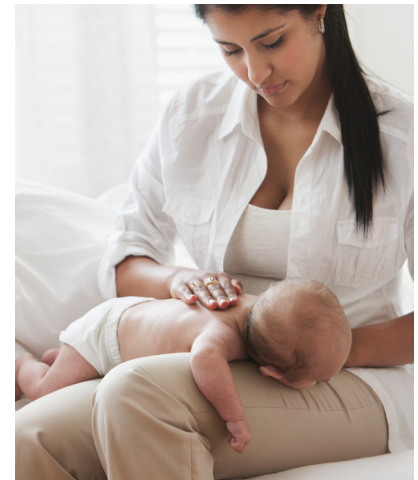
#### Over the Shoulder

Hold your baby firmly against your shoulder and support them with your hand on the same side. Gently rub or pat your baby's back with your other hand.



#### Sitting Up

Sit your baby in your lap with their body leaning forward. Support their chest and head with 1 hand while gently patting your baby's back with your other hand.



#### Face Down on Your Lap

Place your baby face down on your lap with head resting on 1 leg and stomach over the other leg. Support your baby with 1 hand. Pat, rub, or put gentle pressure on their back with the other hand.

## Bottle basics

If you are using bottles to feed your baby breast milk or an iron-fortified formula, no type of bottle or nipple is better than another.

Your baby will help you decide which type is best by how they use it. There are many types you can try.

All newborns should be on a low flow or slow flow nipple, unless there is a medical reason to use another kind.

## Sterilize and clean bottles and nipples

Sterilize bottles and nipples before they are used the first time. If your baby has health concerns, your baby's doctor or nurse may ask you to sterilize these items after each use. Check the manufacturer's instructions for how they can safely be sterilized.

Before you start, wash your hands with soap and water, and then dry them using a clean cloth. Also wash your hands before you touch sterilized bottles and nipples to keep them germ-free.

### Dishwasher Method to Sterilize

- Wash nipples and bottles in the dishwasher.
- Your dishwasher has an internal heating element that will raise the temperature of the water to sterilize the items.

### Stove Top Method to Sterilize

1. Wash bottles and nipples in soapy water and rinse.
2. Place clean, open bottles and other bottle parts in a large pan with enough water to cover them completely. Bottles should be full of water to prevent them from breaking.
3. Cover with a lid and bring to a boil. Boil for 15 minutes.
  - If plastic, make sure your bottles are safe to boil by checking the manufacturer's instructions. Some plastic can release chemicals when boiled.
4. Remove them with tongs or spoons.
5. Let them air dry on a clean dish towel or dish rack for about 1 hour before using.

### Sterilizing Units

You can buy sterilizing units to clean bottles and nipples. Follow the manufacturer's directions for use. Most units need water to be added. If it uses steam, wait for the unit to cool down after the cleaning cycle to avoid a steam burn.

### General Cleaning

After sterilizing new bottles and nipples for the first time, they may be washed in hot water with dish soap. Wash items in a clean dishpan before washing other dishes. Remove the milk scum with a bottle brush. Clean nipples with a soft brush. Squeeze hot, soapy water through the nipple holes, and then rinse and let air dry.

### Disposable Bottle Liners and Nipples

Disposable bottle liners or nipples may be used. These are more expensive and must be thrown away after 1 use. Do not reuse these items.



## Preparing powdered formula

Read the instructions on the formula's package to find out how much water and powdered formula you need. Adding more or less formula than it says can make your baby sick.

1. Clean and disinfect the counter or table you are using. Then, wash your hands with soap and water, and dry them with a clean cloth.
2. Bring some water to a rolling boil on the stove.
3. Carefully pour the correct amount of boiled water into a clean, sterilized feeding bottle. The water should be no cooler than 158° F (70° C), so do not leave it for more than 30 minutes after boiling.
4. Add the exact amount of powdered formula to the water in the bottle.
5. Mix it thoroughly by gently shaking or swirling the bottle.
6. Cool it to feeding temperature right away by holding the bottle under cold running tap water, or by placing it in a bowl of cold or iced water. Keep the cooling water below the lid of the bottle to keep out any germs from the water.
7. Dry the outside of the bottle with a clean cloth.
8. Check the formula temperature by dripping a few drops onto the inside of your wrist. It should feel lukewarm, not hot. If it still feels hot, cool it more before feeding.

## Feeding with a bottle

### Feeding Times

Your baby will tell you when they are hungry. Most newborns will feed every 3 to 4 hours when bottle-feeding. If your baby sleeps for longer than 4 hours, wake them to feed. It's normal for a newborn to eat up to 8 times per day.

Babies who are given breast milk may be hungry faster than babies given formula because breast milk is easier to digest. Let your baby decide when they have had enough to eat. Do not force your baby to finish a bottle.

Your baby may fall into a light sleep near the end. You may still notice some sucking movements. This is just a reflex and does not mean that the baby is still hungry.

### Feeding Steps

1. Sit down and get comfortable. Hold your baby upright.
2. Stroke the baby's upper lip or cheek with your finger or the tip of the bottle's nipple. Your baby's head will turn and their mouth will open.
3. Place the bottle nipple in your baby's mouth. They should begin sucking.
4. Hold the bottle horizontally, with the breast milk or formula filling the nipple only halfway. As the baby pauses, you can tip the bottle back to give less milk or slow it down.
5. Burp your baby after every ½ ounce to 1 ounce they have had from the bottle. Also, try burping your baby if they want to stop eating too soon.

