



# My Baby's Contact List

Use this section to keep track of the people who are part of your baby's care team.

Each contact box included on the next several pages names a person who may be a part of your baby's care team. Please note, your baby may not have appointments with all of the people listed in each of these contact boxes. For any contact person your baby may not see, you can cross out the contact and replace it with a person your baby does see or you can choose to not use that contact box.

You can include the business card for each contact in the sleeve included on each page.

# My Baby's Contact List

## Pediatrician/PCP:

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Practice Name:

Address:

Phone Number:

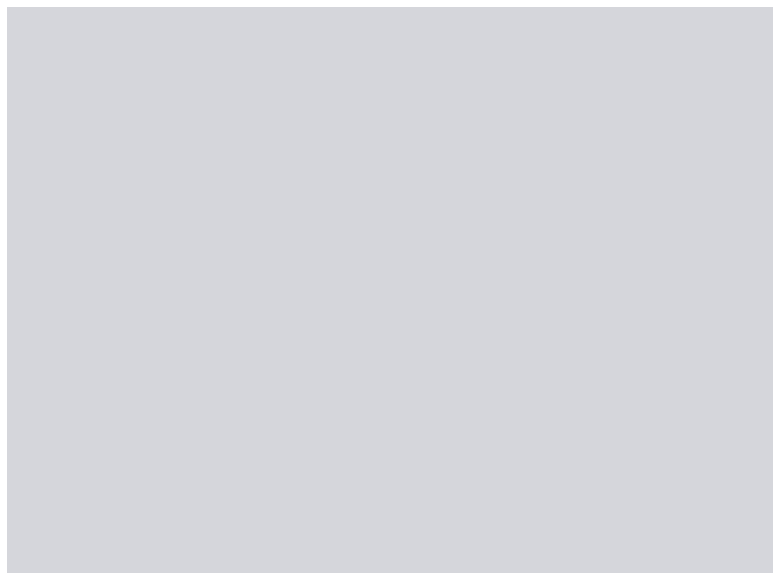
## Case Manager:

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Practice Name:

Address:

Phone Number:



# My Baby's Contact List

## Social Worker:

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Practice Name:

Address:

Phone Number:

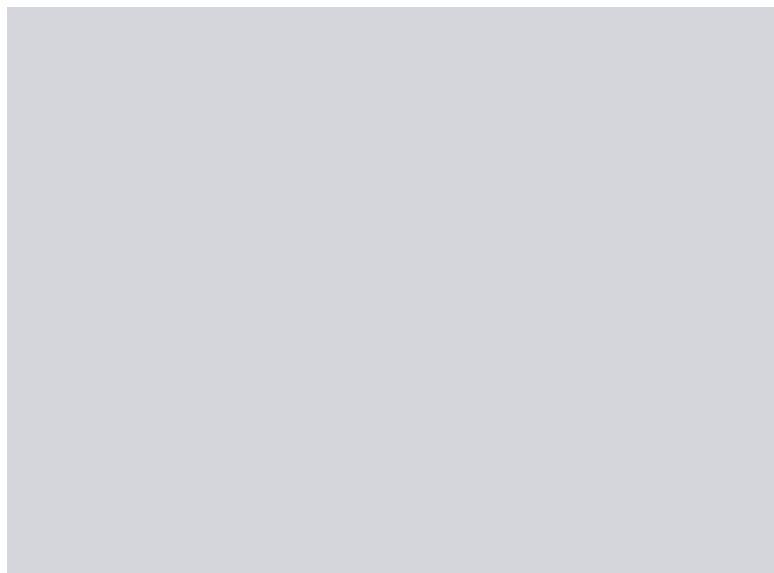
## Lactation Consultant:

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Practice Name:

Address:

Phone Number:



# My Baby's Contact List

## WIC:

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Practice Name:

Address:

Phone Number:

