

Admission & Discharge
Information for

New Parents





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What you need to know during your stay and when you go home



Welcome to Madison Hospital! Whether you are here for the first time or are a returning patient, we're glad you chose us to provide your maternity care. Our team is committed to getting you and your new baby off to a safe and healthy start.

Each year, more than 1,400 expectant mothers from across North Alabama trust our experienced maternity staff to deliver their baby.

For added peace of mind, our Level II Special Care Nursery is here for any newborn with health problems.

We support infant feeding choice with education and your goals in mind. This commitment has earned us widespread recognition, including:

- Region's only Baby-Friendly USA hospital
- Region's only Better Bama Babies hospital
- Alabama's first Breastfeeding Friendly Business
- Only hospital in the region to win IBCLC Care Award from the International Board of Lactation Consultant Examiners

As you can see, our Labor & Delivery and Mother Baby staffs are truly incredible at what they do. They make a difference for you and your baby by providing excellent, evidence-based care throughout your stay.

Warmest regards, and thank you again for choosing Madison Hospital.

Mary Lynn Wright

President
Madison Hospital

 madisonALhospital.org

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 [@hh_madisonhospital](https://www.instagram.com/hh_madisonhospital)

OUR VISION

To be the community hospital of choice, consistently recognized for clinical and service excellence.

OUR MISSION

To provide quality care that improves the health of those we serve.

OUR VALUES

Safety, Compassion, Integrity, Excellence, Innovation, Accountability and Equality



Your nurse will review this important information with you during your stay at Madison Hospital.

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Your Room and Care Board

Communicating with your caregivers

Your nurse will review the patient care board in your hospital room with you during the admission process, and it will be updated with important information throughout your stay. In addition to caregivers posting their information, family members can feel free to write questions for your doctor or leave reassuring messages.

This book can help you manage important paperwork and will serve as a resource after you go home. If you have questions about the care board or this book, please ask your nurse.

Your hospital bed

All beds are equipped with a remote control unit that operates the nurse call system and television.

Cleaning services

During your stay, keeping your room and bathroom very clean is our goal. A caring Environmental Services aide will clean your room each day, and it is our staff members' pleasure to assist you any way they can. They are there for you 24 hours a day, seven days a week, so please let them know how they can be of service.

You may contact Environmental Services by using your nurse call button or by dialing 5-2700 from any on-campus telephone. We understand that your comfort is enhanced by clean and comfortable bed linen. Your nursing team will arrange for your bed linen to be changed or provide you with additional linen or pillows upon request. Let us know if your linen needs attention by using your nurse call button.

Meals at Madison Hospital

Patients may order room service at Madison Hospital. Each room has a menu with breakfast, lunch and dinner selections. Please call 4-FOOD (4-3663), 7 a.m. - 7 p.m., from the patient room to order. Your meal will be delivered within 45 minutes. During the evening, sandwiches and snacks are available from the nursing staff. A celebration dinner will be offered on day two or as ordered by your provider.

Discharge time

Your Mother Baby nurse can talk with you about what time you will go home. This time will be based on your physician's orders and the time your infant was born.

Phone number

Callers outside the hospital may reach you at (256) 817-5 + your three-digit room number.

When to call your nurse

Call your nurse immediately if you:

- saturate more than one pad per hour
- have large clots (size of a golf ball or bigger)
- need pain medication
- need assistance to the bathroom
- have nausea and/or vomiting
- need assistance with breastfeeding and/or bed rails
- have any change in your medical condition

Photographs

The nursery staff will take a security photo of your infant in compliance with the National Center for Missing and Exploited Children. Simply Blessed Portraits provides newborn photography sessions in your room. You will receive a handout about their services and how to contact them. No need to worry about outfits or props — they bring them all!

Please press your nurse call button to get assistance with any of the following:

- Spills
- Linens
- Trash
- Cleaning
- TV/VCR
- Heating/air conditioning
- Plumbing
- Bed instructions/problems

Cuddle time

Cuddle time is from 2 - 4 p.m. daily. We turn down the hallway lights and try to keep our hallways quiet.

Bedside shift report

At each change of shift, the nurses will do a complete bedside report in which we want you to participate. This is a great opportunity to stay updated on your care and ask questions.

Important Information about Your Care

Change in medical condition

You, your family or support person can seek assistance if there is a concern about a change in your or your baby's medical condition.

Post-operative care

After Cesarean birth, your care will include special pumps placed on your feet. These pumps will continuously inflate and deflate to help with circulation. You will keep these on while you are in bed for at least six hours and until you are able to walk without assistance. Before you attempt to walk for the first time after surgery, a nurse will help you sit up and dangle your legs from the bedside.

You will be asked to get out of bed and walk every six hours with assistance until you are able to walk without assistance. Your Foley catheter will be

removed after 12 hours or per your physician's orders. You will also be asked to use an Incentive Spirometer to help decrease the risk of pneumonia. To use the Spirometer, seal your lips around the mouthpiece and inhale slowly and deeply, getting the piston as high as you can. You will need to use the Spirometer every hour while you are awake and up to 10 times each session. Using the Spirometer may make you cough. Be sure to support your incision while coughing.

For more information about caring for your incision after you leave the hospital, see "Cesarean birth and incision care" on page 19.

Preventing Falls

If you are at an increased risk for falls, you will have a YELLOW armband placed on your arm as well as a fall risk magnet on your door. This alerts all caregivers that you may need extra help. Bed alarms may be used to get help to you as quickly as possible; please call for assistance until your bed exit alarm is discontinued.

Please help us keep you safe by following these guidelines during your hospital stay:

- Do not get out of bed by yourself. Your hospital bed is probably higher and narrower than your bed at home, and you can easily fall while trying to get in or out of it.
- Keep upper bed rails raised at all times.
- Please use your nurse call button and ask for assistance. We are happy to help you. Remember, CALL, DON'T FALL!
- Use the handrails in your bathroom and throughout the hospital at all times.

- Keep often-used items—nurse call button, tissues, water, eyeglasses, telephone, TV remote—within easy reach.
- Do not walk in bare feet. Wear nonskid socks or slippers which can be provided by the hospital if you do not have them.
- Make sure your robe or pajamas do not drag on the floor; they can cause you to trip.
- Be sure your wheelchair is locked when getting in or out of it. Never step on the footrest.

Madison Hospital cares about our patients' safety. We will check on you frequently to ensure your needs are met. Please help us keep you safe while you are a patient here and let us know if there is anything we can do to help.

Rooming-In

It is the standard of care at Madison Hospital for all infants to stay in the mother's room 24 hours a day. This is called "rooming-in" and can promote bonding, a better feeding schedule and better sleep for both mother and baby. Partners are encouraged to stay overnight to participate in caring for baby. This also provides more learning opportunities for new parents while they are still in the hospital.

Benefits of rooming-in:

- Babies are comforted by familiar voices, touch and smells
- More opportunities to breastfeed, which can lead to better weight gain
- Breastfeeding is more successful and babies tend to breastfeed longer
- More time spent with baby helps mother's milk come in

Bonding with Your Baby.....

You are encouraged to reserve the first hours after delivery for a special bonding time with your baby. During this time, a specially-trained nurse will stay with you to help you achieve skin-to-skin bonding with your baby and to offer breastfeeding support.

Additionally, newborn care including the first bath will be done at your bedside allowing you and your baby to stay together. For skin-to-skin contact, your baby will be dried and placed belly down on your chest. While you enjoy bonding with your baby, the nurse will be at your bedside to monitor your baby's condition. Research shows that skin-to-skin contact as soon

as possible after delivery provides important health benefits for you and your baby, including strong emotional bonds, the release of beneficial hormones, and a perfect environment for the first breastfeeding. This model of newborn care is endorsed by the American Academy of Pediatrics.

Benefits of skin-to-skin contact:

- The mother's body helps keep the baby warm
- Babies tend to cry less and stay calmer
- Helps to stabilize the baby's blood sugar
- Helps babies breastfeed better and longer

Important Information About Your Baby's Care

Keeping baby safe

Identification bands have been placed on you, your person of choice and baby at delivery. These bands are to stay on until discharge. The nurse will check the ID number with you each time the baby is brought to you. Do not allow your infant to leave the room with anyone who is not wearing a Huntsville Hospital Health System badge. The badge has a special indicator on it. We have placed a security sensor on your baby. It will alarm if it is removed, gets too loose or is near an open exit door or elevator. Never leave your baby alone. We encourage you to have a support person stay with you. This should be an adult you trust who can help you with your baby. The support person is welcome to stay the night. Press your call button immediately for any concerns about a change in your baby's medical condition.

Infant bath

Because of the medical benefits of a delayed first bath, Madison Hospital recommends waiting at least eight hours before bathing newborns.

You choose how long after delivery you want to wait before bathing your baby. During your stay, you can request the first bath at any time you wish, or you can wait to give your baby the first bath after you go home. Here are 8 reasons to Wait for 8:

1. Decreases the risk of infection for your newborn
2. Gives baby's blood sugar time to adjust
3. Improves baby's temperature stability
4. Helps with breastfeeding success
5. Preserves the natural moisture of baby's skin
6. Improves bonding with mom while skin-to-skin
7. Reduces stress on your baby
8. Enjoy baby's first bath after mom has time to recover from delivery

Infant feeding log during your stay

Ask your nurse if you have questions about completing the infant feeding log during your stay. It is important that your baby void/stool at least once in the first 24 hours.

Infant fall prevention

To prevent your baby from falling, we ask that you adhere to the following guidelines:

- Keep your bed in the lowest position.
- All four side rails should be raised for all feedings and lowered after feedings by a staff member or your support person.
- Neither mother, support person, or anyone else should sleep while holding the baby. This increases the baby's risk of falling and serious injury.
- Do not walk in the hall with your baby in your arms. Place your baby in the crib with the base in the flat position.
- Place your baby in the crib if you are feeling sleepy. Staff will place your baby into the crib if they find you asleep with your baby.
- If you are on a PCA pump or are receiving any other sedation medications and your support person is unable to stay with you, your baby will need to be in the nursery between feedings while you rest.

For more information on infant fall prevention, see "Prevent falls and suffocation" on page 28.

Safe sleep for baby at the hospital

To help keep your baby safe while sleeping in a crib, your nurse will help you swaddle your baby in a HALO® Sleep Sack. A sleep sack is a wearable blanket that eliminates the need for loose bedding such as blankets in the crib. Please use this instead of a blanket.

If you notice loose items in your baby's crib, you should remove them. Loose bedding and other objects such as stuffed animals, bumper pads, etc. can contribute to Sudden Unexpected Infant Death (SUID)/Sudden Infant Death Syndrome (SIDS).

Maintaining a safe sleep environment is important at home, too. Learn the ABC's of safe sleeping ("Safe sleeping" on page 29) and make a safe sleep plan to share with anyone who takes care of your baby. HALO® Sleep Sacks are available for purchase in our gift shop located in the lobby.

- Notify a staff member if the HALO becomes soiled, and they will exchange it for a clean one.
- The safest sleep position for your baby is on his or her back.
- Keep the crib free of pillows, extra blankets and stuffed animals.
- To prevent overheating, do not dress your baby too warmly.
- Keep baby's face uncovered for easy breathing.

For more information on safe sleep, see "Safe sleeping" on page 29.

Hand hygiene when handling baby

- Clean your hands before feeding baby.
- Clean your hands after diaper changes.
- Ask any visitor to wash their hands or use hand sanitizer before holding your baby.
- Make sure all visitors are free from symptoms of illness.

For more information on hand hygiene, see "Fighting Infections" on page 10.

Bulb syringe/Choking

If your baby is spitting up, suction sides of the mouth and then the nose (if needed) with a bulb syringe.

If your baby begins to choke, turns blue around the mouth, or is having trouble breathing:

- Call for your nurse and tell him/her your baby is choking.
- Place your baby in a head-down position and rub his/her back.

If your baby is choking, push the nurse call button and say, "My baby is choking." For more information on using a bulb syringe, see "Bulb syringe" on page 26.

Fighting Infections.....

Hand hygiene saves lives and prevents hospital infections. Infections you get in the hospital can be hard to treat and could be life threatening. All patients are at risk for hospital infections. You can take action by cleaning your hands often and by asking your health care providers and any visitors to wash their hands.

Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections such as COVID-19 and methicillin-resistant staphylococcus aureus, or MRSA.

You should practice hand hygiene:

- Before preparing or eating food
- Before touching your eyes, nose or mouth
- Before and after changing wound dressings or bandages
- After using the restroom
- After blowing your nose, coughing or sneezing
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls or the phone

Health care providers should practice hand hygiene:

- Every time they enter your room or before they touch you
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection
- After removing gloves

How do I practice hand hygiene?

Use soap and water when your hands look dirty, after you use the restroom, and before you eat or prepare food.

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.

2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around your wrists and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the “Happy Birthday” song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

Use an alcohol-based hand rub when your hands do not look dirty and if soap and water are not available.

1. Follow directions on the bottle for how much of the product to use.
2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around your wrists and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.

You can make a difference in your own health. Health care providers know they should practice hand hygiene, but sometimes they forget. We welcome your friendly reminder. Ask health care providers to practice hand hygiene in a polite way — tell them you know how easy it is for people to get infections in the hospital, and that you don’t want it to happen to you.

Hand hygiene is the #1 way to prevent the spread of infections.

Adapted from Hand Hygiene Saves Lives, Centers for Disease Control

Medication Side Effects

Be Informed. Know the possible side effects of all your medications. Ask your nurse for a Care Note about your medications today.