## Make feeding skin-to-skin

Hold your baby close and talk softly during the feeding. Skin-to-skin contact can be done during feeding by undressing your baby part way and putting them on your bare skin. Your baby will enjoy the warmth and feel of your skin.



## Warming bottles

The safest way to heat a bottle is to run warm water over it.

Do not boil or microwave breast milk or formula. This destroys the antibodies in breast milk and the protein in formula. It can heat unevenly and cause hot spots, or be too hot for the baby to drink.

Always check the temperature first before giving a bottle to your baby. Shake a few drops on your inner arm. The bottle is ready when it no longer feels hot or too cold.

## Other safety tips

- Do not let baby drink a bottle while lying flat. Feeding a baby in this position increases the chance of ear infections, choking, tooth decay, and jaw problems.
- Do not lay a baby down with the bottle propped up. Propped bottles increase the risk of choking.
- Do not give your baby homemade formula. Formula made from cow's milk (fresh or evaporated) does not have the same nutrients as commercially-made formula. Babies also cannot digest cow's milk.
- Throw away what is left in the bottle after 1 hour. Do not reuse it later.

# Changing Diapers

## What to expect

You can expect your baby to have 1 wet and 1 dirty diaper that is equal to the number of days per life for the first 5 days.

## How many to expect each day

Days of life	At least
1	1 wet, 1 poop
2	2 wet, 2 poop
3	3 wet, 3 poop
4	4 wet, 4 poop
5	5+ wet, 5+ poop

- After day 5, expect 5 or more wet diapers and 5 or more poops each day. After the first month, your baby may have fewer poops.
- Babies can lose fluids very fast. If you think your baby is not getting enough liquids, try feeding every 2 hours.
- Ask your baby's doctor or nurse if you have any concerns about the number of wet or dirty diapers your baby is having.

## What does it look like?

- Most babies will have a sticky, greenish-black bowel movement within 48 hours, called meconium.



- Poop will change to greenish-brown, and then to yellow and seedy by day 4 to 5.



- Breast milk poop will become watery and a mustard color.



- Formula poop will be more formed and yellow.



## It can be normal for a baby to have:

- Poop that is yellow, green, orange, or brown in color.
- No poops for several days, if over 1 month old.
- Orange or red crystals in their urine during the first few days of life. These are called urate crystals, and they are from mild dehydration.

## Wet Diapers

- Most diapers have a line on them to show when the diaper is wet, often a blue stripe on the outside. Or you will see yellow on the inside from the urine.

## Keeping skin clean

Change the diaper when it is wet or dirty to help prevent skin rashes. Use a wet washcloth or baby wipes to gently clean the area and between the folds of the skin and genitals.

- **For girls:** Clean the genitals from front to back. This avoids getting poop into the opening of the vagina or urinary tract, which may cause an infection.
- **For boys:** Gently clean the penis. See page 20 for circumcision care. If your baby is not circumcised, do not try to pull the foreskin back to clean it.

## Diaper rash

Diaper rash is caused by urine and poop sitting against the baby's skin. The skin can become sore and look red.

If your baby has diaper rash:

- Change the diaper as soon as possible when it is dirty. Gently wash and dry your baby's bottom every time you change the diaper. Pat dry or let it air dry before diapering.
- Only use diaper creams your baby's doctor recommends. Do not use baby powder.
- Call your baby's doctor if the rash does not get better.

## When to call the doctor

- There is blood in the urine or poop.
- Your baby has diarrhea or very loose stool for more than 24 hours.
- Your baby's stool is very hard to pass.
- Your baby is not having the amount of wet or dirty diapers you expect.

Do not give your baby home remedies or medicine unless told to by your baby's doctor.

# Jaundice

Jaundice is a common condition in newborn babies that causes yellowing of the skin and eyes. Normal jaundice may go away about a week or so after birth, but sometimes it needs treatment.

Your baby will be checked for jaundice while in the hospital. There are different reasons for jaundice. It can be more common in premature babies.

Jaundice happens when a normal body chemical, called bilirubin ("Billy Reuben"), builds up in the blood. As the old red blood cells are broken down, hemoglobin (the red part of the cells) changes into bilirubin and is removed by the liver. Build up can happen because a newborn's liver is not ready to keep up with removing it, which causes the yellow color.

## Treatment

Treatment often involves using special lights on the baby's skin or putting a special type of blanket on the baby's upper body. This is called phototherapy.

- More severe forms of jaundice may need different and faster treatments.
- Your baby may need a longer stay in the hospital based on the treatment needed.
- If you are breastfeeding, you may be asked to feed your baby more often.

## When to call the doctor

After you go home, call your baby's doctor if your baby has any of the following signs:

- Skin turns more yellow after coming home from the hospital.
- Arms, abdomen, or legs are turning a yellow color.
- Whites of the baby's eyes are yellow.
- Baby is hard to wake, fussy, or not feeding well.

# Breathing

## Baby's breathing is different

Your baby's breathing is not like your breathing. Babies take little breaths and use stomach muscles to help them breathe. You may even notice short pauses between some breaths. Babies sometimes breathe slower and more shallow when sleeping. Become familiar with your baby's breathing to help you to know when there may be a problem.

