

# *Welcome*

*A guide to your pregnancy & delivery care*



*Landstuhl Regional Medical Center*  
*Germany*



### **Mission**

**Your partner in care; the first choice for comprehensive women's health and newborn care in the European military community.**

### **Vision**

**To maximize the patient experience through collaboration; building relationships and nurturing trust.**

Dear Parents,

Congratulations and welcome to Landstuhl Regional Medical Center. We are honored that you have chosen us for your obstetrical care. We look forward to providing you with compassionate, patient-centered health care in a friendly and welcoming environment. Our practice is comprised of Obstetricians and Nurse Midwives who are certified in Obstetrics. Our team includes Neonatologists, Nurse Practitioners, Registered Nurses, medical technicians, and administrative staff.

This manual is designed to provide you with important and valuable information. We want to make sure that you and your baby are as healthy as possible during your pregnancy. During the course of your pregnancy, you will complete various lab tests, procedures, and possible consultations with specialists that will assist us in guiding your care and the care of your unborn baby. Obstetrical patients are followed by a midwife or nurse practitioner for routine, low risk care. However, patients who are determined to be high risk are followed by one of our Obstetric staff physicians in consultation with our Maternal-Fetal Medicine specialist. Although we strive to have our patients see their provider of choice during their prenatal care, any one of our obstetricians or midwives may be on call when you deliver.

In closing, whatever your obstetrical needs, we are committed to ensuring the best care possible for you and your baby. Please know that we are excited to be a part of your pregnancy. Thank you for allowing us to be part of such a special time in your life. Congratulations again on the new addition to your family and welcome to our practice!

Warmest regards,

A handwritten signature in black ink that reads "Sandra L. Hernandez MD". The signature is fluid and cursive, with the "MD" written in a slightly larger, more distinct script at the end.

Sandra L Hernandez, MD, FACOG

COL, MC, USA

Chief, Div. of Women's Health & Newborn Care

Landstuhl Regional Medical Center

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**OB/GYN Clinic**  
**Landstuhl Regional Medical Center**

Phone: 06371-9464-5839

DSN: 590-5839

## Useful Phone Numbers and Hours of Operation

**Emergency Dept.** 06371-9464-6322

Urgent care before 20 weeks  
Open 24/7

**Labor & Delivery** 06371-9464-6343

Urgent care after 20 weeks  
Open 24/7

### ***LRMC Ancillary Services***

**Lab** 06371-86-7500

Monday—Friday 0630-1630

**Pharmacy** 06371-9464-5223

Monday—Friday 0800-1900

Saturday 0900-1300

Training days 0800-1700

**Ultrasound** 06371-9464-5280

Monday—Friday 0730-1630

# Welcome to LRMC OB/GYN Clinic

- **Hours of Operation**

Monday — Friday 0730-1630

*Closed Federal Holidays*

- **Directions** to the hospital can be found online:

<https://ermc.amedd.army.mil/landstuhl/directions.cfm>

*The clinic will also close for hazardous road conditions (black category) as noted here:*

<http://www.imcom-europe.army.mil/webs/sites/stafforg/safety/roadconditions/default.aspx>

- **Expectant Mother parking** is available closest to OB/GYN Clinic on the Southeast/back side of LRMC.

*Additional patient parking is located within the green perimeter fencing surrounding the hospital*





LRMC OB/GYN provides a full range of patient services to include:

- Routine Prenatal Care
- Group Centering Prenatal Care
- High Risk Prenatal Care - MFM Clinic
- Genetics Counseling & Screening
- Infertility Care
- Women's Care Clinic
- Complex Gynecology Care



## Your Team

*Clinic staff consists of a team of professional providers and support staff who are committed to serving your health care needs and hope to provide you the best experience possible!*

**Obstetrician/Gynecologist (OB/GYN)** - Specialized physicians who provide comprehensive reproductive and gynecologic health and treatment needs throughout a woman's lifespan.

**Maternal Fetal Medicine (MFM) Specialist** - Provider who is available, by referral, for certain health history or conditions that could complicate pregnancy, for consultation or closer monitoring in pregnancy.

**Certified Nurse Midwife (CNM)** - Master-prepared or Doctorate-prepared practitioners who specialize in pre-conception and prenatal care, intrapartum labor and delivery, and follow up postpartum health.

**Women's Health Nurse Practitioner (WHNP)** - Master-prepared or Doctorate-prepared practitioners who provide a wide range of women's health services, including routine gynecological and reproductive care throughout a woman's lifespan.

The **Division of Women's Health & Newborn Care Team** includes registered nurses (RNs), certified sonographers, health technicians, and medical support assistants (MSAs) who all work closely together to meet your health care needs.