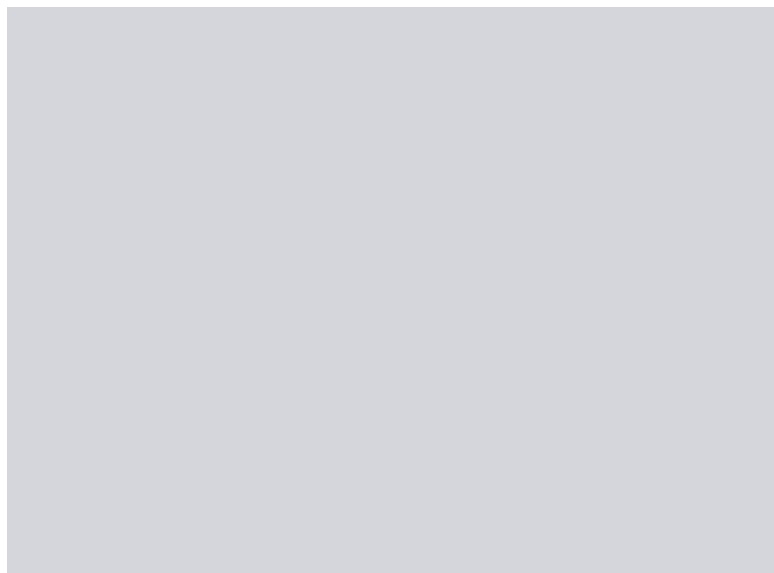
## Family Resource Center:

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Practice Name:

Address:

Phone Number:



# My Baby's Contact List

## Health Insurance:

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Practice Name:

Address:

Phone Number:

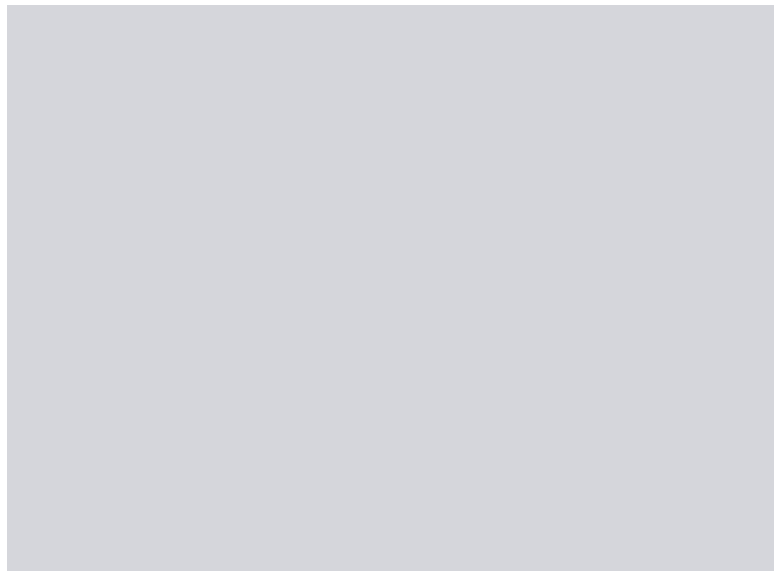
## Other:

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Practice Name:

Address:

Phone Number:



# My Baby's Appointments

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

## Notes before the appointment

Issues/Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Questions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## After the appointment

To-Do List: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Next Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_



# My Baby's Medication List



Medication Name	Dose	AM/ PM	Frequency	Prescriber	Notes

**Dose:** How much and how many you're supposed to take each time you take the medication.  
(Example: Two 25 mg pills)

**Frequency:** How many times per day or week or month you're supposed to take the medication.  
(Example: Every 12 hours)

# My Baby's Allergy List



Allergy Name	Allergy Symptoms	Allergy Medications	Notes



# My Supplies Checklist



Item	Currently Have	Still Need	Place Who Offer These Supplies/Notes
Crib or Bassinet			
Car Seat			
Diapers/Wipes			
Clothes			
Breast Pump			
Formula			
Bottles and Nipples			
Vitamin D Drops			
Pacifier			
Stroller			
Bibs and Burp Cloths			
Swaddling Blankets			
Infant Bathtub and Toiletries			
Baby Swing/Bouncer			
Baby Toys			
Other:			
Other:			
Where will the baby sleep? Crib or Bassinet:			