## Gagging and choking

Your baby may need to clear out mucus or fluid at times. This may cause some gagging and choking, which are reflexes babies are born with.

If your baby seems to be having any trouble breathing, you can try using a bulb syringe first. Next, you can try sitting the baby up, supporting the head, and gently patting the back. You can also turn your baby over on your arm, again supporting the head and patting the back to try to clear things out.

**If you think your baby is struggling to breathe, is not breathing, or looks blue in the face or mouth, call 911 right away.**

## Using a bulb syringe

Only use a bulb syringe in your baby's nose if you see it is blocked with mucus or milk, and they are having trouble breathing easily. Using a bulb syringe too much can cause the inside of your baby's nose to swell, making congestion worse.

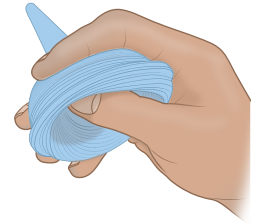
You can clear mucus for your baby by using a bulb syringe in the sides of your baby's mouth in the cheek area. Be careful not to suction the back of the mouth or throat, which can cause gagging.

**Ask your baby's doctor about how and when to use a bulb syringe.**

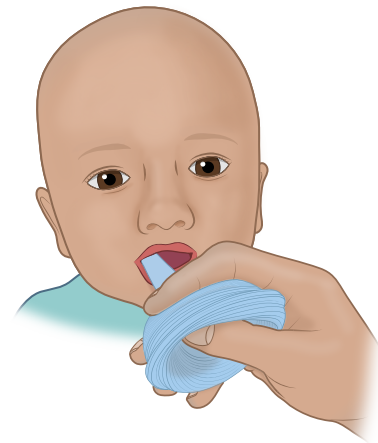
## Using a bulb syringe

### In the Mouth

1. Squeeze the air out of the bulb before inserting in the mouth.



2. Keeping the bulb squeezed, gently place the tip of the bulb into the cheek on 1 side of the mouth.



3. Let the air come back into the bulb by letting go of your squeeze. The suction will pull the mucus out of the mouth and into the bulb.
4. Remove the bulb from the mouth and squeeze it many times with the tip on a tissue to get rid of any mucus.
5. To clean the bulb, squeeze soapy water into the bulb, shake and squeeze out. Fill with clear water and squeeze out until clean.

### In the Nose

This is done in the same way as above, but instead of the baby's mouth, gently insert the tip into the baby's nose. Be careful not to go very far into the nostril.

# Handling and Holding

## Picking up your baby

Always support your baby's upper back, neck, and head with your hands.

From a flat surface, like a changing table or crib:

- Place the palm of 1 hand under the baby's head, neck, and upper back.
- Slide the palm of the other hand under the baby's bottom and gently lift.



From a semi-upright position, like a car seat or swing:

- Slide both hands under the baby's back using your fingers to support the head and neck.
- Your thumbs should be across the baby's chest, holding firmly.



## Holding your baby



### Cradle Hold

Place your baby in your arm, resting their head in the bend of your elbow. Use your hand to support your baby's bottom and lower back.



### Belly Hold

Place your baby's head and chest over your forearm with the baby lying on their belly. The baby's head is turned outward, resting near the crook of your arm and feet, on either side of your hand.



### Over-the-Shoulder Hold

Place your baby high enough that the baby's chest rests on your shoulder. Use 1 hand to support their head and neck, and place the other under your baby's bottom.

# Bathing and Nail Care

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## How often and when

- Give only sponge baths until the umbilical cord falls off and the area heals, often in 1 to 2 weeks. If the baby has had a circumcision, wait until it has healed also.
- You do not need to bathe your baby every day. Give a soap bath of the whole body 2 to 3 times a week. On the other days, wash just the hands, feet, and diaper area with soap and water.
- You choose when bath time is. It may be a good idea to wash your baby before a feeding. If given a bath right after a feeding, your baby may vomit.
- Your baby's doctor can tell you how to safely give tub baths when your baby is ready.

## Safety tips

- Keep the water at about 100 degrees F (37.8 C). Use a bath thermometer or your wrist to test. It should feel warm, **not hot or cool**.
- **Never leave your baby alone in the bath**, not even for a second. Accidents can happen fast.
- Always support your baby's head and keep a firm hold on your baby.

## Gather your supplies

- Mild soap with no alcohol or perfumes
- Container of water (if not near the sink)
- Towels (regular or hooded)
- Soft washcloth
- New diaper and clean clothes
- Blanket
- Comb or brush
- Nail file

## Giving a sponge bath

- Put supplies within easy reach, so you will not need to let go of your baby.
- Wash your hands.
- Test the water for a comfortable temperature to not burn or chill your baby.
- The room should be free of drafts, such as open windows or fans.
- Undress your baby and wrap them in a towel to keep warm during the bath.
- Unwrap just the areas you are washing, keeping the rest of your baby covered.

## Washing the Hair and Scalp

- Cradle your baby's head in your hand, with their back lying on your arm.
- Wet your baby's head with water.
- Use mild soap or shampoo, and work it into a lather using a washcloth.
- Gently rub the lather over the baby's head from front to back. Keep soap out of the baby's eyes.
- Rinse the head with clean water and gently pat dry with the towel.