## Routine OB Appointment Schedule

- ❑ **8-10 weeks:** Nursing Appointment (health history, basic patient education, and introduction to care)
- ❑ **10-12 weeks:** First Provider Appointment (complete physical exam, dating ultrasound, lab results, review health history, and discuss pregnancy plan of care)
- ❑ **16-18 weeks:** Routine check-up, \*formal ultrasound ordered by provider, scheduled by patient:  
*\*18-22 weeks formal anatomy and growth scan by Radiology Department (06371-9464-5280)*
- ❑ **24 weeks:** Routine check-up, lab test/screening for gestational diabetes (Glucose Tolerance Test)
- ❑ **28 weeks:** Routine check-up, Rhogam administered if needed, fetal kick-counts and pre-term labor precautions discussed
- ❑ **32 weeks:** Routine check-up
- ❑ **36 weeks:** Routine check-up and GBS screening
- ❑ **38 weeks until delivery:** Weekly routine check-ups, additional appointments as needed

## Immediate Concerns

*Should you have any medical concerns or problems during your pregnancy that need evaluation, please consider the following:*

- **Prior to 20 weeks** gestation: If you develop acute pelvic pain, vaginal bleeding, persistent cramping, or for other urgent or emergent care, please go to the Emergency Department. If you have bleeding that saturates more than 1 pad an hour please do not drive yourself; if you do not have another driver, call 112 for emergency medical transfer (EMT) transfer.
- **After 20 weeks** gestation: If you develop acute pelvic pain, vaginal bleeding, decreased fetal movement, or pre-term contractions please go to Labor and Delivery. When possible, please call L&D at 06371-86-8208 prior to your arrival. For other urgent care not related to pregnancy, please go to the Emergency Department.
- **Routine Care:** You will continue to address any concerns not related to pregnancy with your primary care provider (PCM) (such as cold and flu symptoms, fatigue, general injuries, etc.). For pregnancy– related questions or concerns, you may call or come in to the clinic to speak with a nurse.

# Planning Ahead

Pregnancy can mean many different things for different individuals or families and may include very personal choices. It is important to **discuss any special considerations** with your providers and nurses early in pregnancy.

## ***Some Considerations May Include:***

- Optional Genetic Screening

*Education and counseling from a provider to help inform your decision on genetic screening is provided.*

- Cord Blood Banking

*Patients are encouraged to research ahead and coordinate early in pregnancy to ensure the kit will arrive in time for delivery. Staff may assist with the collection of samples.*

- Disposition of Placenta

*Patients requesting the option for placenta release should notify the provider and begin coordination by the 28-week appointment, signing a “Release of Placenta and Waiver of Liability” form and planning any specific instructions.*

Full Name: _____	Partner's Name: _____
Today's Date: _____	Due Date/ Induction Date: _____
Doctor's Name: _____	Hospital Name: _____

Please Note that I:

- ☐ Have Group B Strep
- ☐ Am Rh Incompatible with my baby
- ☐ Have Gestational Diabetes

My Delivery is planned as:

- ☐ Vaginal
- ☐ C-Section
- ☐ VBAC

I'd Like...

Partner: \_\_\_\_\_  
 Parents: \_\_\_\_\_  
 Other Children: \_\_\_\_\_  
 Doula: \_\_\_\_\_  
 Other: \_\_\_\_\_

...present before AND/OR during labor

During Labor I'd Like:

- ☐ Music Played
- ☐ Lights Dimmed
- ☐ The room as quiet as possible
- ☐ As few interruptions as possible
- ☐ As few vaginal exams as possible
- ☐ Hospital staff limited to the doctor/midwife and nurses (no students)

- ☐ To wear my own clothes
- ☐ To wear my contact lenses
- ☐ My partner to film AND/OR take photos
- ☐ My partner to be present the entire time
- ☐ To stay hydrated with clear liquids + ice
- ☐ To eat and drink as approved by my doctor

I'd like fetal monitoring to be:

- ☐ Continuous
- ☐ Intermittent
- ☐ Internal
- ☐ External

My Special Requests for the baby are:

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

## ***Your Birth Plan***

A birth plan is a simple and clear document that informs your medical team of your labor and birth preferences. If you choose to provide a written plan, please discuss this with your providers in advance so we can plan ahead to support your preferences as best possible!

# Group Prenatal Care



## ***Some Highlights Include:***

- Small groups of 8-10 moms/couples with close due dates; spouses are encouraged to attend!
- Longer group appointments that allow for shared learning and getting to know each other
- Appointments scheduled for the duration of pregnancy and postpartum follow up
- Guest speakers to cover special topics such as nutrition, physical activity, breastfeeding, and your local community resources
- Comprehensive education in a group setting followed by a shorter, individual appointment

# Storknest Program

*LRMC OB/GYN Clinic is honored to support a special host-program for the management of pregnancy, labor, and delivery for patients throughout Europe and Africa for routine or high-risk OB care.*

For details, follow link:

**[http://rhce.amedd.army.mil/landstuhl/services.cfm?MTFinfo\\_id=834](http://rhce.amedd.army.mil/landstuhl/services.cfm?MTFinfo_id=834)**

## Communication Technology

### **Army Medicine Secure Messaging Service (AMSMS, Relay Health)**

1. Register at: **<http://www.relayhealth.com/>** with your Primary Care Clinic.
2. PCM refers you to OBGYN Clinic.
3. OB/GYN Clinic accepts you to our practice.
4. Begin messaging with your health care team for any routine needs. *(Such as: prescription refills, lab results, appointment requests, or other clinical questions as needed)*

# Pre-Birth Registration

## Patient Administration Office

*It is important to pre-register the birth anytime during your pregnancy. Please contact the PAD Office to make an appointment.*

**Landstuhl Regional Medical Center**

**Birth Registration**

**Bldg. 3766 Patient administration Division (PAD)**

Commercial: 06371-9464-7053

DSN: 590-7053

### **Hours of Operation:**

Monday-Friday

0900-1145 & 1300-1600

Walk-ins available; appointments recommended

[USARMY.LANDSTUHL.MEDCOM-ERMCLISTLRMC-BIRTH-REGISTRATION@MAIL.MIL](mailto:USARMY.LANDSTUHL.MEDCOM-ERMCLISTLRMC-BIRTH-REGISTRATION@MAIL.MIL)

*If you deliver off-post, you must contact the local Rathaus to schedule an appointment for a German birth certificate and are not required to register with LRMCM Birth Registration.*



# PAD Instructions

**Step 1:** Make an appointment to pre-register for labor

\*Completing this paperwork will ensure that when you come in to the hospital to deliver, the Admissions Office will have all of your admission paperwork completed and ready for birth registration.