Labor and Delivery

Antepartum (Before baby is born)	Intrapartum (During labor and birth)	Pain/Rest	Blood Pressure/Other
<p>Prenatal Vitamin Assists in fetal development and maternal health <i>Side effects: Dark stools, constipation, mild nausea</i></p> <p>Celestone (betamethasone) Given to mature fetal lungs when there is a risk of preterm delivery <i>Side effects: Bruising or soreness at injection site, increase in blood sugar, headache, thirst</i></p> <p>Colace (docusate) Stool softener <i>Side effects: Abnormal taste in mouth, nausea, diarrhea</i></p> <p>Iron (ferrous sulfate) Prevents anemia in pregnancy <i>Side effects: Constipation, nausea, vomiting, dark stools</i></p> <p>Pepcid (famotidine) Decreases stomach acid <i>Side effects: Headache, dizziness, constipation and diarrhea</i></p> <p>Brethine (terbutaline) Treats premature labor and uterine hyperstimulation <i>Side effects: Increased heart rate, nervousness, tremors, headache</i></p>	<p>Pitocin (oxytocin) Given to facilitate labor and to control bleeding after birth <i>Side effects: Irregular heartbeat, thirst, headache, nausea, vomiting</i></p> <p>Cytotec (misoprostol) Given to induce labor <i>Side effects: Abdominal pain, diarrhea, nausea</i></p> <p>Cervidil (dinoprostone) Given to soften the cervix prior to induction of labor <i>Side effects: Vaginal irritation</i></p> <p>Hemabate (cardoprost) Given to control bleeding <i>Side effects: Diarrhea, fever, nausea, vomiting</i></p> <p>Methergine (methylergonovine) Given to control bleeding <i>Side effects: Nausea, vomiting, high blood pressure</i></p>	<p>Zofran (ondansetron) Prevents and treats nausea and vomiting <i>Side effects: Dizziness, fever, headaches, fast heart rate, fatigue</i></p> <p>Morphine Given to manage pain <i>Side effects: Drowsiness, nausea, vomiting, itching, shortness of breath</i></p> <p>Demerol (meperidine) Given to manage pain <i>Side effects: Sedation, light-headedness, headache, constipation, nausea, vomiting</i></p> <p>Nubain (nalbuphine) Given to manage pain <i>Side effects: Dizziness, sedation, nausea, vomiting</i></p> <p>Stadol (butorphanol tartrate) Given to manage pain <i>Side effects: Dizziness, sedation, nausea, vomiting</i></p> <p>Fentanyl Given to manage pain <i>Side effects: Sedation, dry mouth, nausea, vomiting</i></p> <p>Ambien (zolpidem) Given for sleep <i>Side effects: Headaches, loss of memory, change in dreams, daytime drowsiness</i></p> <p>Nitrous Oxide Given to manage pain/anxiety <i>Side effects: Dizziness, nausea, vomiting, drowsiness</i></p>	<p>Labetalol Given to decrease blood pressure <i>Side effects: Light-headedness, slow heartbeat, feeling tired</i></p> <p>Procardia (nifedipine) Given to decrease contractions or blood pressure <i>Side effects: Headache, flushing, dizziness, feeling tired, nausea, constipation</i></p> <p>Magnesium sulfate Given to prevent seizures from high blood pressure or decrease contractions in preterm labor <i>Side effects: Feeling hot, poor reflexes, confusion, feeling tired, headache, nausea, vomiting, vision problems</i></p> <p>Ephedrine Given to resolve low blood pressure after epidural <i>Side effects: Anxiety, dry mouth, dizziness, elevated heart rate</i></p> <p>Reglan (metoclopramide) Treats nausea, loss of appetite, heartburn <i>Side effects: headache, drowsiness, decreased energy, diarrhea</i></p> <p>Apresoline (hydralazine) Lowers blood pressure <i>Side effects: Nausea, diarrhea, headache, increased heart rate</i></p>

Antepartum

Prenatal Vitamin

Assists in fetal development and maternal health
Side effects: Dark stools, constipation, mild nausea

Colace (docusate)

Loosens stool
Side Effects: Nausea, diarrhea, abnormal taste in mouth

Iron (ferrous sulfate)

Prevents anemia in pregnancy
Side effects: Constipation, nausea, vomiting, dark stools

Folic Acid

Prevents birth defects
*Side effects: (rare)
 Chest tightness, shortness of breath, bad taste in mouth*

Pepcid (famotidine)

Treats heartburn
Side effects: Headache, dizziness, constipation, diarrhea

Zofran (ondansetron)

Prevents and treats nausea and vomiting
Side effects: Dizziness, fever, headaches, fast heart rate, fatigue

Phenergan (promethazine)

Prevents and treats nausea and vomiting
Side effects: Drowsiness, blurred vision, ringing in ears, restlessness

Reglan (metoclopramide)

Treats nausea, loss of appetite, heartburn
Side effects: Headache, drowsiness, decreased energy, diarrhea, trouble sleeping

Brethine (terbutaline)

Treats premature labor
Side effects: Increased heart rate, nervousness, tremors, headache

Indocin (indomethacin)

Short-term treatment of preterm labor
Side effects: Headache, nausea, dizziness, upset stomach

Procardia (nifedipine)

Decreases frequency of contractions and lowers blood pressure
Side effects: Headache, flushing, dizziness, nausea

Aldoment (methyldopa)

Lowers blood pressure
Side effects: Swelling of feet or lower legs, dizziness, headache

Apresoline (hydralazine)

Lowers blood pressure
Side effects: Nausea, diarrhea, loss of appetite, weight loss

Trandate (labetalol)

Lowers blood pressure
Side effects: Lightheadedness, slow heartbeat, tiredness

Magnesium sulfate

Given to prevent seizures from high blood pressure or decrease contractions in preterm labor. Also reduces cerebral palsy related to prematurity
Side effects: Feeling hot, confusion, tiredness, headache, nausea, vomiting, vision problems, body aches

Ambien (zolpidem)

Sleep aid
Side effects: Headaches, loss of memory, vivid dreams, daytime drowsiness

Percocet (oxycodone/acetaminophen)

Relieves moderate to severe pain
Side effects: Dizziness, nausea, black stools, constipation

Norco (hydrocodone/acetaminophen)

Relieves moderate to severe pain
Side effects: Dizziness, constipation, lightheadedness

Morphine sulfate

Relieves severe pain
Side effects: Drowsiness, nausea, itching, shortness of breath

Tylenol (acetaminophen)

Relieves mild pain and reduces fever
Side Effects: Unusual tiredness or weakness, bleeding

Toradol (ketorolac)

Short-term treatment of moderate to severe pain
Side effects: Drowsiness, headache, nausea, abdominal pain

Celestone (betamethasone)

Assists in the development of fetal lungs
Side effects: Increase in blood sugar, headache, thirst

Mother/Baby (postpartum)

Postpartum (After baby is born)	For bleeding/nausea	Pain	Pain (continued)
<p>Prenatal Vitamin Assists in fetal development and maternal health <i>Side effects: Dark stools, constipation, mild nausea</i></p>	<p>Pitocin (oxytocin) Given to control postpartum bleeding <i>Side effects: Irregular heartbeat, thirst, headache, nausea, vomiting</i></p>	<p>Tylenol (acetaminophen) Given to alleviate pain <i>Side effects: Itching, nausea, vomiting, constipation</i></p>	<p>Morphine Given to alleviate pain <i>Side effects: Drowsiness, dizziness, upset stomach, nausea, vomiting, constipation, itching, shortness of breath</i></p>
<p>Iron (ferrous sulfate) Prevents anemia <i>Side effects: Constipation, nausea, vomiting, dark stools</i></p>	<p>Methergine (methylergonovine) Given to control bleeding <i>Side effects: Nausea, vomiting, high blood pressure</i></p>	<p>Motrin (ibuprofen) Given to alleviate pain <i>Side effects: Heartburn, upset stomach, nausea, vomiting, dizziness</i></p>	<p>Demerol (meperidine) Given to alleviate pain <i>Side effects: Sedation, light-headedness, dizziness, headache, constipation, upset stomach, nausea, vomiting</i></p>
<p>Pepcid (famotidine) Decreases stomach acid <i>Side effects: Headache, dizziness, constipation, diarrhea</i></p>	<p>Zofran (ondansetron) Given to alleviate nausea and vomiting <i>Side effects: Constipation, diarrhea, headache, feeling tired</i></p>	<p>Percocet (oxycodone/acetaminophen) Given to alleviate pain <i>Side effects: Upset stomach, nausea, vomiting, dizziness, drowsiness, constipation</i></p>	<p>Blood Pressure/Other</p> <hr/>
<p>Colace (docusate) Stool softener <i>Side effects: Abnormal taste in mouth, nausea, diarrhea</i></p>	<p>Vaccinations</p> <hr/>	<p>Norco (hydrocodone/acetaminophen) Given to alleviate pain <i>Side effects: Nausea, vomiting, dizziness, sedation, constipation</i></p>	<p>Labetalol Given to decrease blood pressure <i>Side effects: Light-headedness, slow heartbeat, feeling tired</i></p>
<p>Dulcolax (bisacodyl) Laxative <i>Side effects: Abdominal discomfort, diarrhea</i></p>	<p>Influenza Adacel Diphtheria/Acellular Pertussis/Tetanus (DTaP) Rubella MMR (Measles, Mumps, and Rubella) Pneumonia Pneumococcal Polysaccharide Vaccine (Given to prevent infections) <i>Side effects: Redness, warmth, swelling, tenderness or lump at injection site, low-grade fever, body aches</i></p>	<p>Toradol (ketorolac) Given to alleviate pain <i>Side effects: Drowsiness, high blood pressure, nausea, vomiting, headache</i></p>	<p>Procardia (nifedipine) Given to decrease blood pressure <i>Side effects: Headache, flushing, dizziness, feeling tired, nausea, constipation</i></p>
		<p>Benadryl (diphenhydramine) Given to alleviate itching or rash <i>Side effects: Sedation, dry mouth, dizziness</i></p>	<p>Magnesium sulfate Given to prevent seizures from high blood pressure <i>Side effects: Feeling hot, poor reflexes, confusion, feeling tired, headache, nausea, vomiting, vision problems</i></p>

Your Body After Birth/Activities Expectation . . .

Bladder and bowel functions

Do not get out of bed without assistance until you are cleared to get up on your own. Tell your nurse if you feel any dizziness or weakness.

After vaginal and Cesarean deliveries, the body will begin to produce more urine due to IV fluids given during the birth process and as the body begins to rid itself of extra fluids retained during pregnancy. With this in mind, it will become important to keep track of how frequently you empty your bladder. If your bladder becomes too full, it can keep the uterus from contracting and increase your bleeding. A full bladder can also cause you to not be able to urinate and can add discomfort by putting more pressure on your uterus and surrounding tender tissues. Your nurse will assist you to the bathroom at least the first three times until you are stable. The first attempt to urinate may be difficult. To help ease this process:

- Drink plenty of water
- Empty your bladder every two to three hours
- Use the squirt bottle to spray water over the perineum
- Turn the faucet on and listen to the water run
- Use the sitz bath or shower to allow warm water to help you relax
- Perform Kegel exercises

Constipation is a common problem after giving birth. It occurs for a variety of reasons, including inactivity, relaxed abdominal muscles and narcotics contained in some pain medication. Some women become concerned about episiotomy stitches and worry that a bowel movement will pull the stitches loose. This should not be a concern because the stitches generally are stronger than that. It is important not to delay bowel movements. Bowel movements will relieve the feeling of abdominal and perineal pressure. To assist in this process:

- Get up and begin walking as soon as your physician allows
- Drink plenty of fluids and eat plenty of fresh fruits, vegetables and whole grains
- Drink warm fluids to help soothe and promote intestinal activity
- Avoid gas-forming foods such as cauliflower, broccoli and cabbage
- Avoid carbonated and ice cold beverages

Breast care

Almost immediately after delivery, a hormone is secreted that stimulates milk production in the breasts. There will be some milk present in your breasts. You may experience milk leakage for several weeks.

Please see the reverse side of this book for more information about breastfeeding and breast care.

Uterine contractions

After delivery, your uterus will begin to shrink. Uterine contractions will cause it to return to normal size. During this time your uterus should feel hard; massaging your uterus will help keep it firm. You may feel cramping as your uterus contracts. Contractions may feel stronger to women who have previously given birth because the uterus has been stretched more, and it must contract harder to get back into shape. These contractions can be uncomfortable, but keep in mind that they are temporary and important for getting the uterus back into shape. An added benefit is that the quicker your uterus shrinks, the quicker your bleeding will subside. To get your uterus back in shape:

- Empty your bladder frequently (every three to four hours)
- Walk

If you are uncomfortable with the contractions, you can try relaxation and breathing techniques. If these suggestions do not help, you may try pain medication as prescribed by your physician. The pain should subside naturally in four to seven days.

For more information about bleeding after delivery, see “Lochia (bleeding after delivery)” on page 19.

Perineal care for vaginal deliveries

The area between the vagina and the rectum is called the perineum. Even if you do not have an episiotomy or tear during delivery, it will be important to keep this area clean and dry to prevent infection and promote healing. Medication called Dermoplast may be prescribed for perineal care. Spray directly to the affected area no more than three to four times a day.

Your perineal muscles will be stretched and weakened during the delivery and may be swollen, bruised and painful. The discomfort generally will decrease each day. Kegel exercises will provide comfort and aid in the healing process. For more information on Kegel exercises, see “The Kegel Exercise” on page 20.

At delivery, you may have had an episiotomy or a tear that required stitches. You can expect stitches to dissolve in as soon as seven to 10 days or as long as four weeks, depending on the type of suture. Depending on the type of suture your physician used, you may notice tiny black “strings” (stitches) on your sanitary pad or toilet tissue.

Follow these tips on caring for the perineum at the hospital and at home:

- Always wash your hands with soap and water before and after you care for your perineum
- Change your sanitary pad every time you go to the bathroom or at least every three to four hours
- With each pad change, use the squirt bottle provided by the hospital to rinse the perineum from front to back with warm water
- Pat, blot or wipe gently from front to back
- Note that you may also experience a heavier flow when getting out of bed due to vaginal pooling
- Use ice packs to help reduce swelling and increase comfort. Ice packs will be provided immediately after delivery and for the next 24 hours. After 24 hours, a sitz bath will be provided.

Postpartum depression

Postpartum depression (PPD) is the number one complication of pregnancy. It is a physical disorder that can occur any time from pregnancy to a year after the baby is born. An estimated 15 percent of women who have a baby suffer from PPD.

It is normal for a new mom to feel emotional for a few days after her baby is born. She may be weepy, drained, anxious, irritable and sad. These “baby blues” should go away within two weeks.