## Washing the Eyes

- Use only water to clean the eyes. Do not use soap.
- Dampen a clean washcloth and wipe from the inside of the eye toward the ear.
- Use a new, clean corner of the washcloth to clean the other eye the same way.

## Washing the Face and Ears

- Wash your baby's face with water, but do not use soap.
- Use your little finger tucked inside a wet washcloth to clean the ears.
- Never use Q-tips inside your baby's ears.

## Washing the Body

- Using mild soap, work up a lather on the washcloth.
- Start with your baby's neck and wash the back, tummy, arms, and fingers.
- Rinse the washcloth, and then rinse the area just washed with water.
- Clean your baby's diaper area starting at the front and moving to the buttocks.
- Rinse and dry your baby with a clean, soft towel.

## Cord Care

- Leave the cord alone and open to the air.
- Fold the diaper down, so the cord is not covered.
- If the cord is dirty with urine or poop, clean with warm water only, and pat dry.
- Call your baby's doctor if the cord has:
  - Foul odor
  - Thick yellow or green discharge
  - Skin around it is red or seems painful to the baby



## After bath time

- Dry your baby well and dress them.
- Comb or brush your baby's hair.
- You can use baby lotion on your baby, except for the face.
- **Do not use baby powder.** It can be inhaled and cause breathing problems.

## Nail care

- Clean your baby's fingernails and toenails with a wet washcloth.
- Keep them short to prevent scratches. Work in a well-lit area. Use an emery board file to gently rub back and forth until the nail is short and smooth. Use care not to file on your baby's skin.



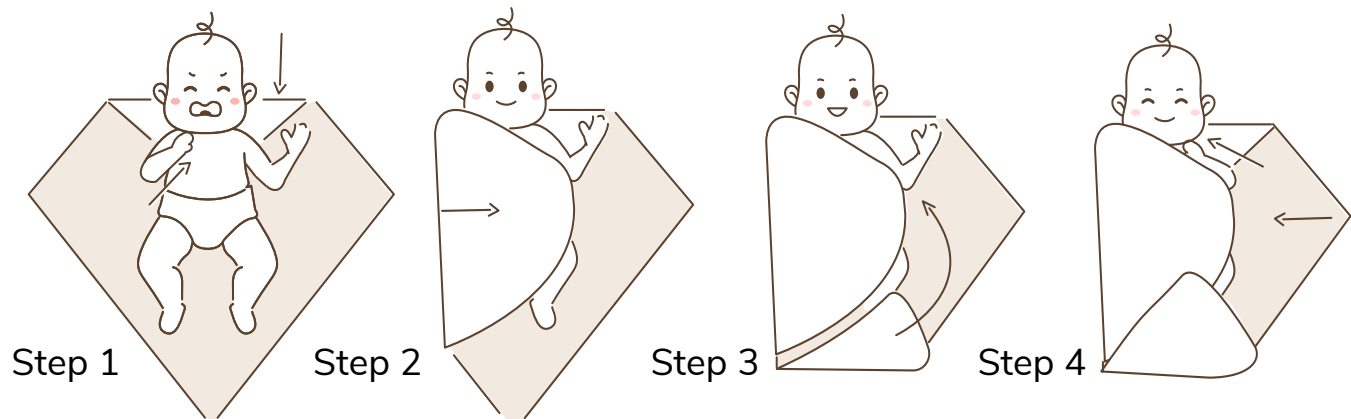
# How to Swaddle Your Newborn

Swaddling is a secure way to wrap your baby in a light blanket or a sleep sack with “wings,” while leaving the head unwrapped. Swaddling can help newborns sleep quietly, awaken fewer times, and cry less.

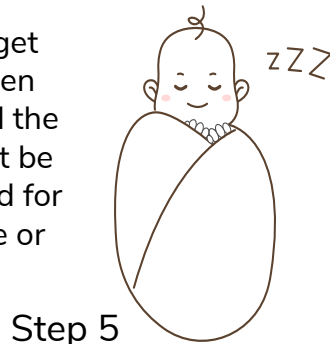
If you choose to swaddle, make sure your baby is always on their back when swaddled and monitor to make sure they do not accidentally roll over.

## Swaddling steps

1. Lay your baby’s unfolded receiving blanket on a flat surface and fold down the top corner. Place your baby face up with their head above the folded corner. Bend your baby’s arm that is on the left side of the blanket, placing their hand across the chest and near their face.
2. Wrap 1 corner of the blanket over the baby’s body. Tuck it in between the other arm and side of their body. Have your baby’s legs loosely bent for a natural use of the hip joints.
3. Fold the bottom corner of the blanket up over their body and tuck it into the open side. Avoid tightly swaddling them with legs straight and pressed together.
4. Flex your baby’s arm on the other side of the blanket, placing their hand across the chest and near their face. Fold that corner of the blanket over the baby’s body and under their side.



5. Check that you can get 2 or 3 fingers between the baby’s chest and the blanket. It should not be so tight that it is hard for your baby to breathe or move their hips.



## When to stop swaddling

Stop swaddling as soon as your baby shows any signs of trying to roll over. Many babies start trying to roll over at around 2 months of age.

# Circumcision Care

## About circumcision

A circumcision is the removal of the piece of skin, called the foreskin, from around the end of the penis, called the glans. It is your choice if you want to have it done.