**Step 2:** Fill out [Form AE 40-400B Report of Child Born Abroad of American Parent\(s\)](#) sections I and II.

This is the hospital notification of the newborn's birth. It is required to register your child in DEERS, TRICARE, Passport, Consular Report of Birth, and Command Sponsorship.

**Step 3:** Please bring the below required documents to your pre-birth registration appointment.

**Required Documents:**

- Military ID Cards
- Passports (for both parents)
- Marriage Certificate (original certified copy)
- Birth Certificate (if you do not have a passport)
- Affidavit for Mother/Affidavit of Parentage (single parent)
- Denial of Paternity –Affidavit (husband is not the father)
- [AE 40-400B](#) –**Please have filled out prior to appointment**

**Step 4:** After delivery, Birth Registration will visit you in the hospital to complete the process. If it is the weekend, you will need to make an appointment to complete the process.



## Frequently Asked Questions

### **Is there another way to contact the OB/GYN clinic?**

Please call us at 06371-9464-5839 or DSN 590-5839. We are open from 0730 to 1630, Monday through Friday. We are closed on federal holidays and weekends. Clinical questions or concerns will be triaged by a RN; urgent issues will be addressed within 24 hours or sooner if indicated, and more routine calls are returned within 72 hours. For emergencies, please call 112 for Emergency Medical Services or proceed to the nearest Emergency Room.

### **Is there any information on classes available for new parents?**

Yes. There are many LPMC and KMC resources available. Please ask one of our MSAs at your next appointment, and they can give you an updated handout of current offerings. If you would like this sent to you via email, please contact us through AMSMS/Relay Health and we will forward the information.

### **Can I bring my child to my appointment?**

Yes, but for routine appointments only. Children are not permitted in NST clinic, for BPP or sonographer appointments, or for any complex appointments such as LEEP or colposcopy procedures. We also ask that you please not bring children to genetics classes or counseling appointments. Contact Army Child Youth Services regarding hourly childcare.

### **Can I see another provider?**

Absolutely. After your appointment, please speak with a MSA and they will be happy to assist you in scheduling an appointment with another provider.



## Frequently Asked Questions

**I have been waiting on hold for a long time. Is there another way to get hold of your office?**

Yes, there is! Please sign up for AMSMS/Relay Health to email your care team for routine needs such as lab results, to request an appointment, or for other simple questions. This is a useful option for secure communication *at your convenience*!

**Why is the phone wait time sometimes so long?**

Clinic MSAs check-in patients, verify and update patient contact information and insurance records, and schedule appointments via telephone and during check-out for all OB/GYN patients and new referrals. MSAs also enter telephone (TCON) messages to the RNs for any clinical questions or concerns, as well as direct all other calls appropriately. Calls may often take up to five minutes each and can result in longer wait times. Routine Well Woman and Pap exams can also be scheduled by the central appointment line if you are experiencing delays.

**Who can I talk to if I have a concern?**

Please ask to speak with the Clinical Nurse Officer in Charge or the Assistant Nurse Manager. If they are not available, please contact the Landstuhl Patient Advocacy Office for assistance. You may also [submit an ICE comment](#), which will be forwarded to our Patient Advocacy Office, as well as the Officer in Charge. You have the option to leave contact information if you would like a response.



## Frequently Asked Questions

### **I received a survey after my appointment. Do I really need to fill this out?**

We hope you do! The surveys provide useful feedback for our clinic, in which we use to improve processes and make it a better place for you and fellow patients. Additionally, each returned survey generates revenue specifically for the OBGYN patient experience. We are able to use this extra funding for improvement projects suggested by you!

### **How do I get my records from a civilian provider here to LRMCM?**

Please contact the Patient Administration Office/Medical Records department at 06371-94645204. You will need to know the Hospital and provider's name and location, as well as the dates you received care.

### **I am getting ready to PCS. How do I get my records transferred?**

Your records can be accessed electronically immediately at the next Military Treatment Facility (MTF). If you are separating or transferring to a location without a military hospital or clinic, please go to the Patient Administration Office within three weeks of your PCS and they can provide you with a printed record.



## **Labor and Delivery Unit (L&D)**

### **Landstuhl Regional Medical Center**

Phone: 06371-9464-6343  
DSN 590-6343

# Welcome to L&D

We are located on the 2nd floor in building 3711, just above the Emergency Department. Calling before you arrive allows us to be prepared for your visit.

## **VISITATION POLICY AND HOURS OF OPERATION:**

We have a 24 hour open visitation policy for patients on L&D. This includes your support person and siblings, depending on the patient's desires. All other guests are at the discretion of L&D staff. Visitors must sign in at the front desk and provide identification.