But for 30 percent of new mothers, these emotions last longer than two weeks and can also include feelings of hopelessness, irritability, sadness, loneliness and isolation. They may cry a lot, have frightening or repetitive thoughts, or have trouble sleeping or eating. They may even be disinterested in their baby. These are symptoms of PPD and should be discussed with a health care provider.

Mothers Offering Mothers Support (MOMS)

Connect with other moms who can relate to the ups and downs of raising an infant. Join us the 1st and 3rd Thursday of each month from 11 - noon at the Madison Public Library (142 Plaza Blvd., Madison, AL 35758).

For more information on PPD and other postpartum mental conditions, see page 21.

Feeding Your Baby

Benefits of breastfeeding

Madison Hospital supports exclusive breastfeeding because of the proven health benefits. That’s why our staff includes international board certified lactation consultants and maternity nurses with special training in breastfeeding support. According to the Academy of Breastfeeding Medicine, the benefits of breastfeeding include:

Benefits for the baby

Breast milk:

- Is rapidly and easily digested
- Contains a perfect balance of nutrients for baby
- Changes over time to meet the changing needs of a growing baby

Breastfeeding:

- Provides skin-to-skin contact that babies love
- Provides antibodies to help fight infection
- Reduces the baby’s risk of ear infections, respiratory tract infections, diarrhea and meningitis
- Lowers the risk of the two most common inflammatory bowel diseases (Crohn’s disease and ulcerative colitis)
- Decreases the incidence of Sudden Infant Death Syndrome (SIDS)
- Lowers the risk of adolescent and childhood obesity

Benefits for the mother

Breastfeeding:

- Reduces the risk of postpartum bleeding
- Contributes to a feeling of attachment between mother and baby
- Reduces osteoporosis
- Decreases the risk of ovarian and breast cancers

Madison Hospital breastfeeding support services include:

- Inpatient consults
- Phone consults
- Office visits by appointment
- Pump rentals by appointment
- Local support groups

For more information about breastfeeding as well as breastfeeding support services, please see reverse of this book. To speak with one of our certified lactation consultants, please ask your nurse.

For more information on feeding your baby, see “Feeding your baby” on page 25.

Your Baby's First Few Days.....

Second Night Syndrome

Often babies are very sleepy the first day after birth. It will be a challenge to keep them awake long enough to feed, and you may even need to arouse your baby to feed at least eight times that day. But by the second day, your baby may be more awake, asking for feedings and seeming unsettled.

Generally, Second Night Syndrome occurs about 24 hours after birth for almost every baby. Your baby will want to be on the breast constantly but will quickly fall asleep, such that you may go back and forth between putting him down and putting him back on the breast only for him to fall asleep again many times.

The best strategy to combat Second Night Syndrome and the fatigue it causes you is to:

- Hold your baby skin-to-skin. This is very soothing to your baby, as he is familiar with the feel and smell of your body.
- Offer the breast when he wants to eat. This will help you bring in an excellent milk supply. Make sure your baby has a good latch at the breast. Your nurse or lactation consultant can assist you.
- Assure that your baby is drinking. Check for a wide, deep latch of 140 degrees or wider. Arouse your baby if he becomes drowsy while nursing. Listen for swallows every 5-15 sucks.
- Nap when your baby naps. As it is likely your baby will want to feed several times throughout the night, take advantage of any quiet time to rest.
- Enlist help. Work out a plan with your partner, sister, mother, anyone who can spend the night with you, who can help take turns holding and walking or rocking the baby while you take a break.

Remember, you are not alone. Just knowing that Second Night Syndrome is common may help you relax. Almost every baby experiences this, but it only lasts a night or two. Maybe three.

Waking a sleeping baby

When you need to wake your baby, such as for feedings, or when your baby is falling asleep during a feeding, you do so by stimulating your baby's senses. Some of these techniques work better on some babies than others. When one quits working, try another:

- Hold baby skin-to-skin for 15-30 minutes
- Undress the baby to his diaper to cool him off slightly
- Rub and massage baby in various places, such as the top of the head, bottom of the feet, up and

- down his spine, across the belly, up and down the arm, the spot right above the belly button
- Do baby sit-ups. Rock the baby from a sitting to lying position and back again. Rock gently back and forth until the baby's eyes open. Be sure not to force the baby forward.
- Talk to the baby
- Adjust room lights up for stimulation or down so the baby can comfortably open his eyes
- Start to pull the nipple from the baby's mouth (making sure that this does not result in baby sucking on just the tip)
- Change the baby's diaper
- Apply a cool washcloth to the baby's head, stomach or back, being careful not to let baby become chilled. Premature infants become chilled more easily than term infants.
- Allow the baby to suck on your finger for a few minutes
- Express some breastmilk and place just under the baby's nose. Dribble milk over the nipple while latching on.

If your baby is un-arousable after a reasonable amount of time and the use of several techniques, contact your health care provider.

Birth certificate and Social Security number

A hospital representative will visit you to complete paperwork during your stay. You will be provided an application to order an official certified copy of your child's birth certificate from the State of Alabama.

Newborn screening test

In Alabama, all newborns are screened for certain health conditions before leaving the hospital. These inherited conditions can lead to intellectual disability, physical disability and even death. Early diagnosis through newborn screening tests allows for prompt treatment, which can help prevent complications and allow for normal growth and development.

The newborn screening test includes:

- Metabolic/blood spot screen – a heel-stick test that screens for rare but potentially serious disorders. Results of this screening will be sent to your baby's physician.
- Hearing screen – a non-invasive test to detect hearing loss
- CCHD/pulse oximetry screen - a non-invasive test that measures how much oxygen is in the blood

Penis care

Whether or not to have your son circumcised is a decision that ideally should be made before delivery. Your baby's physician can advise you on the risks and benefits of either choice. Your obstetrician can perform the procedure.

Circumcised penis care

For five days following the circumcision, if your son's circumcision does not have a plastic ring on it, put a small amount of Vaseline onto the site during each diaper change. It is important to keep the area as clean as possible. If particles of stool get on the penis, cleanse the area with warm, soapy water and wipe gently with a soft cloth. If there is a plastic ring present, keep the area clean and dry and allow the ring to fall off by itself.

The tip of the penis may look quite red and have a yellow secretion for the first few days. This indicates that the area is healing normally. If there is bleeding at the circumcision site, apply pressure with a clean cloth or gauze pad. Contact your baby's physician if this does not stop the bleeding. Within a week, the redness and secretion should gradually disappear. If, after a week, redness persists or there is swelling or crusted yellow sores that contain cloudy fluid, the penis may be infected. If so, consult your baby's physician.

Uncircumcised penis care

During the first few months, clean the penis with warm, soapy water as you would the rest of the diaper area. Do not try to pull back the foreskin. Forcing the foreskin back may harm the penis. The natural separation of the foreskin from the glans may take many years. After puberty, the adult male learns to retract the foreskin and cleanse under it on a daily basis.

Cord care

After birth, the umbilical cord will be clamped and cut. This clamp will remain in place for 24 to 48 hours or until the cord is dry. The remaining cord will turn black and fall off in one to four weeks. Do not give tub baths until the cord falls off. Simply wipe the area with a wet washcloth or sponge, avoiding the umbilical cord. If the cord becomes soiled, appears moist or if there is a small amount of discharge at the bottom near the skin, use rubbing alcohol on a cotton ball to wipe it down. Since the cord will dry and heal faster if exposed to air, turn the diaper down below it and fold clothing above it, leaving the cord exposed. Do not place your infant in any tight-fitting sleepers or onesies until the cord falls off. It is normal for there to be a slight amount of bleeding as the cord falls off. Call your baby's physician if the skin around the cord becomes excessively red, if there is a foul odor, or if there is a lot of drainage.

Emotional and comfort needs

Crying is your baby's primary method of communicating. Babies cry for many reasons. They may be hungry, tired, uncomfortable, over stimulated, bored, lonely or sick. As you get to know your baby, you'll learn how to interpret each cry. Respond quickly to your baby's cries in the first few months. You cannot spoil a baby by giving too much attention. The more relaxed you remain, the easier it will be to console your newborn.

For more information on how to comfort your baby, see "Crying" on page 25.

Jaundice

Jaundice is a yellowing of the skin caused by too much bilirubin in the blood. After birth, your baby begins breaking down extra red blood cells, which release bilirubin as they break down. The extra bilirubin causes the baby's skin and tissue to turn yellow.

When a baby's bilirubin level is high, it is called hyperbilirubinemia. This is a very common condition. Normally, bilirubin is broken down in the liver and removed from the body in the urine and stool. But newborn livers are immature, so they are slower removing bilirubin from the blood. The bilirubin builds up in the blood and other tissues and fluids of your baby's body, causing hyperbilirubinemia, or jaundice. Mild hyperbilirubinemia is usually not a concern. However, high levels of bilirubin in the blood may cross into the brain. Early treatment is begun to prevent brain damage.

Phototherapy treatment

The most common treatment for hyperbilirubinemia is exposure to light, called phototherapy. Light works by breaking down bilirubin so it can be removed from the blood.

Most often, a special bililight is placed over the baby in the crib. All clothing is removed except the diaper, so that as much skin as possible is exposed to the light. The baby's position is changed every two hours, to expose a maximum amount of skin to the light. Baby will remain under the light day and night until the bilirubin level is low. If your baby's physician agrees, phototherapy can be done in your hospital room.

A baby under the bilights will have a mask over the eyes to protect them from the light, which can damage the eyes.

Sometimes the physician prescribes treatment with a biliblanket, which uses light through fiberoptic fibers to wrap around the baby's chest and abdomen. This allows parents to hold their baby during treatment.

Care of your infant while under the bililight:

- Undress your infant except for the diaper
- Place the bilimask over baby's eyes. The mask should be snug but not tight, and should not cover the nose or interfere with breathing.
- Center your baby under the light, with the brightest light over baby's upper body and head
- Feed your baby every 3 hours
- Keep count of wet and dirty diapers

Points to remember if your baby is under phototherapy in your hospital room:

- The more time your baby spends under the light, the quicker baby's bilirubin will go down
- You may hold your baby for short periods of time, especially during feeding
- Cluster your care (changing diapers, etc.) around feeding time
- The more skin that is exposed, the better the light can lower your baby's bilirubin. Only the diaper should cover your baby from the light. Protect your baby's eyes. Check often to make sure the mask has not moved, leaving your baby's eyes exposed to the bililight.
- When you hold your baby, turn off the bililight and remove the eye mask. Eye contact is key for bonding.

Diapers

Choose between cloth and disposable diapers before your baby is born so you can have diapers on hand when your baby comes home from the hospital.

Plan on using about 70 diapers per week. Change your baby's diaper as soon as possible after bowel movements or wetting. Gather the supplies ahead of time and choose a safe, flat surface with enough room to work. Never leave your baby unattended. When changing a soiled diaper, cleanse from front to back, paying close attention to removing the stool from creases around the legs and the diaper area.

Urination

Your baby will usually have at least one void per day of age until four days of age, and may have a wet diaper every one to three hours or as infrequently as four to six times a day. The diaper may have a color change indicator for wetness. If you notice signs of pain while your baby is urinating, call your baby's physician. Pain while urinating may be a sign of a urinary tract infection. Urine should be clear or light yellow in color.

Bowel movements

The first stool is expected within the first 24 hours of life. For the first few days, your baby's bowel movements will be thick and dark green or black. This is called meconium. Once the meconium is passed, the stools will turn yellow-green. If your baby

is breastfed, the stool then takes on a yellow, seedy appearance. The consistency of the stool will be soft or slightly runny. If your baby is bottle fed, the stool will usually turn a tan or yellow color and will be firmer in consistency than the stool of a breastfed baby.

The frequency of bowel movements varies from one baby to another. Many babies have a stool soon after each feeding. By age 3 to 6 weeks, it is typical for some breastfed babies to have fewer bowel movements. This happens because breast milk leaves very little solid waste. Infrequent stools are not considered a problem as long as they are not hard and dry and your infant is otherwise normal, gaining weight steadily and nursing regularly.

If your baby is formula fed, baby should have at least one bowel movement a day. Whether you are breastfeeding or bottle feeding your baby, hard or dry stools may be a sign that your baby is not drinking enough fluids or that there is too much fluid loss due to illness or heat. Contact your baby's physician for advice to manage this condition.

Call your baby's physician if your baby has a sudden increase in frequency of bowel movements (more than one per feeding) and the stool is more watery. This may be a sign of diarrhea. Large amounts of blood, mucus or water in your baby's stool could also be a sign of severe diarrhea or an intestinal problem. The main concern with diarrhea is the risk of dehydration.

Diaper rash

Frequent diaper changes and thorough cleansing and airing of the diaper area will usually prevent diaper rash (redness or small bumps on your baby's skin in the diaper area). If diaper rash develops, call your baby's physician for recommendation of a diaper cream or ointment and any further treatment.

Crib contents

There should be no soft materials or objects such as pillows, comforters, bumper pads or loose bedding under a sleeping baby or in the crib. If blankets are used, they should be tucked in around the crib mattress so the infant's face is less likely to be covered by the bedding. Avoid toys with long strings and small objects. Mobiles and cradle gyms must be tightly secured. Big floppy toys should not be in the crib. Also avoid wedges and positioning devices in the crib.

Car seats

You will be required to bring your car seat to the hospital in order to be discharged.

For more information on car seat recommendations and regulations, see "Car seats" on page 28.

Self-Care for New Mothers.....

Your body went through tremendous changes during pregnancy and birth. In upcoming weeks, you will continue to undergo physical changes as well as experience emotional changes as you return to your normal, pre-pregnancy state. During this adjustment period, it will be very important to take care of yourself.

Lochia (bleeding after delivery)

Lochia is the term used to describe the shedding of the uterine lining after delivery. This vaginal discharge of blood, mucus and tissue occurs in three stages with both vaginal and Cesarean births. It begins as red and bloody, lasting three to four days. During the first few days after delivery, you may notice small clots on your sanitary pad or in the toilet. This is normal. In the second stage, your blood flow will be pinkish and mixed with mucus. Lochia will eventually turn a brownish color and last until the ninth or tenth day. The final stage lasts two to three weeks and is a yellowish-white color. The process generally lasts four to six weeks. (Time frames are approximate and vary from person to person.)