If you decide to have a circumcision for your son, it is done in the hospital by your baby's doctor before your baby goes home.

## How circumcision is done

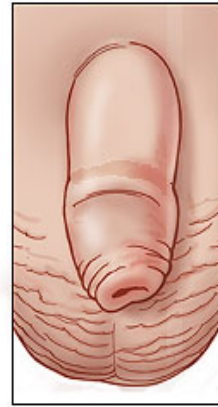
The procedure takes about 15 minutes. The doctor uses a numbing medicine, so the baby feels little pain.

A metal clamp is used around the penis and a piece of it, called the bell, is slipped under the foreskin to protect the end of the penis. The skin is cut around the bell and removed, so the end of the penis can be seen.

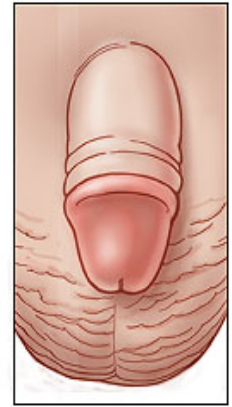
The penis may be wrapped in Vaseline gauze. If needed, special gauze or stitches are used for bleeding.

## After the circumcision

- Your baby will be checked for bleeding for about an hour after the procedure.
- Many babies sleep for the first few hours, but try to wake him to feed.
- He may seem uncomfortable when urinating after the numbing medicine has worn off. Holding and swaddling will often soothe him.
- Swelling in the area will go away in 4 or 5 days.



Natural penis



Circumcised penis

© Healthwise, Incorporated

## Care at home

- Keep your baby off his stomach for the first few days.
- Keep the area clean and dry.
- Use warm water only when washing, with no soap. Gently pat dry.

### With each diaper change for the next 7 days or until the penis is healed:

- Wash your hands before and after.
- Do not use diaper wipes directly on the penis. The alcohol in them can sting.
- Do not try to remove the crust that forms on the wound. It is a part of healing.
- Apply Vaseline to the end of the penis until it is healed.

### Call your baby's doctor if you notice:

- More than a few drops of blood on the penis or if the diaper has a spot of blood larger than an inch across.
- No wet diapers or very few within 12 hours of the circumcision.
- Signs of infection, such as redness, swelling, pus from the area, foul odor, or fever.

If your baby is not circumcised, do not try to pull the foreskin back to clean it. Leave it alone.

# Know When Your Baby Is Sick

## Taking baby's temperature

Take your baby's temperature if your baby is eating poorly, feels warm to the touch, is more irritable, or is hard to wake.

While normal rectal temperature can vary, the range is 97.7° to 99.5° Fahrenheit (F) or 36.5° to 37.5° Celsius (C).

There are different ways to take a temperature:

- **A rectal temperature** (in baby's bottom) is the most accurate for newborns.
- **Axillary** (in the armpit) can be used for screening for fever.
- **Temporal artery** (on the forehead) may be reliable for newborns, based on newer research.
- **Tympanic** (in the ear) is not recommended for newborns.
- **Taking the temperature under the tongue** (orally) should not be used until your child is 4 years old.

Talk to your baby's doctor about the best way to take their temperature safely.

## Thermometers

You can buy a digital thermometer at most grocery or drug stores. Some digital thermometers can be used rectally, orally, or axillary. If used rectally, mark the thermometer that it is only to be used that way.

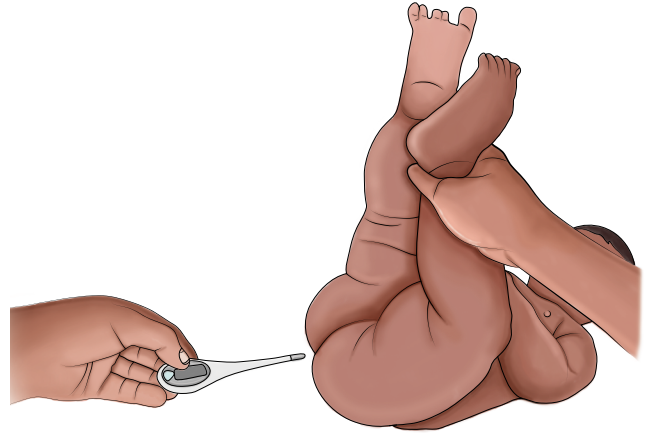


Do not use a glass thermometer. They contain mercury and can be dangerous if they break.

## How to Take a Rectal Temperature (In Baby's Bottom)

Be careful if taking your baby's temperature rectally to not cause injury.

1. Turn on the digital thermometer and place a small amount of petroleum jelly (Vaseline) on the thermometer tip.
2. Lay your baby on their back and lift up their legs.



or

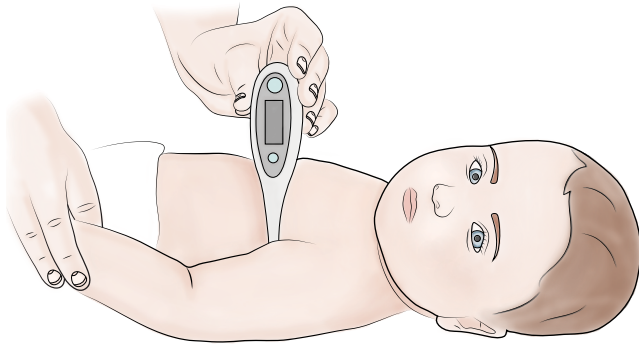
You can place your child on their belly on your lap or other firm surface. If you put your child belly down, put your hand against their lower back to hold them in place.