Children are allowed in the room as long as there is another caregiver other than the patient. Please coordinate childcare arrangements prior to admission if necessary.



# When to Come in to L&D

We encourage all patients to visit us if there is a concern about themselves or their baby. Please feel free to call L&D anytime if you have concerns: 06371-9464-6343. Patients less than 20 weeks gestation will be seen in the Emergency Room.

## **Call L&D unit if you experience any of these symptoms:**

- Change in vaginal discharge (such as change in color of mucous, especially blood tinged) with persistent low, dull backache or low back pain or pelvic pressure
- 4 or more contractions per hour, if less than 37 weeks
- Regular painful contractions every 3-5 mins, if over 37 weeks (after 1 hour of rest and increased water intake)
- If you think your water broke (small continuous trickle, or big gush of fluid)
- Decreased fetal movement (make sure to perform kick counts; see next page for how to)
- A headache that does not resolve with Tylenol, increased water intake, and rest.
- Vaginal bleeding
- Thoughts of harming yourself or others
- Any other urgent situations

# Fetal Kick Counts



## **How to perform fetal kick counts:**

Ensure you have adequate intake of water, lay on your side, and count the number of fetal movements.

Call L&D if:

- If you are less than 28 weeks and you experience decreased fetal movement that is enough to cause concern
- You are over 28 weeks and you feel less than 10 kicks in a 2 hour period



# What to Expect on L&D



## **Located in each room:**

Wireless internet • TV and DVD player • Private bathroom with shower • Recliner with seat for a guest • Closet for storage of 2-3 medium size bags • Both 110 and 220 volt outlets

# Hospital Checklist

## SUGGESTED PACKING LIST FOR L&D

### MOTHER

#### Cosmetic:

- ☐ Brush
- ☐ Hair Ties
- ☐ Chapstick
- ☐ Toiletries

#### Paperwork:

- ☐ Birth Plan
- ☐ Journal
- ☐ Pen/pencil

#### Boredom Busters:

- ☐ Magazine or Books
- ☐ Laptop/iPad

#### Apparel:

- ☐ Bath Robe
- ☐ Socks
- ☐ Slippers
- ☐ Comfy Clothes
- ☐ Flip Flops
- ☐ Nursing Bra

#### Comforts from Home:

- ☐ Pillow
- ☐ Blanket
- ☐ Snacks/ Treats

### SUPPORT PERSON

- ☐ Cell Phone & Charger
- ☐ Camera & Charger
- ☐ Magazine or Book
- ☐ Change of Clothes x2
- ☐ Toiletries
- ☐ Comfortable Shoes
- ☐ ID Cards/ Wallet

### BABY

- ☐ Going Home Clothes
- ☐ Receiving Blanket
- ☐ Car Seat
- ☐ Baby Book (for footprints)
- ☐ Baby Hat/ Bow
- ☐ Mittens

**We will provide sanitary napkins i.e. peri-pads, mesh panties, peri-bottles, Dermoplast numbing spray, witch hazel pads, nipple cream, gowns, robes, towels, & washcloths for mother. For baby, we provide baby wipes, diapers, hats, baby shampoo, and blankets for use during your hospital stay.**

**A doula is a nonmedical person who assists the mother-to-be before, during, and/or after childbirth, as well as her spouse, if needed by providing physical and emotional support.**

## DOULAS ON THE LABOR AND DELIVERY UNIT

- I understand these rules of engagement for doulas on the Labor and Delivery Unit and agree to abide by them.*

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Clinical Number:  Printed Name: 

Telephone Number

Clinical Nurse Director's Signature: \_\_\_\_\_

Q10

**SAMPLE**

The actual contract will be signed upon admission

## Options for Pain Control

Three main pain relief options include relaxation/breathing techniques, IV pain medication, and epidural placement.

- Our staff can provide you with information regarding positions, breathing techniques, and relaxation options. All labor rooms are equipped with a birthing and peanut ball, squatting bar, and shower for hydrotherapy. If your birth plan involves specific strategies or requires specific equipment, we suggest you bring it with you.
- For many patients IV pain medication may be an excellent option for short term pain control.
- L&D has full anesthesia services 24 hours a day. Anesthesia will visit and consent every patient per hospital policy, but this is not a contract binding you to any of their services. If requested and medically cleared, epidurals are available during labor.



## Meals provided while on L&D

- During latent “early” labor you may be allowed to eat regular meals.
- During active labor or on Pitocin: Clear liquids are offered, to include ice, water, broth, jello, and popsicles.
- After Delivery: Regular meals, as tolerated, are provided from our hospital menu.

**Labor and delivery unit provides ice, water, juice, jello, popsicles, broth, crackers, peanut butter, and milk.**

**Ask your nurse about what is available.**

**Other snacks may be available for purchase from a snack bar or the vending machines.**

## Scheduled Cesarean Section

Step 1: Pre-Register with PAD prior to scheduled C-section date.

Step 2: Call L&D the morning prior to your scheduled C-section to see what time is available for your pre-op. Pre-op includes lab work, meeting with Anesthesia to answer any questions that you may have, and a meeting with a nurse to ensure all of your pre-op paperwork is completed and review what to expect the day of surgery.

Step 3: Call L&D at 0500 on the day of surgery to confirm your arrival time.