You may notice an increase in bleeding during the first days at home due to an increase in activity. ***If your bleeding increases, your body may be telling you that you need more rest.***

Do not use tampons, douche or have intercourse until you have the approval of your physician.

Call your physician if:

- Your vaginal bleeding returns to a bright red color after beginning to lighten or returns to a heavy flow after beginning to slow. Occasional clots may be passed but should not be larger than a golf ball. In general, the more babies you have delivered, the heavier and longer you will experience bleeding.
- Your discharge has a foul smell, unlike your menstrual flow

The first one or two menstrual periods after delivery are seldom the same as the periods you had before. They are usually somewhat heavier in flow and longer in duration, but may be lighter in flow or shorter in duration. Do not let this alarm you. The first period usually will begin anywhere from four to six weeks after delivery. However, some women may go longer before resuming their periods.

- Medications applied directly to your stitches, such as foams or sprays, sometimes are ordered by your physician. These medications are designed to increase comfort and should be discontinued if irritation occurs. Use only one medication at a time and apply directly to the affected area.

- If you have an episiotomy or a tear, you will be given a portable sitz bath to use in the hospital and to take home. You should start using the sitz bath after you are finished using ice packs. Sitz baths should be taken at least three times a day, and more if you prefer.

Instructions for sitz bath use:

- Fill the sitz bath pan and bag with water as warm as you can tolerate. Be sure to have the tubing clamp shut.
- Raise the toilet seat and place the sitz bath pan on the commode, suspending the bag.
- Sit in the water and open the clamp.
- When the bag is drained, the sitz bath is complete.
- Pat the perineum dry and replace your sanitary pad with a clean one.

Cesarean birth and incision care

If you had a Cesarean delivery, your incision will be closed with internal stitches that will dissolve. The external skin closure may be metal staples or a special surgical glue with tape called Steri-strips. If you have metal staples, they may be removed in the hospital before you go home or in your physician's office at a later date. Steri-strips may be placed over your incision upon removal of the staples. Steri-strips should be allowed to fall off by themselves. It is important to keep the incision clean and dry. Air drying will help promote healing. After showering, pat your incision dry with a clean towel and then use a hair dryer on low heat to blow your incision dry. Cotton underwear is preferred to nylon. Most physicians will permit showering the day after surgery.

Call your physician if you experience:

- Increased redness, swelling or tenderness at the incision site
- A fever of 100.4 degrees Fahrenheit or greater
- Separation of the incision
- Continued bleeding or drainage from the incision site

Call your physician if you experience these postpartum complications:

- Symptoms resembling the flu – chills or fever of 100.4 degrees Fahrenheit or greater
- Vaginal discharge that has a foul odor
- Frequent urination, burning during urination or the inability to urinate
- Bleeding that saturates more than one sanitary pad per hour for a few hours or clots larger than a golf ball
- A return to bright red bleeding after bleeding has decreased and/or had lightened in color
- Severe pain in the lower abdomen

- Red, swollen or painful areas in your legs or breasts
- Worsening pain in episiotomy or hemorrhoid areas
- Severe or prolonged depression
- Any pus-like drainage from episiotomy or incision
- “Baby blues” lasting longer than two weeks

Always know your temperature and any other symptoms when calling your physician. You should also have your pharmacy phone number ready. The follow-up visit with your physician is important to ensure that you have healed from delivery. Keep a notepad handy to write down any questions you may have. Take your questions with you when you visit your physician or your baby’s physician for follow-up care.

Hemorrhoids

Hemorrhoids are varicose veins of the rectum. You may develop them during your pregnancy or during delivery. Hemorrhoids often cause a persistent dull pain and a feeling of pressure in the rectal area. Hemorrhoids usually shrink on their own with time.

To ease discomfort:

- Take sitz baths
- Use Tucks or other medications prescribed by your physician
- Rest on your side and avoid prolonged sitting
- Drink six to eight glasses of water per day
- Eat plenty of fresh fruits, vegetables and whole grains
- Perform Kegel exercises frequently
- Use an invalid ring

Activity and rest

It usually takes about six to eight weeks after you have your baby for your body to return to its normal state. Recovery is a progressive process. You will feel stronger each day. You must remember that you have just been through the equivalent of a major operation, and your body needs time to recover.

It is very important to rest after giving birth. It will be easier to cope with the physical and emotional demands of parenting if you are well rested. Allow family members and friends to take care of household chores such as cooking, cleaning and laundry. (Family members feel useful when they know they are helping you recover.)

If stair climbing is necessary, limit frequency by planning trips. Do not lift more than 10 pounds. If you have other small children, you should sit and encourage them to climb next to you to snuggle rather than lifting them.

Entertaining is tiring. Limit the number of visitors and the length of their visit.

Many women are eager to regain their figure and will

want to begin exercising. An exercise program should begin only after your physician has approved the types of exercises you can perform. When you begin, start slowly and gradually increase as your strength improves.

If you had a Cesarean delivery, your recovery process will take a week or two longer. Your physician will advise you of limitations on other activities such as driving and exercising. Please remember that driving under the influence of prescription pain medication is dangerous and against the law.

Nutrition

You can expect weight loss of about 12 to 15 pounds during the first week after giving birth. You should gradually continue to lose the weight you gained to support your pregnancy. It is important not to diet until after the follow-up visit with your physician. Healthy eating habits include a wide variety of foods for essential nutrients, vitamins and minerals. Be sure to drink liquids including water and juices when you are thirsty. A high-fiber diet will help relieve constipation. Remember, your body will use the calories you take in to produce your breast milk.

The Kegel Exercise

The pelvic floor muscles form a hammock that extends from the pubic bone to the tailbone. These muscles support the uterus and other organs in the pelvic cavity. The pelvic floor muscles surround the three openings in the perineum – the urethra (where urine is passed), the vagina and the rectum (where stool is passed). To locate the muscle group, pull in as if you are stopping a stream of urine. Then pull in as if you are stopping a bowel movement. This action of tightening the muscles is called the Kegel exercise.

- To perform the Kegel exercise: (1) tighten your pelvic floor muscles (see guidelines above) and hold to a count of five (this can be increased to a count of 10); (2) relax and (3) repeat in a series of five at a time.
- During postpartum, to strengthen muscles and increase urinary control: (1) tighten muscles; (2) hold to a count of 10, relax and (3) repeat 100 times.
- Women should do Kegel exercises 100 times a day for life.

Adjusting to family life

During the first few weeks after giving birth, life will be extremely hectic. Even if you have had children before, caring for an infant will be challenging. Your baby depends on you 24 hours a day. With this dependency there will be a change in daily and nightly schedules, loss of sleep, frustration and irritability. All of this may seem overwhelming at times. Remember that good communication is the cornerstone for

your new family. Share your concerns, doubts, joys and insights and make decisions together. Trust your instincts. Many new parents are unsure of their parenting skills. As you experiment and learn new skills and attitudes toward parenting, you will become more confident, and life will settle into place.

Resuming sexual activity

Your physician will advise you on resuming sexual intercourse. Family planning can be achieved in a variety of ways and should be discussed with your partner and physician. Remember that breastfeeding is not a form of birth control.

After the birth of your baby, your sex drive may decrease temporarily due to hormonal changes, fatigue and adjusting to the demands of parenting. Many men and women fear that intercourse will be painful for the woman. Not all women have pain. For women who do experience pain, the intensity varies from woman to woman.

During this time, kissing, cuddling and massage can be acceptable alternatives to intercourse. Most importantly, talk to each other about your feelings and concerns.

When you decide to resume intercourse, the following suggestions may be helpful for you and your partner:

- The natural lubrication of your vagina following childbirth may take longer than before you had your baby, particularly if you are breastfeeding. Use a lubricant such as KY jelly or Astroglide.
- Breastfeeding before intercourse will decrease the chance of leaking breast milk
- Varying positions may help, as some may be more comfortable than others
- Maintaining your sense of humor will be helpful

Postpartum baby blues and postpartum depression

Postpartum anxiety

Some mothers may also experience postpartum anxiety. They may feel worried or panicky, have a fear of losing control or going crazy, or have chest pains or racing heart. They may also feel extreme worry about their baby. Postpartum anxiety can make some women feel dizzy, shaky or short of breath. These symptoms can be present with or without PPD symptoms.

Postpartum psychosis

Only one or two out of 1,000 women will experience postpartum psychosis. It's the most severe form of postpartum illness and needs aggressive care. Mothers may have severe mood swings, hallucinations and irrational or violent thoughts. These symptoms should be reported to a health care provider immediately.

What does PPD feel like?

- I can't concentrate.
- I can't sleep, even when my baby is sleeping.
- I'm not hungry and just don't care to eat.
- I get irritable and angry very easily.
- The simplest decisions are hard for me to make.
- I don't enjoy things I used to like to do.
- I'm tired and have no energy.
- I don't feel loving toward my baby.
- I feel angry toward my baby and others.
- I feel like I'm going crazy.
- I'm thinking of harming myself or my baby.

Women or adolescents who fall into at least one of these categories are at risk for PPD:

- Have had depression or anxiety
- Have poor social support or isolation
- Have had a recent life changing event
- Have other mental disorders or substance misuse
- Have a history of trauma
- Are living in poor financial circumstances

What can I do to help myself?

- Exercise every day.
- Sleep when the baby sleeps.
- Eat a healthy diet.
- Drink plenty of water.
- Avoid alcohol, caffeine, high-sugar and high-fat foods.

Lack of support is a major factor in PPD. What can family and friends do to help a new mother?

- Check in regularly to see how she is doing.
- Make her a nutritious meal.
- Watch the baby so she can nap or take a shower.
- Help out with housework.

Differentiating between baby blues or PPD

Since your new baby was born, how often have you felt down, depressed or hopeless? Since your new baby was born, how often have you had little interest or little pleasure in doing things? If you can answer ALWAYS or OFTEN to either question, it's time to talk to your health care provider about how you are feeling. Call your doctor if your baby blues last longer than two weeks, your symptoms get worse, you're having trouble caring for yourself/your baby, or you're having thoughts of harming yourself or your baby. If you are thinking about hurting yourself, talk to someone right away.

National Postpartum Depression Hotline
1-800-PPD-MOMS (773-6667)

National Suicide Prevention Line
1-800-273-TALK (8255)

Parental Stress Hotline
1-800-632-8188

For more, see "Postpartum Depression Resources" on page 41.

Birth Control.....

What is birth control?

Birth control means using a certain method, medicine and/or device to prevent pregnancy.

How well does birth control work?

How well birth control will work for you depends on the method you choose and if you use it the right way. Birth control methods like the pill, Depo-Provera shots, the Implant and the IUD work almost all the time (99% of the time or more) if used the right way.

Other methods like the diaphragm, condoms (rubbers) or sperm-killing foams and creams can work well if you use them the right way every time you have sex. Natural family planning only works if both partners are willing to learn how to do it and to not have sex for up to half of each month.

Abstinence (not having sex) is the only way to prevent pregnancy that works 100% of the time. If you do not use any birth control, you have about an 85% chance of getting pregnant.

What choices do I have?

The basic types of birth control are:

- Abstinence: Abstinence means deciding not to have sex and sticking with that decision.
- Barrier: Barrier methods make a “wall” that blocks sperm from entering a woman’s uterus.

Examples

- Diaphragm: A thin, rubber dome that goes inside the vagina and covers the cervix, used each time you have sex
- Spermicides: Foam, cream, jelly or film put in the vagina each time you have sex
- Condoms (rubbers): Latex sheath worn by the man each time you have sex
- Hormonal: Hormonal methods use medicines to stop the woman from releasing an egg that could be fertilized.

Examples

- Pills: Pills that you take by mouth once a day
- Vaginal ring: A plastic ring that you place in the vagina for three weeks, then remove for your period
- Depo-Provera shots: Shots that you take once every three months
- Implant: Tiny rod put in your arm which prevents pregnancy for up to three years
- Emergency contraception pills: Pills that you take within 3-5 days after unprotected sex. These are for emergency use, not ongoing birth control.

- Patch: A patch that you place on your skin once each week for three weeks, then remove for your period
- Natural family planning: The natural method requires that a woman check her body temperature, cervical mucus and calendar each day to predict when it is safe to have sex.
- Other methods: Intrauterine Device (IUD), which is a small plastic object placed in the uterus by a trained health care provider; provides protection from pregnancy for 5-10 years depending on the type of IUD.
- Sterilization: A procedure which makes a woman permanently unable to have children in the future or, for a man, to father children in the future.

Remember, you can always choose not to have sex. No matter what, no one has the right to force you to have sex if you do not want to.

How do I know what is the best birth control choice for me?

Many women use different birth control methods during their lives. What method you use depends on if you have any health problems, how your partner feels about birth control, side effects and how easy it is to use, among other things.

There is no “perfect” birth control method. Before you decide, you need to know how each kind of birth control works and what to expect when using them such as possible side effects. Each woman must decide for herself what will work best.

What do I do?

- Get the facts. Find out everything you need to know about the methods you might want to use.
- Talk to your partner about birth control. Birth control works best when the man and the woman pick out the birth control method together. If he wants to have sex but does not want you to use birth control or does not want to wear a condom and you want him to, you need to talk more about why he feels this way before you have sex. You may feel funny or embarrassed talking about sex and birth control. That’s normal. However, it is important that he understand why you do not want to have a baby now or that you do not want to get a disease like AIDS or other diseases you can get when you have sex.
- Talk to your physician about the best birth control options for you, and pick out a birth control method you prefer. Learn to use it the right way.
- Plan ahead. Be sure you have what you need before you have sex. For example, if you miss a pill, get some condoms to use.

What if I have problems?

You have probably heard others talk about birth control or about problems they have had. The fact is that most teens and women do not have a lot of problems when they use birth control. It may take a little while to learn how to use it or for your body to get used to it. If you try one kind of birth control and do not like it, there are always other kinds to try. Don't stop using birth control if you are having sex.

Where do I get birth control?

You can get free or low-cost birth control supplies or medicines in private at your county health department, at a public or private health clinic and other places. You can also buy condoms and spermicides (foams, creams and jellies) at drug or grocery stores.