3. Insert the thermometer about ½ inch to 1 inch (1.3 to 2.5 centimeters) into the rectum, so just the metal tip is inside. Be careful not to insert it too far. **Never try to force a rectal thermometer past any pressure.**
4. Gently hold the thermometer in place for 3 minutes or until it beeps.
5. Remove the thermometer and read the number.

### How to Take An Axillary Temperature (Baby's Armpit)

1. Place the thermometer in the armpit.
2. Press the arm against the body.
3. Wait for 5 minutes (or until you hear the beep) before reading the thermometer.



### Protect your baby from illnesses

- **Wash your hands** before picking up your baby and ask others to also.
- Make sure your vaccines, such as whooping cough (pertussis), are up to date. Ask if family and others around your baby are current with vaccines too.
- Do not let people who are sick get close to your baby.
- Wear a mask if you have a respiratory illness.

### Signs of possible illness

Call your baby's doctor if your newborn has any of these signs:

- Rectal temperature below 97.7° F (36.5° C) or higher than 100.4° F (38° C). An armpit temperature of 99° F (37.2° C) or higher.
- Fewer wet or dirty diapers than you would expect for their age.
- Diarrhea that is 2 or more loose, watery bowel movements over 24 hours.
- White areas of the eyes or skin are yellow.
- Vomits 2 or more feedings over 24 hours.
- Lack of interest in feeding or skips 2 feedings in a row.
- Poor muscle tone or your baby feels floppy when held.
- Problems keeping your baby awake.
- Convulsions (seizures).
- Rash on any part of your baby's body.
- Redness or discharge from your baby's circumcision, eyes, or around the umbilical cord.
- High-pitched crying for 3 or more hours, and trying to calm your baby does not help.

Contact your baby's doctor if you have any questions or concerns about your baby's health.

Do not give your baby any medicine. Your baby's doctor will tell you what to do.

### Learn more

American Academy of Pediatrics  
[healthychildren.org](https://www.healthychildren.org)

Nationwide Children's Hospital  
[nationwidechildrens.org](https://www.nationwidechildrens.org)

# Safety the First Days at Home

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## Be safe driving home

### Safety Tips for Infant Seat Use

- Rear-facing car seats for babies are always placed in the back seat.
- Check the expiration date sticker on your car seat. Most car seats expire in 5 or 6 years.
- Rear-facing, harness straps should be snug and at or below your baby's shoulder level.
- Place the car seat at a 30 to 45 degree angle to keep your baby's head from dropping forward, based on the seat instruction manual. Rolled towels can be put along the sides of your baby for more support.
- Never place padding or a blanket under or behind your baby, or between your baby and harness. These can compress in a crash and make the harness loose.
- Keep your car's seat belt or lower anchor straps locked and tight. If you can move the car seat from side to side or front to back more than 1 inch, it is too loose.

For More Information, visit Buckle Up With Brutus at [buckleup.osu.edu](http://buckleup.osu.edu).



## Safety at home

### Falls

- The dressing table, bed, or couch are areas a baby can fall from. Keep 1 hand on your baby at all times.
- Stay near your baby when your baby is in a swing, infant seat, or high chair.
- If you have to leave your baby alone in a room, put the baby in the crib or playpen.

### Strangulation

- Strings should be removed from sleepers. The strings could wrap around your baby's neck or toes and stop circulation.
- If your baby uses a pacifier, do not fasten or tie the pacifier around the baby's neck, clothes, or bed.

### Other Points

- Keep your baby on their back after feeding when not being held.
- Place 1 or more smoke detectors and carbon monoxide detectors in the hallway near your baby's room. Check them and change the batteries every 6 months.
- Only leave your baby with a competent caregiver that you trust.
- Buy baby items checked by the Consumer Product Safety Commission (CPSC). If you buy any used items, check the website [cpsc.gov](http://cpsc.gov) for recalls and other things to look for.



## Safety with pets

You need to help your pet adjust to the new baby. Here are some ideas:

- Take your pet in for a check-up, update vaccinations, and check for parasites.
- Take a clean blanket from home to the hospital and wrap the baby in it to get the baby's scent on it. Bring the blanket back home and let your pet smell the baby's scent. Talk softly and give praise while your pet is smelling the blanket.
- When coming home from the hospital, enter the house first and greet your pet.
- Some pets become "protective" or "watchful" of the baby. Do not leave the baby alone with a pet. Accidents happen very quickly.
- Spend time every day with your pet. This helps lessen anxiety and jealousy.

Use your pet's veterinarian as a resource for other ways to deal with issues that come up.

## Infant CPR and first aid

Knowing CPR and first aid can help you protect the health of your baby. You and anyone caring for your baby can take a class.

### Resources for local classes include:

American Red Cross: [redcross.org](http://redcross.org)

American Heart Association: [heart.org/en/cpr](http://heart.org/en/cpr)

Ohio State Wexner Medical Center Newborn Care Classes: [wexnermedical.osu.edu/ObEdu](http://wexnermedical.osu.edu/ObEdu)

## Smoke-free space

Secondhand smoke can harm your baby. In fact, babies exposed to smoke are more likely to die before their first birthday.