# Choosing a Provider for My Baby

## What is a Primary Care Provider (PCP)?

Your baby will need their own PCP to help make sure they keep being healthy after going home from the hospital. A PCP is trained in pediatric or family medicine. Your baby's PCP can be a pediatrician, which is someone who sees children and teens only. Or, they may be a Family Medicine Care Provider which is someone who sees people of all ages including children.

### PCPs:

- Give regular medical care to your baby
- Answer health questions you may have about your baby
- Do tests to make sure your baby is healthy and growing well
- Find and treat common illnesses
- Give your baby the shots they will need

## When should I start looking for a PCP/Pediatrician for my baby?

You should start looking for a PCP/pediatrician while pregnant. This gives you enough time to pick one without rushing. It also makes sure that you are able to get an appointment soon after your baby goes home from the hospital. In some clinics you may have to wait a long time to be seen.

## How do I pick the right PCP for my baby?

If you can pick your PCP, think about the following tips to help you choose.

### Tips for picking a PCP:

- Talk to friends, family, and other parents to see which PCPs they trust.
- Find a PCP who knows about local services and resources.
- Find a PCP who listens, speaks with you clearly, and is caring and friendly.
- Find a PCP who is available when you can see them and need them.





# Questions to Ask Your Baby's Provider

**How do I reach you outside of scheduled appointments? Do you answer questions by email? Do you accept calls for non-emergency questions? If I leave a message, how long does it usually take you to return the call?**

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**What if my baby gets sick when the office is closed? How are off-hour medical concerns handled?**

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**What hospitals do you work with? If my baby has to go to the hospital, where would they be taken?**

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# Caring for Your Baby:

## Making the Most of Your Time in the Hospital

### **Congratulations on your pregnancy and/or birth of your new baby.**

As a new parent, you have many decisions to make to keep your baby safe and healthy. Our team will work with you and your baby to provide the best care possible. This information will help you learn how to care for your baby who is at risk for Neonatal Abstinence Syndrome (or NAS) due to exposure to an opioid during the pregnancy.

### **What is Neonatal Abstinence Syndrome (NAS)?**

NAS is when a baby withdraws from opioids after birth. It is also called Neonatal Opioid Withdrawal Syndrome (NOWS). Most babies show signs of withdrawal 2 – 3 days after birth but some may not show signs for 4 – 5 days. Your baby should stay in the hospital until most of the symptoms are gone.

### **What are the most common signs of NAS?**

Babies with NAS might have:

- Tremors, jitters or shaking of arms and legs
- Tight muscles in arms and legs
- Fussiness
- Problems eating or sleeping
- Problems consoling or calming down
- Need to suck when not hungry
- Frequent spit ups or vomiting
- Loose or watery stools (poops)
- Losing too much weight or not gaining enough weight (after day 4)

*Stopping breathing or seizures are possible but very rare.*

### **How will I work with the hospital staff to care for my baby?**

While in the hospital, you are your baby's primary caregiver. When you provide the care, your baby does the best. We are here to support you and help you take care of your baby. Together we will,

- Monitor your baby for at least 4 – 5 days for problems with eating, sleeping or calming down (consoling).
- Learn to help your baby with problems eating, sleeping or consoling.
- Determine if your baby needs medication for problems eating, sleeping, or consoling, or with other problems such as breathing.

## How to Assess Your Baby for NAS

Together we will check your baby every few hours for signs of withdrawal. A good time to check is after you feed your baby, so let your nurse know when you are done. Use the Newborn Care Diary (see next section) to track:

- How well your baby eats, sleeps and consoles.
- The things that help your baby feel calm like holding, skin-to-skin contact, swaddling, sucking, a calm room.
- How your baby's stools (poops) look.