What if I can't afford birth control?

Can you afford a baby right now? Using birth control will help you decide when or even if it is best for you to have a baby. Your county health department (and most public clinics) can help you get the birth control you need.

Remember, using most types of birth control will not keep you from getting HIV or other diseases you can get when you have sex. To protect yourself, use a condom each time you have sex.

For more information, contact your local county health department or adph.org/familyplanning.

*Information provided by Alabama Public Health via federal Title X Family Planning grant.

Survival Guide For the First Two Weeks.....

Breastfeed whenever your baby shows feeding cues.

It sounds like a lot, but your baby needs your milk and your breasts need the stimulation to bring in an abundant milk supply. Newborns need to be fed around the clock so they get at least eight feedings on demand every 24-hour period.

Wake your baby up well before feedings, and keep your baby sucking through the feeding

See "Waking a sleeping baby" on page 16 for tips and strategies.

Try baby-led latching.

Get in a reclining position and place the baby on top of you in any position that is comfortable for you. Allow the baby to locate the breast and latch on. His head will bob until he locates the breast, opening wide and latching on when his chin feels the breast. Try again if you feel any nipple pain.

If your breasts get full, have your baby empty them with frequent feeding.

If that is not enough, use a breast pump prior to feedings to get your milk flowing and shape the nipple, then feed the baby. If you are still over-full after feedings, use the pump again. Ice is also a good way to slow down breastmilk production, and it will feel good.

Baby should have one additional wet diaper each day until six days old.

For example, three wet diapers on day three, four on day four, and so on. After six days, continue with six

wet diapers and two-three stools daily. More is fine, but if you are not getting these minimums, call your health care professional.

Take care of your nipples.

If your nipples get sore, try the sandwich hold. Gently squeeze the breast into a "sandwich," creating an oval of the areola with your thumb lined up with your baby's nose, your fingers under the breast.

For more tips on nipple care, see page 7 of the Breastfeeding Guide on the reverse side of this book.

Sleep when your baby sleeps.

Newborns tend to feed a lot at night and sleep more during the day. Around-the-clock feedings are grueling, and you can maximize your sleep by napping when your baby does. You can also encourage your baby to spend more time awake during the day by feeding and playing with him.

Do as little as possible at night.

Feed your baby when he tells you he is hungry, but do not do anything else (such as turning on lights, changing diapers unless you need to, etc). If your baby really wakes up, he will want to play and you will want to sleep.

Find your groove.

It will take a few weeks for you and baby to get into a pattern of feeding and nap times. Go with the flow and allow your baby to show you what his natural rhythms are. Schedules do not usually work until the baby is older and bigger, at which point you can encourage a more predictable pattern.

Caring for Your Newborn.....

Your baby from head to toe

Your child is the greatest gift you will receive. Gathering information and educating yourself will calm your fears and answer questions as you prepare to care for your infant.

You probably know much more about being a parent than you think. From childhood, you have learned parenting skills by watching your own parents and other families. Perhaps you have experience in caring for other children. Also, you have instinctive responses that will help you develop your own skills and parenting style. This section will serve as a guide to the first days and weeks of the life of your newborn.

Soft spots

There are two fontanel, or soft spots, on your baby's head. These are normal and allow for rapid growth of the brain. Fontanel can vary greatly in size from one baby to another. The larger one, located on top toward the front of the head, has a diamond shape. The other one is located toward the back of the head and is somewhat triangular. Do not be afraid to gently touch these areas. There is a tough membrane under the skin that protects the skull's contents. You can expect the soft spot at the back of the head to close by 4 months. The soft spot at the top will close between 10 and 20 months.

Vision

Although your newborn's eyes may be closed most of the time, when awake, infants can see. The best distance for focusing is 8 to 15 inches from the face. Babies can distinguish light from dark, prefer patterns to solid colors and are fascinated by the human face. As you look at your baby's eyes, you may notice small red areas in the whites of the eyes, making them appear blood shot. This is caused by blood vessels breaking during the birth process. These areas will disappear on their own. You also may notice the eyes appear crossed or like they are drifting. This occurs because eye muscles are immature and are still developing. Eye color may change until six months of age.

Hearing

Your newborn can hear at birth. Very early, your baby will recognize familiar voices and can be comforted by them. In addition to providing comfort, speaking to your baby can aid in language development. If you watch carefully, you may even notice slight movements with the arms and legs in response to your speech. Sometimes your baby's ears may appear flattened or even folded against the head. This will correct itself soon.

Smelling, tasting and touching

In addition to preferring certain patterns and sounds, your baby will prefer certain smells and tastes. A nursing baby quickly learns to recognize the smell and taste of mother's milk. Infants are also sensitive to touch and the way they are handled. Gentle stroking will comfort, while picking up roughly is likely to cause an infant to cry.

Skin

At birth you may notice a creamy, white substance covering your baby's skin or in the folds of skin. This substance is called vernix and acts as a protective coating. It is easily absorbed or wiped off and usually disappears after the first bath. Your baby's skin also may peel as it adjusts to the air outside the womb. This process is normal and requires no treatment. Small white dots on the face, called milia, may also appear. They may look like pimples, but don't squeeze or wash them vigorously. They will clear on their own. General skin rashes and birthmarks are common. Most fade in the first weeks without treatment. The breast area on both boys and girls may be slightly swollen and even have a small discharge. This is normal and will correct itself. A bluish appearance of your baby's feet and hands during the first few hours after birth is due to immature circulation and will correct itself.

Male and female sex organs (genitalia)

The genitals of newborns, often reddish, seem quite large for bodies so small. Your baby girl may have a clear white or slightly bloody vaginal discharge caused by exposure to her mother's hormones during pregnancy. This is normal and requires no special treatment.

Sleeping

Infants generally are alert and active for the first one to two hours after birth. Some may be interested in breastfeeding right away, while others are content to be held and observe their new surroundings. After this initial period, most babies tend to become less active and may be less eager to eat. Your newborn probably will sleep up to 16 hours a day divided into two- to four-hour naps. Your baby's sleep needs will be unpredictable at first, and some babies will sleep more or less than others. During this time, it is important for you to get enough rest by sleeping when your baby sleeps.

For sleep safety tips, see "Safe sleeping" on page 29.

Crying

If your baby is crying a lot, try some of these consoling techniques:

- Check diaper for need of changing
- Observe for feeding cues
- Burp baby frequently during feedings to relieve trapped gas
- Rock baby in a chair or stand swaying back and forth
- Gently stroke or pat baby's head, back or chest
- Wrap baby snugly in a receiving blanket
- Reduce the amount of noise and bright light
- Introduce rhythmic noise and vibrations, such as riding in the car or walking with baby in a stroller
- Give baby a warm bath if the umbilical cord has come off and healed (most babies like this but not all)
- Sing, talk or play soft music

Crying is difficult to listen to and can be frustrating. If you're feeling overwhelmed and are unable to console your baby, it is best to put baby in a crib and leave the room until you can regain your composure. If you feel frustrated and need a break, call a friend or family member. If help is not available, make sure baby is safe, close the door and check on baby at least every five minutes. It is very important to never shake a baby no matter how impatient you feel. Shaking can cause brain damage, mental retardation or death. Refer to "Shaken Baby Syndrome" on page 28.

Handling and positioning

Newborns have very little head control and need to have their head and neck supported to keep their head from flopping side to side or front to back.

Sudden Infant Death Syndrome (SIDS)

When positioning your baby for sleep, it is important to place your baby on the back to help reduce the risk of Sudden Infant Death Syndrome (SIDS). Do this whether your baby is being put down for a nap or to bed for the night. Although this recommendation is different from the way many people were taught in the past, physicians and nurses now believe that fewer babies will die of SIDS if infants sleep on their backs. Be patient as your baby adjusts to this safer sleep position. Keep your baby's sleep area close to, but separate from, where you sleep. Your baby should not sleep in a bed or on a sofa with adults or other children. If you bring the baby to your bed to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle or co-sleeper, when finished.

Tummy time

Tummy time is an important part of the motor development of an infant. Tummy time allows your baby to gain head and trunk control and strengthen

the back, neck, shoulders and arms. It also helps prevent flattening to the back of the head. (Head flattening can also be prevented by changing head position while baby is sleeping on his or her back.)

Your baby may be placed on the tummy as a newborn during supervised, awake time. If your child was born before 37 weeks, you may want to wait until the original due date to start tummy time.

Some babies do not tolerate tummy time very well. Below are a few suggestions to try and overcome those unhappy moments while on the tummy:

- Lie on your back and place baby on the tummy against your chest. Once baby becomes comfortable with this, you can try moving baby to a blanket on the floor.
- Start out for only a few minutes at a time, several times a day, building that time as baby begins to tolerate being on the tummy
- Lie on your tummy up close so baby can see your face
- With baby lying on his or her tummy, roll up a small towel or receiving blanket and place it under the shoulders to make it easier to lift and turn the head
- Place a toy in front of baby to get his or her attention

Most babies learn to like tummy time quickly once they realize what fun it is. You will even enjoy watching your baby as development progresses day-to-day.

Feeding your baby

Breastfeeding

If you have questions about breastfeeding, see the reverse side of this book, ask your nurse or contact one of our lactation consultants at (256) 817-5651.

Burping

Experiment to find the best technique for your baby. You may develop new methods of your own.

- Head on your shoulder – Hold your baby upright with baby's head on your shoulder, supporting the head and back while patting gently. Put a soft towel or cloth diaper on your shoulder in case of spit-up.
- Sitting up – With your baby seated on your lap, lean baby forward and support the chest and head by allowing the jaw to rest in your hand. Pat baby gently on the back with your other hand.
- Tummy down across lap – Lay your baby on your lap with baby's stomach over one leg and the head resting on the other. With baby's head turned toward one side, hold securely with one hand and pat gently on the back.

Spitting up

Spitting up is another common concern during infancy. Spitting up the first day or two after birth is most often due to fluid swallowed during delivery. Sometimes spit-up is caused by the baby eating more than his stomach can hold, or sometimes spit-up will occur when the baby is burping or drooling. This is no cause for concern. Some babies spit up more than others, but most are out of the phase by the time they are sitting. Spit-up should never be brown, red or green in color. If it is, consult with your baby's physician.

Bulb syringe

A bulb syringe will be sent home with you when you leave the hospital. This can be used to clear formula from your baby's mouth and clear mucus from his nose. To use it, completely depress the bulb before inserting the tip into the side of the baby's mouth. Suction is achieved by releasing the bulb. Remove the bulb to empty it completely and then depress it before suctioning again. After suctioning the mouth, you may suction each nostril using the same technique. Remember to suction the mouth first, nostrils second. Afterward, wash the bulb inside and out by depressing it in warm, soapy water and rinse well. Prop the bulb so all the water drains out.

Do not attach pacifiers or other objects to the crib or to your baby with a cord. Do not place a string or necklace around your baby's neck.

Bathing

Your infant doesn't need a lot of bathing as long as you clean the diaper area well when you change diapers.

A sponge bath two or three times a week until the umbilical cord has fallen off and the area is healed is all that's required. Tub baths can begin after the cord area is healed.

- Gather supplies to be used for the bath before getting the baby: Basin of warm water, two washcloths, a towel, mild soap, baby shampoo, Vaseline for circumcision care (if applicable), a clean diaper and clean clothing.
- In a warm room, lay the baby anywhere that's flat and comfortable for you. If the baby is on a surface above the floor, use a safety strap or keep one hand on baby at all times to ensure he or she doesn't fall.
- Keep baby in a towel and expose only the parts of the body you are washing.
- Test the temperature of the water with your wrist or elbow.
- Start by washing the face with clear water – don't use soap. Use a corner of a washcloth to clean

the area around each eye, wiping from the inner to the outer corner. Use a different corner of the washcloth for each eye.

- For the ears and nose, use a washcloth, wiping only what can be seen. Never use cotton swabs in the ears or nose due to the risk of damaging delicate tissue from cleaning too deeply.
- To shampoo hair and scalp, cradle the baby's head, wet the head and apply a tear-free baby shampoo.
- Massage the scalp using your fingers, a washcloth or a soft brush. This will help prevent cradle cap. Rinse thoroughly with clear water and gently dry.
- Wash the rest of baby's body with warm, soapy water, paying close attention to creases around the neck and under the arms, and around the legs and diaper area.
- When cleaning the diaper area, clean girls from front to back so bacteria is not spread from the rectum. A white mucous discharge is normal.
- When cleaning boys, be sure to wipe beneath the scrotum.
- Dry your baby thoroughly and dress appropriately for the weather.
- Cautions regarding the use of oil, powder and lotion: Oils generally are not recommended for use on newborns because they are not easily absorbed into the skin. Powder creates a risk for suffocation if the baby breathes the powder. If you are going to use powder, shake it out away from your baby and then pat the powder on the skin. Be sure to keep the powder out of baby's reach. You should use only lotions and other skin care products specifically made for babies.

For bathing safety tips, see "Bath time safety" on page 29.

Baby wearing

Baby wearing can be beneficial for both baby and parents. When you are wearing your baby, check to ensure that your baby is not curled up too tightly in a chin-to-chest position as this compresses your baby's airways. There should be a finger's width or two between their chin and chest. Make sure your baby's back is straight and supported. Monitor your child at all times, making sure nothing is obstructing their face. Be aware of how your movements affect the baby, avoiding any bumping or jarring motions.

Benefits for baby

- Less crying. Studies show the more babies are held, the less they cry. Too much alone crying can permanently alter the nervous system by flooding the developing brain with stress hormones, leading the baby to over sensitivity to future trauma, and

to post-traumatic stress and panic disorders in adulthood.