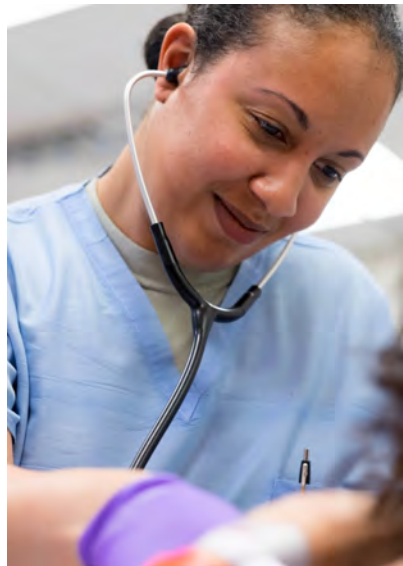
Step 4: Upon arrival to the hospital, the staff members will prepare you for the C-section.

Note: We ask you to please not shave the night before, as this increases your risk of post op infection. Your lower abdomen and upper pubic area will be shaved with clippers prior to the surgery.

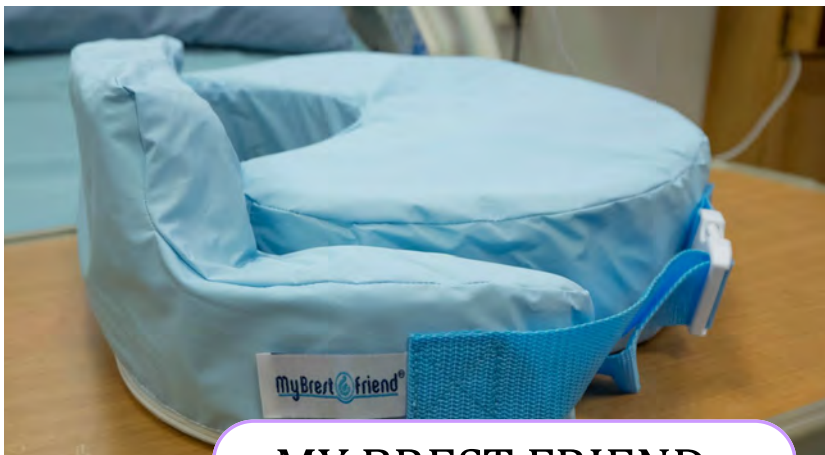
***\*\*IN CASE OF AN EMERGENCY C-SECTION, staff will do everything they can to keep you informed and provide you the opportunity to ask questions***

## What to Expect After Delivery

- After delivery of baby and your placenta, you will be given Pitocin through your IV to help your uterus shrink back to its pre-pregnancy state. Your nurse will also massage your uterus.
- Skin to skin contact is important for your baby. It helps calm and stabilize your baby's temperature and vital signs. It can also help with breastfeeding and bonding.
- If you are planning to breastfeed, it is important to breastfeed as soon as possible after birth. This is the best time, but some babies may not latch immediately after birth. Skin to skin contact will help stimulate your baby's feeding instincts, even if latching is delayed.
- Your baby will receive newborn medications within the first hour of life. Please discuss any concerns with these medications with your provider.
- Depending on your delivery, you and your baby will remain on the L&D unit for approximately two hours before transferring to the Mother Baby Unit.



## Inpatient Lactation Services



### MY BREST FRIEND®

Every room in LRMC Labor and Delivery Unit is now equipped with a My Brest Friend for use during breastfeeding.

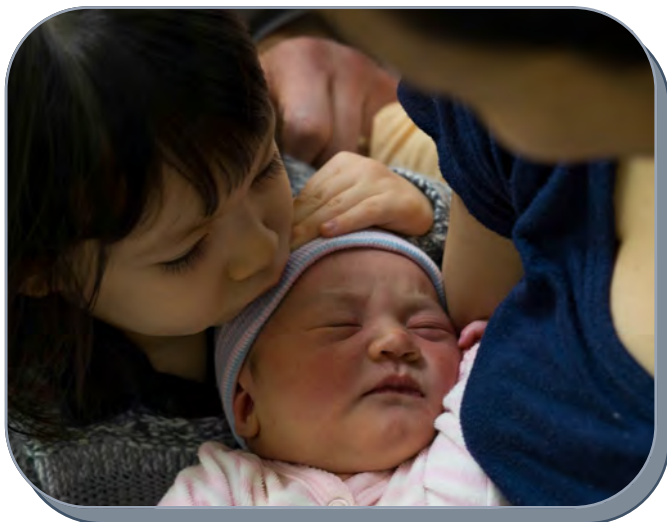
After your delivery, you have the option of being seen by a lactation consultant, during normal business hours.

The lactation consultant assists with proper hold, latch, and positioning of your newborn immediately after birth and throughout your stay on L&D and MBU.

The nursing staff at LRMC is also experienced with breastfeeding education and can provide extra assistance with breastfeeding as needed.

Did you know TRICARE will pay for your breast pump? [Click here](#) for more information! Ask any provider or nurse at your next clinic appointment about how to obtain a prescription form.





## **Mother Baby Unit (MBU)**

### **Landstuhl Regional Medical Center**

Phone: 06371-9464-5839

DSN: 590-5839

# General Information

## Visiting Hours

- MBU welcomes family & friends from 10am to 8pm.
- For the health and protection of our newborns, children under the age of 12 are not permitted on the unit, unless they are immediate family members or siblings.
- One adult over the age of 18 is welcome to spend the night. Please note that children are not permitted to stay overnight.