## How can I help my baby?

Pay attention to what makes your baby feel calm. You can help your baby feel safe and comfortable by doing the following:

**Share your room (rooming in):** Keep your baby close to you so you can respond quickly to your baby's crying or hunger cues.

**Skin-to-Skin contact:** Have lots of skin-to-skin contact with your baby while you are awake. This helps:

- reduce withdrawal symptoms,
- your baby feel calm and eat and sleep better,
- increase your milk supply when breastfeeding.

**Swaddle/Cuddle:** Hold your baby close or use a light blanket to swaddle.

**Create a calm room:** Keep your room quiet and calm by dimming lights, avoiding loud noise and limiting visitors. When talking, use a soft, quiet voice.

**Feed your baby often:** Feed your baby at the earliest signs of hunger or around 3 hours. Avoid going more than 4-hours between feedings. Breastfeeding is the best option for your baby unless you can't for medical reasons.

**Sucking:** After feeding, offer your baby a clean finger or pacifier to suck on.

**Rhythmic Movement:** Slowly and gently rock your baby up and down or side-to-side.

**Undisturbed sleep/clustering care:** Give your baby time to sleep undisturbed between feedings. The best time for your nurse or doctor to assess your baby is when they are awake and fed.

**Take care of yourself:** Stay well rested so you can care for your baby. While in the hospital, ask your nurse or a volunteer cuddler for help when you need a rest, nap or break. When at home, ask family and friends for help.

**Limit visitors:** Have one or two visitors at a time as more may make your baby fussy or not sleep as well.

**Safe Sleep:** Make sure you are always wide awake when holding your baby. Ask someone else to hold or calm your baby when you are sleepy or need a break.

## What happens if my baby needs medicine to treat NAS?

Every baby is different; some may need only one dose of medicine while others might need to be treated for 10 – 14 days or longer. It is important for you to be with your baby the entire time, so you need to plan ahead:

- Pack clothing and personal items for at least a week.
- Have at least one friend/family member with you to help care for your baby while in the hospital.
- Find someone to care for your other children and pets while you are away.
- Ask your nurse or doctor for help talking with your loved ones about why your baby might need to stay longer in the hospital.

## When can I bring home my baby?

Your baby's healthcare team will decide when it is safe to bring home your baby. Your baby can go home after all the medication or drugs are out of their body and most of the symptoms are gone – or at least 4 – 5 days. Your baby can go home when they:

- Are feeding and sleeping well
- Are easy to console
- Are gaining weight or not losing too much weight
- Are maintaining a healthy temperature, heart rate and breathing
- Have completed all newborn screening
- Have received hepatitis B vaccine
- No longer need medicine for NAS, if it was started

## What should I do to help my baby when we get home?

- Make an appointment to have a visiting nurse or primary care provider see your baby within a few days to check weight and NAS symptoms.
- Make an appointment with Early Intervention Services to help monitor your baby's growth and development.
- Follow-up on the referrals made in your Family Care Plan (Plan of Supportive Care or Plan of Safe Care) for community supports and services. You and your baby's healthcare team will work on this plan while you are in the hospital.

# My Newborn Care Diary

Baby's Name: \_\_\_\_\_ Days of Age: \_\_\_\_\_ Baby's Med Record #: \_\_\_\_\_

Eating				Sleeping			Consoling	Voiding / Stooling		Extra Comments
Time of baby's feeding (start to finish)	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Was baby able to feed well within 10 min of showing hunger? (If no, please describe)	Time when baby fell asleep	Time when baby woke up	Did baby sleep for one hour or more? (If no, please describe)	Did baby console within 10 min & stay consoled for at least 10 min? (If no, please describe)	Check box for pee	Check box for poop (please describe)	Share any extra symptoms you have seen or concerns/needs that you have to help care for your baby

This content was developed by Bonny Whalen, MD and the staff at the Children's Hospital at Dartmouth-Hitchcock and The Northern New England Perinatal Quality Improvement Network (NNEPQIN).