- More calm and content. Carrying promotes a sense of security and contentment, leading baby to have a more regular respiratory rate, heart rate and steady internal body temperature.
- More peaceful sleep. Keeping baby close helps him organize his sleep and wake cycles. Nap times are spent in constant motion and nighntimes are dark with a loving parent nearby, helping baby to know the difference between daytime and nighttime.
- Better weight gain. Premature babies who are touched and held gain weight faster and are healthier. Full-term babies nurse more frequently when they are close to mom.
- Better digestion. Constant motion and frequent small feedings associated with carrying help promote good digestion. Babies who are carried also spit up less after feedings.
- Better development. Carrying enhances motor skills by stimulating the vestibular system used for balance as baby constantly readjusts his muscles as mom or dad moves around. Carried babies are less likely to have an asymmetrical head shape because the soft carriers keep the pressure off the backs of their heads. Frequent eye contact and speaking to baby helps promote greater visual alertness and language development.

Benefits for parents

- Your hands are free. You can go out confidently, knowing that baby is in a safe, comfortable place.
- Walking with baby is easier because you do not have to carry the baby in your arms - no muscle fatigue.
- You can do what you need to do. Baby is right there with you, enjoying the moment!

For more information on baby wearing, visit: babywearinginternational.org/pages/safety.php

Taking temperatures

We recommend using a digital thermometer. Please follow the instructions on the package insert for proper use.

When to call the doctor

Notify your baby's physician if your baby has a fever, and specify the method you used to take it – under the arm or rectal. Also contact your pediatrician if your child has any of the following symptoms:

- Poor feeding, continued spitting up or forceful vomiting
- Excessive drowsiness, sleeping through feeding times, or unusual inactivity or quietness
- Persistent crying or irritability

- Less than three wet diapers a day after 48 hours
- Constipation or dry stools
- Loose, watery bowel movements
- Difficulty breathing or a persistent cough
- Grayish-blue coloring around the mouth, lips and tongue when feeding or crying
- Yellowing of the skin or whites of the eyes (jaundice)
- Redness or discharge from the eyes
- Generalized rash, especially if accompanied by fever
- Redness or foul odor in the cord area
- Bleeding or drainage from the circumcision that continues and increases after discharge from the hospital
- White patches in the mouth (thrush) that cannot be wiped away with a soft cloth

When calling your baby's physician, have the following information available:

- Your baby's temperature and the method used to measure it – under the arm or rectal
- Other symptoms that are causing you concern
- The phone number of your pharmacy

Common behaviors

Additional behaviors you can expect from your newborn:

- Sneezing to clear the nose and throat
- Keeping the arms and legs bent up close to the body and fingers tightly clenched
- Startled easily or have tremors of the legs, arms or chin. This is due to an immature nervous system that is still developing.
- Hiccups, which are little muscle spasms. You may offer a feeding, but hiccups usually go away on their own.
- For the first few weeks or months your baby probably won't have tears when crying
- When placed on the stomach, baby may try to lift and turn the head

Baby Safety at Home

Cribs

Cribs should meet Consumer Product Safety Commission standards. Visit cpsc.gov to learn the latest information about crib safety and recalls.

- Crib sides should always be up when baby is unattended.
- Crib slats should be no more than 2 3/8 inches apart.
- The mattress should fit snugly inside the crib and linens should be well fitting – not loose. There should be no missing, loose or broken crib or mattress-support hardware.

For more information on what you should or should not have in your baby's crib, see "Crib contents" on page 18.

Car seats

Alabama state law requires that your infant ride in an infant car seat. Newborns always should ride in an appropriate rear-facing car seat in the back seat of the vehicle. Never place an infant in the front seat of a vehicle equipped with an air bag. **An air bag can kill a baby riding in the front passenger seat, even in a minor crash. Older children are also safer in the back.** Buckle them up!

Note: Hospital staff are not allowed to help you place your baby in a car seat or secure the seat in the car.

Basic car seat safety:

- Infants always ride in a rear-facing car seat. This is the safest position. It protects babies from spinal cord injury. For the most current recommendations, visit nhtsa.gov and aap.org.
- Transport your baby in the back seat. The back seat usually is safer than the front seat.
- Make the seat belt tight around the car seat. Fasten the harness snugly over your baby's shoulders.
- Follow car seat instructions and the vehicle manual to use and install the car seat correctly.
- Beware of used car seats. They may have hidden problems, compromising safety if you're in an accident.
- Never leave your baby or child alone in the car. There are a number of hazards including the danger of overheating.

Bringing your new baby home

- Dress your baby in clothes with legs so the center strap can go between the legs.
- Adjust the harness to fit snugly. Avoid using thick blankets under the straps. These make it impossible for the harness to fit tight enough to protect the baby in a crash. To keep your baby warm, buckle the harness first, then tuck a blanket over it.

- Put the harness straps in the lowest slots. Straps should be in slots closest to or just below your baby's shoulders in the rear-facing position.

Madison Hospital offers car seat fittings with a certified passenger safety technician by appointment. To schedule an appointment, scan the QR code or visit madisonhospital.org/services/car-seat-fitting



Child passenger safety

A certified child passenger safety technician can check your car seat installation and answer questions. To find a technician or inspection station near you, visit seatcheck.org and click Installation Help > Inspection.

Prevent falls and suffocation

- To prevent falls, never leave your baby unattended on raised surfaces such as a changing table or countertop.
- If you are feeling weak, faint or unsteady on your feet, do not lift your baby. Call for help instead.
- **Do not sleep with your baby in your bed,** couch or chair as this may place your baby at risk of falling and of serious injury.
- When you want to sleep, first place the baby in the bassinet or crib.
- Small objects such as safety pins, small parts of toys, etc., should be kept out of reach of your baby. This includes the toys of older brothers and sisters.
- Keep plastic bags or wrappings out of your baby's reach.

Fire

- Your baby should be dressed only in clothing treated with flame-retardant chemicals.
- Install smoke detectors in appropriate locations throughout your home and maintain them according to the manufacturer's instructions.

Supervision

Never leave your baby alone in the house, yard, car, with pets or other small children.

Shaken Baby Syndrome

Shaken Baby Syndrome is a condition of a child who has been shaken. Some of the known symptoms of Shaken Baby Syndrome include:

- Change in sleeping pattern
- Loss of energy or motivation
- Confusion
- Uncontrolled crying
- Slurred speech
- Inability to be consoled
- Convulsions or seizures
- Inability to nurse or eat

Shaken Baby Syndrome can result in death, mental retardation or developmental delays, paralysis, blindness, deafness, brain damage, bleeding in the baby's brain and seizures.

The best ways to prevent your baby from getting Shaken Baby Syndrome are:

- Do not shake your baby anytime for any reason
- Do not allow your baby to be shaken by anyone, anytime, for any reason

Sometimes you may get frustrated or angry when your baby is crying or won't go to sleep. If immediate support is not available, you could place the baby in a crib (making sure the baby is safe), close the door, and check on the baby every five minutes.

- Remember that your baby is helpless and loves you.
- Remember that your baby is not trying to be difficult. Babies often cry or fuss, this is normal.
- Sit down, close your eyes, and slowly count to 10, taking deep breaths.
- Take a time out for a few minutes.
- Pray or meditate.
- Read something that is calming to you or your baby.
- Sing a song to your baby.
- Check to see if your baby is hungry.
- Check to see if your baby's diaper is wet or dirty.
- Play soft music for your baby.
- Sit in a comfortable chair and rock your baby.
- Take your baby for a ride in a stroller.
- Take your baby for a slow car ride around the block.
- Call a friend or family member and tell them you're frustrated or angry and ask for help or suggestions.
- If you have a clergy person, call for help.
- Call your doctor if you think your baby is sick.
- Call the Parental Stress Hotline at (800) 632-8188.

Sometimes a family member or friend who is taking care of your baby may get angry. You should:

- Talk with your family member / friend about their anger
- Give your family member or friend this information sheet so they will know what to do if they get angry or frustrated
- If the family member or friend can't control their anger, find another person to care for your baby when you can't; try to select someone who is calm.

If your baby has been shaken:

- Take your baby to the doctor or emergency room
- Continue to work on controlling your anger and frustration
- Don't ever shake your baby again for any reason

Safe sleeping

Remember the *ABCs of safe sleeping* for your baby:

Alone | *no one and no items in the crib*

- NO toys
- NO animals
- NO parents or siblings
- NO pillows
- NO extra blankets

Back | *on baby's back (face up)*

- NOT on side
- NOT propped up with blankets or cushions
- NOT on tummy

Crib

- NO adult bed
- NO lounge chair
- NO couch or sofa
- NO futon

While babies should always sleep on their backs, it's also important to give babies time on their tummies. This helps strengthen the back, neck, shoulders and arms. It also helps prevent flattening to the back of the head. **Tummy time should always be while baby is awake and supervised.**

Make a safe sleep plan. Share your plan for safe sleep with your childcare providers, family and friends and be sure they are willing to follow it. You can even use these ABCs of Safe Sleep as your sleep plan.

Avoid over-heating your baby while he/she sleeps

- no hats, warm blankets or overly warm room temperature (room should be 70-72 degrees). Be sure your baby sleeps in a smoke-free environment.

Remember, it's okay for your baby to share your room, but not your bed.

Bath time safety

- To prevent your baby from slipping while bathing in the sink, set baby on a washcloth and hold baby under the arms.
- To prevent your baby from being scalded, adjust the temperature of your water heater to less than 120 degrees Fahrenheit. Never run water while your baby is in the sink or bath or run it directly on your baby.
- Never leave your baby unattended during the bath. Drowning can occur very quickly in small amounts of water.

Vitamin K Deficiency Bleeding

Vitamin K plays an important part in making our blood clot. If blood can't clot properly, uncontrolled bleeding can happen. All babies are born with low levels of vitamin K. Although these vitamin K stores get used up quickly in the first few days of a baby's life, there is usually enough to stop bleeding. However, a very small number of newborn babies have vitamin K deficiency bleeding (VKDB). These babies don't have enough vitamin K to make their blood clot.

In the majority of cases of VKDB, there are no warning signs before a life-threatening bleed starts. Babies who do not get a vitamin K shot at birth might develop any of these signs of VKDB:

- Easy bruising, especially around the baby's head and face
- Bleeding from the nose or umbilical cord
- Paler than usual skin color or, for dark-skinned babies, pale-appearing gums

- Yellow eyes after the baby is three weeks old
- Blood in the stool, black tarry stool or vomiting blood
- Irritability, seizures, excessive sleepiness or a lot of vomiting may all be signs of bleeding in the brain

Your baby does get vitamin K from breast milk, but not enough to prevent VKDB. There is only a little vitamin K in breast milk. Breastfed babies are low in vitamin K for several weeks until they start eating regular foods, usually at 4-6 months, and until the normal intestinal bacteria start making vitamin K.

Babies do not have enough vitamin K at birth and are, therefore, at risk for having serious bleeding. Thus, it is very important that all babies get a vitamin K shot to prevent VKDB.

For more information, visit: cdc.gov/ncbddd/blooddisorders/index.html

Influenza Vaccine

Flu is the short term for Influenza. It is a very contagious respiratory disease caused by the Influenza A and B viruses. You may experience symptoms much like having a cold, but flu symptoms are far more serious and may be life-threatening.

Signs and symptoms

Symptoms may include fever, chills, headache, body aches, weakness, loss of appetite, sneezing, coughing, sore throat and sniffles. People with the flu are often bedridden for up to 5-10 days.

How is it spread?

Influenza is spread by droplet infection. When someone coughs or sneezes, the virus is expelled into the air and can be inhaled by anyone who is close by. Though much less frequent, the viruses also can be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands. Therefore, frequent hand hygiene is an important preventive measure.

How is it prevented?

The best way to prevent the flu is by getting a flu vaccine. An annual flu vaccine is recommended for everyone who is at least 6 months of age. This CDC recommendation has been in place since February 2010. The best time to get a flu shot is in October, since flu season usually starts in December/January.

For healthy adults, the flu vaccine begins to provide protection about two weeks following the vaccine.

What if I have the flu and I am a patient at Madison Hospital?

You will be placed under droplet precautions. These precautions include the use of a mask when your health care worker or your family and friends are in your room. You, your visitors and the staff must frequently clean hands. This will prevent the spread of the flu virus.

Why are these special precautions necessary, and how long will they last?

We do not want to spread the flu to anyone else. These precautions are necessary to prevent droplets of mucous that exit your nose and mouth during coughing and sneezing from coming in contact with the nose, mouth, or eyes of anyone who comes in contact with you (your family, the staff, other visitors, or other patients in the hospital). These precautions usually last for 7 days after the illness onset or until 24 hours after fever and upper respiratory symptoms have resolved, whichever is longer. (*Due to the possibility of continued viral shedding after the resolution of the flu, isolation precautions may be extended up to 3 weeks during peak flu season.)

If you have questions or concerns, ask a caregiver or call Infection Control at (256) 265-8094.

Recommended Immunization Schedule Birth to 18 Years Old

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 st dose	1 dose depending on maternal RSV vaccination status. See Notes								1 dose (8 through 19 months). See Notes							
Hepatitis B (HepB)	1 st dose	← 2 nd dose →															
Rotavirus (RV); RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose							5 th dose					
<i>Haemophilus influenzae</i> type b (Hib)			1 st dose	2 nd dose	See Notes												
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose												
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	3 rd dose							4 th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)																	
Influenza (IIV4)																	
Influenza (LAIV4)																	
Measles, mumps, rubella (MMR)																	
Varicella (VAR)																	
Hepatitis A (HepA)																	
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																	
Human papillomavirus (HPV)																	
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)																	
Meningococcal B (MenB-4C, MenB-FHbp)																	
Respiratory syncytial virus vaccine (RSV [Abrysvo])																	
Dengue (DENVACYD; 9-16 yrs)																	
Mpox																	

- Range of recommended ages for all children
- Range of recommended ages for catch-up vaccination
- Range of recommended ages for certain high-risk groups
- Recommended vaccination can begin in this age group
- Recommended vaccination based on shared clinical decision-making
- No recommendation/not applicable

HCHAPS Survey.....

After you are released from Madison Hospital, you may be selected to participate in the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey. The survey is sent via mail, email or text and asks multiple-choice questions about your hospital stay. Please take the time to fill out the HCAHPS survey; your feedback is valuable!

The HCAHPS survey measures your satisfaction with the quality of your care. It is designed to be a standardized tool for measuring and reporting

satisfaction across all hospitals in the U.S. Backed by the U.S. Department of Health and Human Services, the HCAHPS survey is used to improve the quality of health care. HCAHPS makes survey results public so hospitals are aware of where changes are needed. The results also enable health care consumers to review and compare hospitals before choosing a provider.