## Discharge Class

- Generally our patients stay with us for 36-48 hours after delivery. Every day we provide a discharge class which covers important information about how to take care of yourself and your newborn baby.
- The discharge class is mandatory for all discharging mothers. All caregivers are welcome to attend.

## Women, Infants, & Children (WIC)

- You will be notified in the OB clinic if you are WIC eligible. Please notify us if you are eligible for WIC services and we will provide you with the paperwork/lab results needed at time of discharge.

## Dietary

- LRMC provides room service ordering for inpatients.
- We provide three meals a day & a nighttime snack.
- Our Nutrition Care Division offers a “Special Delivery” meal to celebrate the birth of your newborn baby!

# Safety

The safety of you and your baby is very important to us, so measures are in place to ensure everyone stays safe.



## Hugs Tag System

Every newborn on MBU will have a Hugs tag placed around their ankle. The Hugs system is an alarm system to prevent infant abduction. If the Hugs tag is tampered with or gets too close to an exit door the alarm will sound.

## Infant Sleeping Policy

Research has shown that newborns should be placed on their back to sleep in order to decrease the risk of Sudden Infant Death Syndrome (SIDS). Additionally, do not place stuffed animals, pillows, or heavy blankets in the bassinet or in your crib at home. We also discourage co-sleeping due to SIDS risks.

# Postpartum Phase

## How to Care for Yourself



The postpartum period is a transitional time in your life that will last 4-6 weeks after delivery. You will experience many physical and emotional changes as your body heals from the pregnancy and birth of your newborn.

We are here to help you in your recovery. Please feel free to ask our staff any questions or request assistance.

## Care of the Perineum

*The perineum is the area between your vagina and anus. You may feel burning or discomfort in this area for 2-3 weeks. Whether you delivered vaginally or by cesarean section, it is important to keep this area very clean.*

We will provide you with items to assist in care:

- **Pads:** change pad every time you use the restroom
- **Peri-Bottle:** use to cleanse the area with warm water
- **Ice Pack:** for comfort & decrease swelling for first 24hrs
- **Sitz Bath:** use to clean & soothe the area with cool water during the first 24hrs as needed, then warm water

## Care of the Uterus

*Your uterus grows over 10 times the normal size during pregnancy. After delivery, it does not go back to normal size right away. It will slowly shrink down and takes about six weeks for it to return to its pre-pregnancy size.*

- The top of your uterus is called the fundus. It should feel firm.
- After delivery, your nurse will massage your fundus frequently to ensure it is firm. You can also massage your own fundus.
- Initially, you will be able to feel it around your navel. Then it will decrease every day until you can no longer feel it, around 7-10 days after delivery.

## Pelvic Rest

- Following delivery, the vaginal opening and cervix are sensitive and tender to touch.
- In order to allow for healing, we recommend pelvic rest for 4-6 weeks after delivery.
- Pelvic rest: nothing in the vagina, no sexual activity, and no tampons or douching.

## After a Cesarean

*After a C-section, it is important to start moving around as soon as your nurse says that you are able. Sitting, standing, and walking will minimize the risk of blood clots. It will also help improve bladder and bowel function.*

- You will be provided pain medications as needed and an abdominal binder to help make this process as comfortable as possible.
- Healing from this surgery may take 4-6 weeks. Take time to rest and heal. Do not lift more than your newborn's weight until cleared by your doctor.
- Please keep your incision site clean and dry. Report to your nurse if the site is red, swollen, or oozing.

# Pain Management

Options available for post delivery pains & discomfort

Medication	Dose	Frequency	Used For	Comments
Tylenol	650 mg by mouth	Every 6hrs	Pain, Headache	Do not take with Percocet
Motrin	800 mg by mouth	Every 8hrs	Cramping, swelling	Take with food
Percocet	1-2 tabs by mouth	Every 4-6hrs	Perineal or Incision pain	May cause nausea
Toradol	30 mg by IV	Every 6hrs	Incision pain	Only for C-section patients
Witch Hazel Pads	1 Pad to perineum	Up to 6x per day	Swelling, pain, itching	For perineum & rectum
Dermoplast	1 Spray to perineum	Up to 4X per day	To soothe perineal pain	For perineum & rectum

Alternative Options:

- Ice packs for perineal pain & swelling
- Heat packs for cramping and/or muscle soreness

**Note: all these medications are safe with breastfeeding**

# Caring for Baby



Whether this is your first, second, or one of many children,  
this is a new family experience.

We are here to help with the care of your newborn.

Should you have any questions,  
please feel free to ask our staff for assistance.



# Feeding

*All babies are unique in their feeding habits. Each will establish their own schedule. Please use the following pages as a guide to assist you when feeding your baby.*

Your baby should be fed anytime he/she shows hunger signs.