Babies who live in smoke-free homes can typically have:

- Fewer coughs and chest colds
- Lower chances of getting bronchitis or pneumonia
- Fewer ear infections
- Asthma attacks less often and less severe, if the baby has asthma
- Lower chances of dying from SIDS

Give your baby a healthy start. Do not allow anyone to smoke around your baby, do not spend time in places that allow smoking, and make your house and car smoke-free. If you smoke, make a plan to quit.

For a copy of the book "Quitting Tobacco Use," visit [go.osu.edu/pted3430](http://go.osu.edu/pted3430).

## Poison prevention

Newborns are at risk for poisoning, even if they are not crawling or getting into things. Here are some things to keep in mind:

- Tell other children not to give your baby anything to eat or drink without your OK.
- Carbon monoxide is a deadly gas you cannot see or smell. Install a carbon monoxide detector before your baby comes home. Check the monitor often and change the batteries as needed.
- Read labels carefully and follow directions for product use or medicine dosing instructions.
- **Act quickly! If you think your baby has swallowed poison, call the Poison Control Center or dial 911.** Have the substance you think your baby has swallowed with you when you call.

**Central Ohio Poison Control Center**  
(800) 222-1222 (in Ohio)  
(866) 688-0088 (TTY hearing impaired)

# What Does a Safe Sleep Environment Look Like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

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

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

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

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

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

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

\*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or [www.cpsc.gov](http://www.cpsc.gov).

[www.SafeSleep.Ohio.gov](http://www.SafeSleep.Ohio.gov)



## Alone.

Always put me in my crib alone. I shouldn't sleep in your bed or have anyone else in mine.



## Back.

Always put me on my back to sleep – at night or even when I'm just napping.



## Crib.

**Always make** sure the only thing on my firm mattress is a fitted sheet. No blankets. No stuffed animals.



# Babies cry a lot. It's normal.

*Learn more and have a plan. Keep your baby safe!*

## All babies cry. It is normal and natural.

*Most adults feel frustrated when babies and toddlers cry.*

Healthy babies start crying the day they are born. Crying increases when babies are 2 weeks old, and gets worse at 2 months old. Babies cry more in the afternoon or evening. Babies can cry 2 to 3 hours a day, for an hour at a time! It is normal.

Crying is the only way your baby can communicate. Your baby cries to tell you he:

- Is hungry.
- Needs to be burped.
- Needs a diaper change.
- Is too hot or too cold.
- Is lonely or scared.
- Is in pain or uncomfortable.
- Is over-tired or over-stimulated.

### Never shake your baby!

**No matter how long your baby cries or how frustrated you feel, never shake or hit your baby.**

Shaking can cause brain damage that can lead to:

- Blindness
- Deafness
- Epilepsy (seizures)
- Cerebral palsy
- Mental retardation
- Learning problems
- Behavior problems
- Poor coordination
- Death

Shaken baby syndrome is a brain injury that happens when a frustrated person violently shakes a baby or toddler.

## Tips for soothing crying babies.

*Sometimes, a crying baby just can't be soothed. It is OK to ask for help.*

Because all babies cry, try not to let the crying frustrate you. Check for the common reasons for crying, then try some of the following:

- Hold the baby close and walk or gently rock. Wrap the baby snugly in a soft blanket.
- Find a calm, quiet place. Turn out the lights; turn off loud music and the TV.
- Offer a pacifier.
- Take the baby for a ride in a stroller or car. Always use a car seat.
- Play soft music; hum or sing to the baby.
- Run the vacuum, dryer, dishwasher or fan to make background noise.
- Place the baby in a baby swing.
- Lay the baby across your lap and gently rub or tap the baby's back.
- If all else fails, place the baby on her back in a safe crib or playpen. Walk away and check back every 5 to 10 minutes.
- Call your baby's doctor or nurse if your baby seems sick.
- If you feel you are getting stressed out, call a trusted friend or relative for help.

### Toddlers cry, too.

Toddlers cry for the same reasons babies cry. Plus, toddlers cry when they try to learn new things. Toddlers and their crying can be especially frustrating at times such as:

- Potty training
- Feeding time.
- Naptime and bedtime.
- When teething.

# Calm yourself, so you can calm your baby safely.

Caring for babies and toddlers is stressful, even when they are not crying. Know when you are becoming stressed out. Have a plan to calm yourself.

**After putting your baby on his back in a safe crib or playpen:**

- Take several deep breaths and count to 100. Go outside for fresh air.
- Wash your face, or take a shower.
- Exercise. Do sit-ups, or climb the stairs a few times.
- Go in another room and turn on the TV or radio.
- Call a friend or relative.

**Check on your baby every 5 to 10 minutes.**

**You are your baby's protector.  
Choose caregivers wisely.**

Even when you aren't with your baby, you are responsible for your baby's safety.

Before leaving your baby with anyone, ask these questions:

- Does this person want to watch my baby?
- Have I had a chance to watch this person with my baby before I leave?
- Is this person good with babies?
- Has this person been a good caregiver to other babies?
- Will my baby be in a safe place with this person?
- Have I told this person to never shake my baby?