Smoking and Your Health.....

Smoking hurts most of your body and causes many diseases such as lung cancer, heart disease, stroke and chronic obstructive pulmonary disease (COPD) which includes emphysema and chronic bronchitis. Tobacco use remains the leading cause of preventable death and disease in the U.S., which is why it is critically important that people break their addiction to tobacco for good*. Tobacco use causes over 438,000 deaths per year while secondhand smoke causes over 41,000 deaths. The greatest majority of new smokers are children and teens. Stopping smoking has immediate as well as long-term benefits which include reducing the risks of smoking-related diseases and overall health improvement. Additional facts:

- Smokers miss more work than non-smokers, and their illnesses last longer.
- On average, smokers die 13 to 14 years earlier than non-smokers.
- Women who smoke and take birth control pills are at much higher risk for developing cardiovascular disease and/or stroke.
- Smoking increases the risk of dying from cancers of the lung, esophagus, larynx and oral cavity.
- Smokeless tobacco is a known cause of cancer and is not a safe alternative to cigarettes.
- Marijuana smoke contains many of the same toxins, irritants and carcinogens as tobacco smoke.
- Electronic cigarettes are a tobacco product.
- Electronic cigarettes contain several potentially harmful chemicals, including nicotine, carbonyl compounds and volatile organic compounds.
- Cigars and pipes have many of the same health risks as cigarettes.
- Smoking increases the risk of infertility, preterm delivery, stillbirth and low birth weight.
- Children exposed to secondhand smoke have an increased risk of Sudden Infant Death Syndrome

(SIDS), asthma, ear infections and lower respiratory tract infections.

- Smoking causes immediate and long-term increases in blood pressure and heart rate and doubles the risk of stroke by reducing blood flow to the brain.
- Smoking reduces bone density in postmenopausal women.
- Smokers have more infections.

Smoking cessation

There is not one way to quit smoking that works for everyone. The key is to find a method that works for you. The goal is to reduce your risk factors for developing a smoking-related disease, improve your general overall health, and reduce the dangers of secondhand smoke in those around you.

Quitting smoking is a journey! Only 4-7 percent of smokers are able to quit “cold turkey” and stay smoke free. Many smokers quit three-plus times before they are completely successful. To improve your success at quitting, you need a plan and remember, it takes time. The first 10 days are the roughest.

Ten-step quitting plan

- 1. Pick a quit day:** Choose a specific day when you will completely stop smoking and begin using your nicotine replacement therapy. Pick a day no later than two weeks after you have made up your mind to quit, and write it down on your calendar.
- 2. Clean house:** Before your quit day, get rid of all cigarettes, ashtrays and lighters. Clean the rugs, draperies and anything else in your house that may hold the smell of smoke. Get your car detailed. Make your environment as smoke-free as possible.
- 3. Remind yourself why you want to quit:** Think about all your reasons for quitting. Discuss them with a friend. Write them down on a piece of paper and carry it with you. If your motivation involves loved ones, attach a picture of them to your list.

4. **Identify your barriers to quitting:** Think about the things that keep you smoking and things that stop you from quitting. Write them down, and then write how you will deal with each barrier without smoking. For ideas, think about your past attempts, and talk with family and friends.
5. **Learn to beat your cravings:** The easiest way to beat cravings is to prevent them. There are many ways to prevent cravings – it's important to pick the ones that work best for you.
6. **Learn to beat trigger situations:** Think about situations when you are most likely to want to smoke. Plan how to deal with those triggers, whether by avoiding them or by knowing ways to cope when they strike.
7. **Review the directions:** Before you quit, make sure you clearly understand how to use your chosen nicotine replacement therapy. Read the label thoroughly.
8. **Get support:** Find people who can help you when you need that extra boost, and make sure you can reach them when you need them. If you notice yourself losing confidence in your ability to quit, it's a sign that you need some additional support.
9. **Have a quitting ceremony:** The night before your quit day, celebrate and get rid of your cigarettes. As part of your ceremony, make a commitment to stay off cigarettes no matter what.
10. **Stay positive:** You can quit! Hundreds of people do it every day. Focus on a positive reminder that can help you quit. Think about a difficult challenge you met in the past, and write yourself the message, "If I could _____, then I can quit smoking!"

How to handle cravings

- When you're challenged by a strong urge to smoke, take a few deep breaths and remember your determination to be free from this unhealthy addiction.
- Think of your most important reason for wanting to stop. Say it out loud, in a mirror if that's possible.
- Don't feel sorry for yourself. Think about the people who are still smoking. Feel sorry for them instead. You were smart enough to seek help and stop smoking.
- Immediately turn your attention to something else. Use any of the distraction and coping techniques from your "Plan Ahead – Part 1" sheet. Remember that even the most intense craving lasts only a short time – five to 10 minutes at the most.
- Do something with your hands. Doodle. Play a video game or flip a coin. Write a letter.
- Be good to yourself in every possible way. Even indulge yourself a little. Enjoy a special treat on weekends (a good meal, a movie, etc.) with the money you've saved by not smoking.
- Go to places where people don't smoke rather than to places where people do.
- Limit use of alcohol and caffeine.
- Seek out the company of nonsmokers.
- Focus on today. Tomorrow will take care of itself. Get through this day without smoking.

THE URGE WILL PASS WHETHER YOU SMOKE A CIGARETTE OR NOT.

Resources:

Beat the Pack® program at Huntsville Hospital's Center for Lung Health. Call (256) 265-7071 for more information

The Alabama Tobacco Quitline: 1-800-QUIT-NOW is a free telephone and online coaching service for any Alabamian who is ready to quit tobacco. Information, referrals and coaching are confidential, and sessions are designed on a schedule that is convenient for you.

lung.org/stop-smoking/

*Source: *American Lung Association*

What is BMI?

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI correlates to body fat, usually indicating excess fat. If your BMI is high, you may have an increased risk of developing certain diseases, including high blood pressure, heart disease, high cholesterol, diabetes, stroke, certain types of cancer, arthritis and breathing problems. Prevention of further weight gain is important, and weight reduction is desirable. If you are overweight or obese and have risk factors such as personal or

family history of heart disease, male over 45 years or a postmenopausal female, smoker, inactive lifestyle, blood pressure, abnormal blood lipids (high cholesterol, low HDL, high triglyceride) or diabetes, then you are more likely to benefit from weight loss.

Using the chart below, find your height in the left-hand column. Move across the row to the given weight. The number at the top of the column is the BMI for that height and weight.

Height: _____ Weight: _____ BMI Results: _____

Ranges	Category	BMI Health Risk	Co-morbidity Risks
Below 18.5	low weight	low	moderate
18.5 - 24.9	healthy	minimal	low
25 - 29.9	overweight	moderate	high
30 - 34.9	obese	high	very high
35 - 39.9	very obese	very high	extremely
40+	morbid	extremely	extremely

BMI (kg/m)	19	20	21	22	23	24	25	26	27	28	29	30	35	40
Height (in.)	Weight (lb.)													
58	91	96	100	105	110	115	119	124	129	134	138	143	167	191
59	94	99	104	109	114	119	124	128	133	138	143	148	173	198
60	97	102	107	112	118	123	128	133	138	143	148	152	179	204
61	100	106	111	116	122	127	132	137	143	148	153	158	185	211
62	104	109	115	120	126	131	136	142	147	153	158	164	191	218
63	107	113	115	124	130	135	141	146	152	158	163	169	197	225
64	110	116	122	128	134	140	145	151	157	163	169	174	204	232
65	114	120	126	132	138	144	150	156	162	168	174	180	210	240
66	118	124	130	136	142	148	155	161	167	173	179	186	216	247
67	121	127	134	140	146	153	159	166	172	178	185	191	223	255
68	125	131	138	144	151	158	164	171	177	184	190	197	230	262
69	128	135	142	149	155	162	169	176	182	189	196	203	236	270
70	132	139	146	153	160	167	174	181	188	195	202	207	243	278
71	136	143	150	157	165	172	179	186	193	200	208	215	250	286
72	140	147	154	162	169	177	184	191	199	206	213	221	258	294
73	144	151	159	166	174	182	189	197	204	212	219	227	265	302
74	148	155	163	171	179	186	194	202	210	218	225	233	272	311
75	152	160	168	176	184	192	200	208	216	224	232	240	279	319
76	156	164	172	180	189	197	205	213	221	230	238	246	287	328

Body weight in pounds according to height and body mass index.

Adapted with permission from Bray, G.A., Gray, D.S., Obesity, Part I, Pathogenesis, West J. Med. 1988: 149: 429-41.

*Source: Dietary Guidelines for Americans, 2000

Catheter-Associated Bloodstream Infections

What is a catheter-associated bloodstream infection?

A central line or central catheter is a tube that is placed into a patient's large vein, usually in the neck, chest, arm or groin. The catheter is often used to draw blood, give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a central line and enter the blood. If you develop a catheter-associated bloodstream infection, you may become ill with fever and chills, or the skin around the catheter may become sore and red.

Can a catheter-associated bloodstream infection be treated?

A catheter-associated bloodstream infection is serious but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections, doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter
- Wear a mask, cap, sterile gown and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter
- Clean their hands and clean the catheter opening with an antiseptic solution before using the catheter to give medications. They will also wear gloves when drawing blood. Health care providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids given through the catheter

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- If you do not see your providers clean their hands, please ask them to do so.
- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses should explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever. Call your health care provider immediately if any of these symptoms occur.

If you have additional questions, please ask your doctor or nurse.

Surgical Site Infections/Complications.....

What is a surgical site infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. Some of the common symptoms of a surgical site infection are redness and pain around the area where you had surgery, drainage of cloudy fluid from your surgical wound, and/or fever.

Can SSIs be treated?

Yes. Most surgical site infections can be successfully treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses and other health care providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They will not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean
- May give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts, and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have, including SSI after a previous surgery or any other serious infection
- Health problems such as allergies, diabetes, cold/flu symptoms and obesity could affect your surgery and your treatment. If you have diabetes, monitor and make every effort to control your blood sugar.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- Shower and wash your hair the morning of

surgery. Do not apply lotions, powders, hair spray or make-up. Put on clean clothes after showering.

- Notify the doctor's office if you have a skin infection, rash or sores prior to surgery

At the time of your surgery:

- Depending on your surgery, staff may use clippers to shave the surgical site prior to surgery. A razor should not be used to prep for surgery.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure your health care providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.
- Keep your dressing clean, dry and intact. Do not remove the dressing to show others your wound.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- Before and after surgery, it is important to keep yourself and your environment as clean as possible. Please use clean bed linens, wear clean clothing and use disinfectants to clean surfaces such as bathroom fixtures.
- Please don't allow pets in your bed while you are recovering from surgery.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage or fever, call your doctor immediately.

What can I do to prevent other surgical complications?

Pneumonia:

- Notify the doctor's office if you develop a cough or fever before or immediately after surgery.
- After surgery, while you are awake, frequently take deep breaths and cough. This helps keep your

lungs clear. If you had abdominal surgery, it may help to cushion your incision with a pillow.

Blood clots:

- Depending on the type of surgery you have, your doctor may order special stockings and sleeves to increase blood circulation in your legs.
- Get up and walk as soon as the doctor orders. Walking increases your blood circulation and

may help prevent blood clots. (Walking also helps prevent pneumonia). Move or flex your feet and legs frequently until you can start walking. Do not stay in one position for long periods.

- If you notice a warm, painful or swollen area on your leg, call your doctor immediately. If you have additional questions, please ask your doctor or nurse.

Oral Health.....

Good oral hygiene results in a mouth that looks and smells healthy. This means your teeth are clean and free of debris, gums are pink and do not hurt or bleed when you brush or floss, and bad breath is not a constant problem.

If your gums do hurt or bleed while brushing or flossing, or you are experiencing persistent bad breath, see your dentist. Any of these conditions may indicate a problem.

Your dentist or hygienist can help you learn good oral hygiene techniques and can help point out areas of your mouth that may require extra attention during brushing and flossing.

How is good oral hygiene practiced?

Maintaining good oral hygiene is one of the most important things you can do for your teeth and gums. Healthy teeth not only enable you to look and feel good, they make it possible to eat and speak properly. Good oral health is important to your overall well-being.

Daily preventive care, including brushing and flossing, will help stop problems before they develop and is much less painful, expensive and worrisome than treating conditions that have been allowed to progress.

In between regular visits to the dentist, there are simple steps that each of us can take to greatly decrease the risk of developing tooth decay, gum disease and other dental problems.

These include:

- Brushing thoroughly twice a day and flossing daily
- Eating a balanced diet and limiting snacks between meals
- Using dental products that contain fluoride, including toothpaste
- Rinsing with a fluoride mouth rinse if your dentist tells you to
- Making sure that your children under 12 drink fluoridated water or take a fluoride supplement if they live in a non-fluoridated area

What happens during a dental visit?

First, it is important to find a dentist with whom you feel comfortable. Once you've found a dentist you like, your next step is to schedule a checkup, before any problems arise. On your first visit to a dentist, they will take a full health history. On subsequent visits, if your health status has changed, make sure to tell them. Most dental visits are checkups. Regular checkups, ideally every six months, will help your teeth stay cleaner, last longer and can prevent painful problems from developing.

Regular checkups include:

- **A thorough cleaning:** Checkups almost always include a complete cleaning, either from your dentist or a dental hygienist. Using special instruments, a dental hygienist will scrape below the gum line, removing built-up plaque and tartar that can cause gum disease, cavities, bad breath and other problems. Your dentist or hygienist may also polish and floss your teeth.
- **A full examination:** Your dentist will perform a thorough examination of your teeth, gums and mouth, looking for signs of disease or other problems. His or her goal is to help maintain your good oral health and to prevent problems from becoming serious by identifying and treating them as soon as possible.
- **X-rays:** Depending on your age, risks of disease and symptoms, your dentist may recommend X-rays. X-rays can diagnose problems otherwise unnoticed, such as damage to jawbones, impacted teeth, abscesses, cysts or tumors and decay between the teeth. A modern dental office uses machines that emit virtually no radiation — no more than you would receive from a day in the sun or a weekend watching TV. As a precaution, you should always wear a lead apron when having an X-ray. If you are pregnant, inform your dentist as X-rays should only be taken in emergency situations.