Feeding cues include:

- Baby is making sucking movements or has his/her hands up to their mouth
- Rooting—newborn turns his/her head toward anything that strokes the cheek
- Soft cooing, sighing sounds, or stretching
- Increased alertness, increased movement
- Changes in facial expression
- CRYING is a late sign of hunger. Always try to catch hunger at the early signs

*Continue on to the next page for tips on breastfeeding & then tips on bottle feeding/ formula feeding.*

# Breastfeeding

*Breast milk is optimal nutrition for your baby during the first year of life. It has all the nutrients that your baby needs for growth and development.*

- It is important to attempt to breastfeed your baby every 2-3 hours, on average.
- Your baby should feed about 8-10 times in a 24 hour period, or more often as he/she shows cues.
- Our nurses on the unit are here to assist you.
- We have an International Board Certified Lactation Consultant (IBCLC) to help with breastfeeding issues & concerns.



# Formula Feeding

**Frequency:** Offer your newborn a bottle every 3-4 hours, in the beginning.

**Amount:** As your baby grows, he/she will take more at each feeding. Please use these guidelines initially:

- First 24 hours: 5-10ml per feeding
- By 3 days old: 15-30ml per feeding

**Positioning:** During feedings, your baby's head should be in a semi-upright position. Never prop a bottle or force your baby to eat. Burp your infant during and at the end of the feeding.

**Warming:** Warm the formula by setting the bottle in warm water. Always test the temperature of the formula to ensure it is not too hot before offering to your baby. Never microwave bottles to warm the formula as this will create hot spots in the bottle.

**Storage:** Carefully follow the manufacturer's directions for preparing and storing formula. While in the hospital, the bottles are only good for one hour after opening and do not need to be warmed.

*If you choose to bottle feed your baby, we can supply you with formula bottles and nipples.*

# Routine Testing for Baby

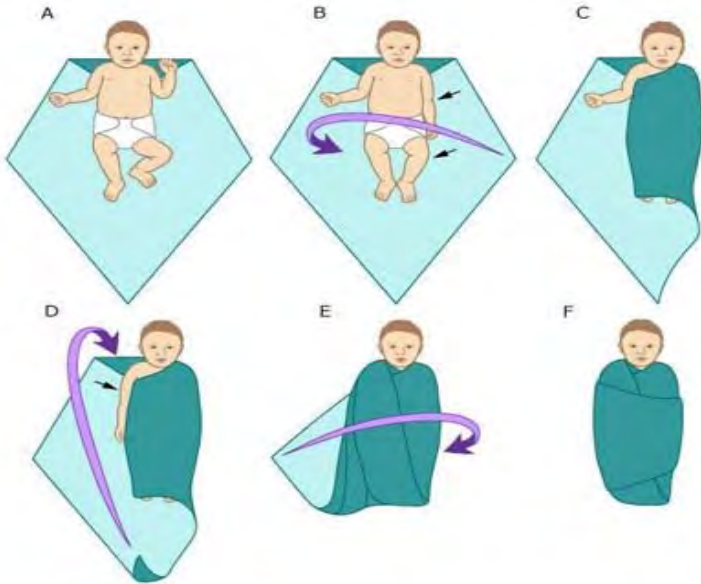
Test	When it is performed	Why it is performed
<b>Newborn Screen (Metabolic Screen)</b>	Between 24-48 hours of life	To screen for health conditions that may cause your baby problems if not detected early. This test takes 2 weeks to return. You will receive a call if there are any abnormal results. If you do not hear from your pediatrician, your baby's test was normal.
<b>Newborn Hearing Screen</b>	Before discharge	A check of your baby's hearing. **If your baby does not pass, this does not mean he/she cannot hear. Babies may have fluid in their ears. If your baby did not pass in the hospital, we will make an appointment to have him/her re-tested.
<b>Bilirubin</b>	Any time assessment indicates the need and by 48 hours	Bilirubin is the break down of red blood cells excreted through the liver. This test assess your infant's level of bilirubin. With a high bilirubin level, jaundice may develop (yellowing of the skin and eyes) and can be treated with phototherapy as needed.

# Circumcision

- You will have the option to get your baby boy circumcised while admitted to the Mother Baby Unit.
- Pediatric providers will perform the circumcision in our treatment room on the unit.
- If you wish to have your son circumcised, the provider will discuss the procedure with you and obtain your consent.
- Vaseline will be provided, as indicated, to assist in properly caring for the site as ordered.
- Your nurse and provider will ensure that you have all the instructions to care for the surgical site properly. Close monitoring of the site will happen over the first two hours following the procedure.

# How to Swaddle your Infant

*Wrapping your little one snug provides comfort & security*



- A. Spread out a large, thin blanket in a diamond shape and slightly fold down the top corner of the diamond.
- A-B. Lay your baby face up on the blanket, placing his or her head at the edge of the folded corner.
- C. While holding your baby in place, pick up one corner of the blanket and bring the blanket across your baby's body. Tuck the blanket beneath him or her.
- D. Fold the bottom point of the blanket up, leaving room for your baby's feet to move freely.
- E. Take the other side of the blanket and wrap it around the top of your baby and tuck it underneath them to complete the wrap.

# Follow-up Appointments

**1-3 Days:** All babies will have a 1-3 day follow-up appointment after discharge. You will be provided with this appointment date/time prior to discharge from MBU.

**2 Weeks:** Your baby will also be seen at 2 weeks of life. You can make this appointment with the clinic when you return for the 1-3 day visit.

**Audiology:** If your infant has a “referred” hearing screen, you will be provided with a follow-up appointment with the audiology clinic or given information on walk-in hours. A baby who refers should be seen before he/she is two months old.