**Trust your instinct. If it doesn't feel right, don't leave your baby!**

Do not leave your baby with anyone who:

- Is impatient or annoyed when your baby cries.
- Says your baby cries too much.
- Will become angry if your baby cries or bothers them.
- Might treat your baby roughly because they are angry with you.
- Has a history of violence.
- Has lost custody of their own children because they could not care for them.
- Abuses drugs or alcohol.

## Has Your Baby Been Shaken?

### Call 911.

All of these signs are very serious:

- Limp, like a rag doll.
- Poor sucking and swallowing.
- Trouble breathing.
- Unable to waken.
- Irritability or crankiness.
- Seizures or trembling.
- Vomiting.
- Skin looks blue or feels cold.

Save precious time! If you think your baby has been shaken, tell the doctors right away!

**Tell anyone who cares for your baby to call you any time they become frustrated. Tell them not to shake your baby.**

**For more help coping with a crying baby:**

  
Help me grow  
1-800-755-GROW



Ohio Department of Health  
246 North High Street  
Columbus, Ohio 43215  
<http://www.odh.ohio.gov>

# Vitamin K Shot

## Protecting Your Baby From Bleeding

Vitamin K is needed for our blood to clot, which helps stop bleeding. Babies are born with very little vitamin K in their bodies, which puts them at risk for serious bleeding problems. A simple shot (injection) of vitamin K right after birth helps protect your baby.



### Vitamin K deficiency bleeding (VKDB)

When a baby has bleeding due to a lack of vitamin K, it is called vitamin K deficiency bleeding or VKDB. Babies can have severe bleeding into their intestines and brain, which can lead to brain damage and even death. Babies who do not get a vitamin K shot are 80 times more likely to have a severe bleed. One out of every 5 babies, or 20 percent, who have a serious bleeding from VKDB will die. Without the shot, babies can develop VKDB up to 6 months of age.

VKDB is now rare because most babies receive the shot at birth — a practice that has been in place for the past 60 years.

### Safe for newborns

Vitamin K injection is recommended by experts such as the American Academy of Pediatrics. Vitamin K is:

- Not a vaccine
- Does not contain mercury or any toxins
- Does not cause cancer
- Safe and effective

### Can my baby get vitamin K another way?

Breast milk has only a small amount of vitamin K. While formula has a bit more than breastmilk, babies also do not yet have gut bacteria needed to absorb vitamin K in the first months of life. They will not get enough vitamin K on their own until they start eating regular foods, usually around 6 months of age.

There is no oral vitamin K product approved by the Food and Drug Administration (FDA) for newborns.

### If you are worried about the pain of getting a shot

There are wonderful ways to soothe your baby right after they receive their vitamin K, such as breastfeeding or holding them skin-to-skin. This brief injection just takes a moment, and most babies do not even notice it.

# Hepatitis B Vaccine

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Immunizations, also called vaccines, help prevent disease. Babies can be given their first vaccines right after birth. Future vaccines would be given at well child visits with your baby's doctor or at your local health department's immunization clinic. Hepatitis B is the first vaccine your baby would get, and it is offered while they are still in the hospital.

## What is hepatitis B?

Hepatitis B virus (HBV) infects and damages the liver. The disease can lead to severe illness, lifelong HBV infection, cirrhosis of the liver, liver failure, liver cancer, and even death.

## How can babies can get HBV?

HBV is spread by direct contact with the blood or body fluids of an infected person. A baby can get HBV during childbirth if the person giving birth is infected.

At first, babies may not look or feel sick, but as they grow up, they may have serious liver damage.

## Why vaccinate babies?

Hepatitis B vaccine is recommended for all babies because of the high risk that children younger than 18 years of age, if infected, will carry the disease the rest of their lives, passing it to others. This is called being a carrier.

Babies vaccinated against HBV infection are protected from the disease. Vaccination also protects children from HBV if they are exposed to infection as teenagers or adults.

Although HBV infection has no cure, it can be prevented with the hepatitis B vaccine.

## Is it safe for babies?

Yes, it is safe for your baby. More than 100 million people in the United States have had the hepatitis B vaccine.

The most common side effect is soreness where the shot was given and a mild fever. Serious side effects are rare. Complete information about the vaccine is on the next 2 pages of this book.

## How is the vaccine given?

The hepatitis B vaccine is given in a series of shots.

- The first shot is given before your baby leaves the hospital.
- The next shots will be given with other vaccines at well child visits with the doctor (before 6 months and between 6 months to 18 months).

If a pregnant person has HBV in their blood when their baby is born, the baby will need the first shot of hepatitis B vaccine within 12 hours after birth. Hepatitis B immune globulin, called HBIG, is also given. The baby will get the next 2 shots of hepatitis B vaccine as recommended by the doctor or clinic.

## For More Information

CDC Immunization Program  
1-800-232-2522  
[cdc.gov/hepatitis](https://www.cdc.gov/hepatitis)

# Hepatitis B Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

**Hepatitis B vaccine** can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant woman has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

### 2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously.

**Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

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

### 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.



U.S. CENTERS FOR DISEASE  
CONTROL AND PREVENTION

Pregnant or breastfeeding women who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

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#### 4. Risks of a vaccine reaction

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- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

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#### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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## 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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#### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines)
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).





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