# When to Call or Come to ER

*Signs & symptoms to watch out for in your newborn*

1. Your baby has refused to eat for more than 8 hours
2. Your baby has more than 2 loose watery stools or blood in their stool
3. Your baby has green or projectile vomiting
4. Your baby is very sleepy, listless, and/or floppy
5. Rashes or blisters that do not resemble normal newborn rashes
6. If you are concerned your baby may be having a seizure
7. Your baby just does not look “right” to you
8. Redness, swelling, or pus-like drainage around the cord, eyes, or circumcision (if your baby had one)
9. Yellow skin color/jaundice that extends below umbilical cord or lasts longer than 2 weeks
10. Your baby has a temperature above 100.4 F (38 C) or less than 97.7 F (36.5 C)

If you notice any of these symptoms, please call the clinic and/or Emergency Room or bring your baby into the Emergency Room to be seen. You know your baby best!



# Car Seat Safety Tips

- ◆ Check the label & ensure your seat is newborn appropriate with size & age
- ◆ Make sure to check the seat's expiration date & double check that it is still safe to use
- ◆ Register the car seat so you will be promptly notified about any recalls
- ◆ Once your car seat is installed, give it a good shake at the base & ensure it does not move more than an inch
- ◆ Your baby should always travel in the back seat of the car, in a rear facing car seat
- ◆ Once your baby is properly buckled in, make sure the straps are tight. Try to pinch the strap at the shoulder & if you are unable to pinch any excess webbing, you are good to go!
- ◆ The upper, front clip should be at nipple level.
- ◆ Please read the vehicle & car seat manuals to help you ensure the greatest safety for you & your baby

**You will need to bring the car seat to the hospital after baby is born. It is a hospital requirement to take baby home in the car seat. We will check to make sure it fits!**



# **Neonatal Intensive Care Unit (NICU)**

**Landstuhl Regional Medical Center**

Phone: 06371-9464-5876

DSN: 590-5876

Dear Parents,

Congratulations on your new baby! Should the need arise, we are available for you and your family. We are a 7-bed, family-centered, Level III NICU made up of two Board Certified Neonatologists, three Neonatal Nurse Practitioners, a Neonatal Clinical Nurse Specialist, registered and licensed practical nurses, medical technicians, and administrative staff. As the only Department of Defense NICU in Europe, we serve as a referral center and have robust neonatal transport capability.

We care for premature and term infants requiring emergency, supportive, and transitional care. We also have partnerships with local NICUs who can provide complex, sub-specialty care. Additionally, we team with San Antonio Military Medical Center and Walter Reed Army Medical Center for consultation and telehealth. For infants or families who may need long-term follow up care in the U.S. system, we can provide neonatal critical care transport back to the United States.

We know most families are not planning for their newborn baby to be hospitalized and that it can cause unanticipated feelings. The separation from your baby might make you sad, disappointed or leave you with feelings of disbelief, anger, and guilt. These are all normal feelings. Our team is committed to and supporting you and your family throughout the NICU stay and providing safe, high-quality care for your baby.

~The NICU Team

# NICU Staff

**Neonatologist** - A Pediatrician who is specially trained to care for sick and premature infants. Your baby's care will be supervised and directed at all times by a Staff Neonatologist.

**Neonatal Nurse Practitioner (NNP)** - An Advanced Practice Registered Nurse specially trained in the diagnosis and treatment of sick and premature infants. They work independently but collaboratively with physician colleagues.

**Clinical Nurse Specialist (CNS)** - An Advanced Practice Registered Nurse whose primary goal is to improve patient outcomes through evaluating patient care, nursing practice and the hospital systems and processes.

**Neonatal Nurse RN/ LPN** - A licensed nurse who has specialized training to care for infants requiring intensive or critical care.

**Clinical Nurse Officer In Charge/Non-Commissioned Officer In Charge CNOIC/NCOIC**- A Supervisor who manages overall staff members, patient care and medical equipment. They also provide staff development and quality improvement initiatives.

**Medical Technician** - A team member trained to assist the Registered Nurse in providing care to infants requiring intensive or critical care.

**Respiratory Therapist** - A team member who is trained in the theory and operation of ventilators and oxygen delivery systems.



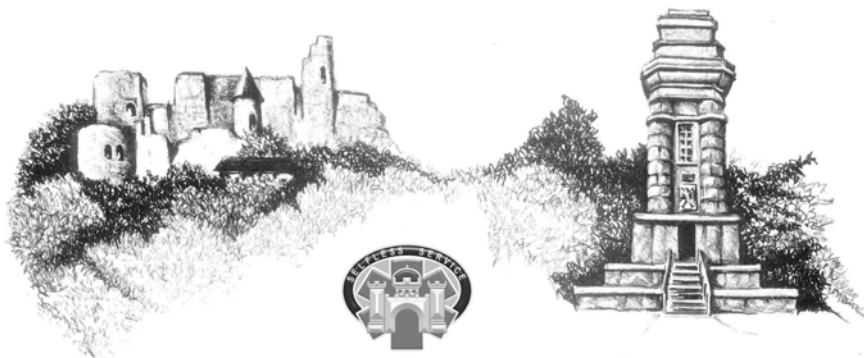
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Division of Women's Health & Newborn Care

Landstuhl Regional Medical Center, Germany



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Landstuhl, Germany