How long should I go between visits?

If your teeth and gums are in good shape, you probably won't need to return for three to six months. If further treatment is required, you should make an appointment before leaving the office. And don't forget to ask your dentist any questions you may have – this is your chance to get the answers you need.

The Mouth-Body Connection

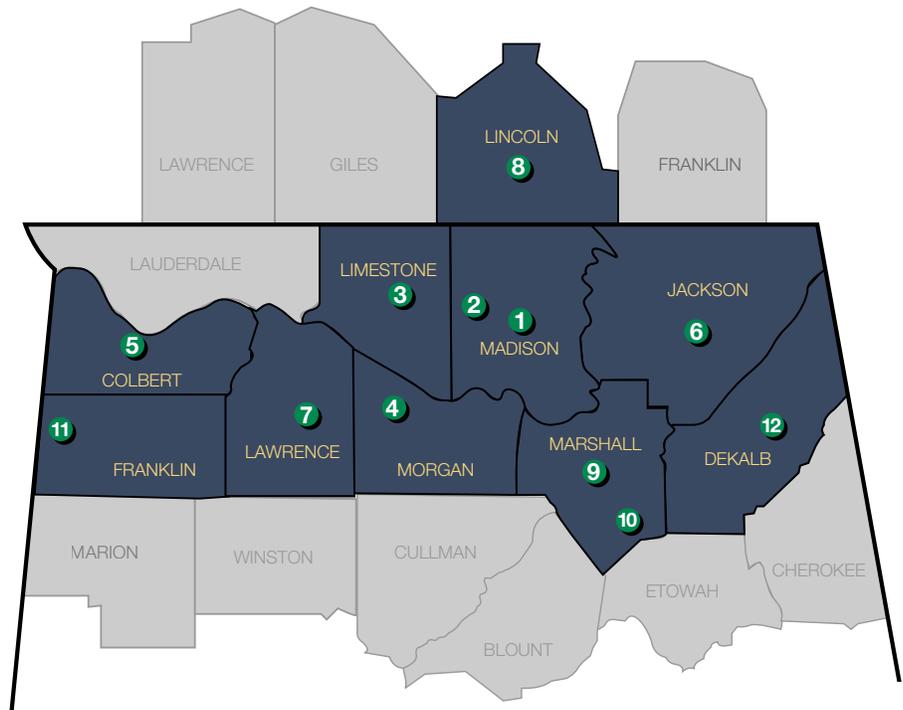
You may have heard of the mind-body connection, but what about the mouth-body connection? To many people, a dental visit is about getting their teeth cleaned, having a tooth pulled or having a filling placed. However, a dental visit is not just about teeth. It is also about your overall health. What goes on in your mouth can affect the rest of your body, and what goes on in the rest of your body can have an effect on your mouth.

Many diseases and conditions can affect your oral health. For example, people with weakened immune systems may be more likely to get fungal and viral infections in the mouth. The immune system can be weakened by disease or as a side effect of cancer chemotherapy drugs or by drugs that are taken to

prevent the rejection of transplanted organs or bone marrow. Medications taken for other conditions also can affect the health of your mouth. For example, many drugs cause dry mouth, which can increase your risk of dental decay, oral yeast infections and other oral infections. The state of your mouth often can provide information about your overall health. Your dentist can be instrumental in helping to diagnose many diseases and conditions that have oral effects. During your dental exam, your dentist might see something in your mouth that is a sign or symptom of an illness or disease that you might not even know you have. You can then be referred to a specialist for treatment. Your dentist can also make sure you get specialized oral and dental care if you have a chronic condition that requires it. If necessary, he or she can refer you to an expert in oral medicine. Your oral health can also affect other medical conditions. For example, if you are diabetic, an infection in your mouth can disrupt your blood sugar levels and make your diabetes harder to control. Researchers are exploring the role of periodontal (gum) disease as a potential risk factor for various medical conditions, including heart disease.

Huntsville Hospital Health System

1. Huntsville Hospital
Huntsville Hospital for Women & Children
2. Madison Hospital
3. Athens-Limestone Hospital
4. Decatur Morgan Hospital
(Decatur Campus)
Decatur Morgan Hospital
(Parkway Campus)
Decatur West Hospital
5. Helen Keller Hospital
6. Highlands Medical Center
7. Lawrence Medical Center
8. Lincoln Health
9. Marshall Medical Center North
10. Marshall Medical Center South
11. Red Bay Hospital
12. DeKalb Regional Medical Center



Established in 1895, Huntsville Hospital is the second-largest hospital in Alabama and the flagship campus of Huntsville Hospital Health System. In recent years, the hospital has expanded its services through the development of HH Health, which includes community-owned, not-for-profit hospitals across North Alabama and southern Tennessee. With 2,588 patient beds and more than 19,000 employees, HH Health is among the largest employers in the region. Our vision is to be one of the best health systems in America, consistently striving to provide clinical and service excellence.

Learn more at hh.health

Thank a Caregiver

Did a nurse, doctor or other HH Health staff member go above and beyond for you or a loved one? Scan the QR code below to nominate them for recognition through our DAISY Award, BEE Award or Care Champions programs.



DAISY Award

HH Health proudly partners with The DAISY Foundation to recognize four exceptional nurses annually at each of our Madison County hospitals, as well as a nurse educator and nursing leader of the year. Winners receive a handmade Healer's Touch statue, DAISY Award lapel pin, framed certificate and tray of fresh cinnamon rolls to share with their colleagues.



BEE Award

Just as the daisy cannot survive without the bee, nurses cannot do their jobs effectively without help from an outstanding care team. Our BEE Award (Being Extraordinary Everyday) is for patient care aides, health care assistants or technicians who make their patient's hospital experience better.



Care Champions

Pay tribute to a physician, nurse or other staff member who made a difference in your stay while helping us provide state-of-the-art technology that will benefit the entire community. When you honor your Care Champion with a gift to the Huntsville Hospital Foundation, they will receive a card with your special message and a custom-crafted pin to wear proudly each day.



Scan this QR code to nominate your favorite caregiver for a DAISY Award, BEE Award or Care Champions recognition.



Postpartum Depression Resources

Baby Blues Connection

babybluesconnection.org | (800) 557-8375

Online PPD Support Group | ppdsupportpage.com

Postpartum Education for Parents

sbpep.org | PEP Warmline (805) 564-3888

pepboard@sbpep.org

Postpartum Support International (PSI)

postpartum.net | (800) 944-4PPD

Alabama Chapter:

Misty Johnson, Co-coordinator | (205) 427-2883

Rebecca Swinney | (256) 460-0640

Postpartum Stress Center | postpartumstress.com

Womenshealth.gov helpline (English and Spanish)

(800) 994-9662 | TDD (800) 220-5446

Hours: Mon - Fri, 9 a.m. to 6 p.m. EST

(closed on federal holidays)

Office on Women's Health | (202) 690-7650

Mothers Offering Mothers Support (MOMS)

hhwomenandchildren.org/services/maternity/

WellStone Behavioral Health

Huntsville, AL 35802 | (256) 533-1970

Applied Behavior Consulting

Huntsville, AL 35802 | (256) 882-2004

Assessment and Psychotherapy Services of Madison

(256) 774-7100

Alabama Psychological Services Center

Huntsville, AL 35801 | (256) 533-9393

apscllc.com

Behavioral Medicine Center Decatur General West

Huntsville, AL 35801 | (256) 551-2710

Cornerstone Counseling Center, LLC

Huntsville, AL 35801 | (256) 519-9000

Family Services Center

Huntsville, AL 35801 | (256) 551-1610

Mountain Lakes

Guntersville, AL 35976 | (256) 582-3203

Scottsboro, AL | (256) 259-1774

UAB Health Center Huntsville - Clinical Programs

(256) 551-4461

Postpartum Progress | postpartumprogress.com

Circle of Moms | circleofmoms.com

Postpartum Depression to Joy | ppdtojoy.com

Journey through PPD

journeythroughppd.blogspot.com

Babycenter.blog | postpartum.net

Kids Health: Postpartum Depression and Caring for Your Baby

kidshealth.org/parent/emotions/feelings/ppd.html

Jenny's Light | jennyslight.org

Postpartum Dads | postpartumdads.org

Becoming a Dad | becomingdad.au

Great Dad | greatdad.com

National Alliance on Mental Illness (NAMI)

Huntsville | namihuntsville.org | (256) 534-2628

Pregnancy Info.net | pregnancy-info.net

Riverbend Center for Mental Health

Florence, AL 35630 | (256) 764-3431

Marshall County Mental Health Center

Guntersville, AL 35976 | (256) 582-4465

Limestone County Mental Health Center

Athens, AL 35611 | (256) 232-3661

Centerstone Customer Care Hotline

Fayetteville, TN 37334 | (888) 291-4357

Behavioral Sciences of Alabama, Inc.

Huntsville, AL 35801 | (256) 883-3231

Asbury Counseling Center

Madison, AL 35758 | (256) 722-8091

Empower Behavioral Health

Huntsville, AL 35803 | (256) 519-9144

Gina Porter LCSW PIP

Huntsville, AL 35801 | (256) 998-0879

Mental Health Center of North Central Alabama

Decatur, AL 35601 | (256) 355-5904

Helpful Services and Information.....

Alabama Department of Public Health | adph.org

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state, regardless of social circumstances or the ability to pay.

Breastfeeding Mothers Group

Breastfeeding support impacts breastfeeding success. If you're an expectant or new mom dedicated to breastfeeding, join us for our weekly support group meetings.

- Ongoing support from certified lactation consultants
- Answers to questions and solutions to common problems
- Weight checks with infant scales
- Celebrate with other new moms who are also meeting their goals

Meeting times:

Mondays | 10:30 a.m. – 12:30 p.m.
Madison Public Library

Thursdays | 6:30 – 8:30 p.m., Madison Hospital Classroom (ground floor near cafeteria)

For more information, call (256) 508-9009 or (256) 457-0403.

Family Planning Program

The Family Planning Program promotes the well being of families, responsible behavior and healthy mothers and babies. The goal is to prevent unintended pregnancies and abortion through education and contraceptive services, allowing for the planning and timing of pregnancies. Call (800) 545-1098 or contact your local County Health Department.

Pediatric first aid CPR/AED

American Heart Association offers a BLS heartsaver pediatric first aid CPR/AED course. This course teaches how to manage illness and injuries in a child in the first few minutes until professional help arrives. For more information, call (256) 265-5386.

Your child's birth certificate

Madison Hospital cannot provide patients with birth certificates. Our Medical Records clerk will visit you in your room, assist you in filling out the vital statistics, and submit the official record to the State of Alabama. You will be given an application for a certified copy

of the birth certificate. A certified copy of the birth certificate can also be obtained at any County Health Department (approximately one week after the birth of your baby). You may also write to the Center for Health Statistics at P.O. Box 5625, Montgomery, AL 36103. For more information, please call (334) 206-5418 or visit adph.org. Please note that the State of Alabama charges a fee for certified copies of birth certificates. The hospital does not accept money for the service of submitting the Record of Birth.

If you are a single parent and planning to include the father's name on the birth certificate, he must be present to sign an affidavit and have a picture ID (i.e. driver's license).

Your child's Social Security number

Social Security numbers are free and required when filing a tax return. Our Medical Records clerk will give you a form to request a Social Security number when the birth certificate application is being completed. It will take about four to six weeks to receive your baby's Social Security number in the mail. If you do not wish to get a Social Security number for your baby at birth, you will need to go to the Social Security Office to apply for one when desired.

Pediatric Services at Huntsville Hospital for Women & Children

Because children aren't like adults, neither is their health care. That's why a children's hospital is the right place for your child. From doctors and nurses who are specially trained and experienced in caring for children to unique child-sized equipment, the environment and experience is not like a regular hospital. It's all about kids and their families. There are only three hospitals like this in Alabama, and one of them is in Huntsville.

Huntsville Hospital for Women & Children services:

- Only Pediatric Intensive Care Unit (ICU) in North Alabama
- Pediatric Intensivists – physicians who specialize in and are board certified in Pediatric Critical Care
- Only Pediatric Emergency Room in North Alabama, open 24 hours a day, 7 days a week
- Kids Care – the region's pediatric/neonatal critical care transport program
- St. Jude Affiliate Clinic – one of only eight St. Jude affiliate clinics in the nation for pediatric hematology/oncology
- 37-room inpatient Pediatric Unit with highly-specialized pediatric medical nursing staff and friendly accommodations for parents and family

- Pediatric physical, occupational and speech therapy
- Pediatric audiology program
- Child Life program
- Pet Therapy program
- Kids Kamp Play Garden and Cabin – play areas for children to engage in a game of “let’s pretend”

Children’s specialties:

- Adolescent Medicine
- Allergy & Immunology
- Anesthesiology
- Cardiology
- Critical Care
- Emergency Medicine
- Gastroenterology
- Hematology/Oncology
- Hospitalist
- Neonatology
- Neurology
- Orthopedics
- Otolaryngology
- Pulmonology
- Radiology
- Surgery
- Urology

Alabama’s Early Intervention System

If you feel your child up to three years old is not learning or growing in the way you expect, call Early Intervention, Child Find at 1-800-543-3098. En Espanol: 1-866-450-2838. For children ages 3 - 21, call (334) 242-8114 or your local school system.

At three months, your child should: babble, follow a moving object with his or her eyes, hold his or her head erect, grasp an object placed in his or hand.

At six months, your child should: turn over from back to stomach, turn toward sound, sit with little support, reach for and hold objects.

At nine months, your child should: say “mama” or “dada,” respond to his or her name, stand for a short time holding onto support, band two objects together, initiate sounds.

At 12 months, your child should: wave bye-bye, say two words besides “mama’ and “dada,” feed himself or herself.

At 18 months, your child should: say six words, build a tower with three blocks, try to put on shoes, drink from a cup held in both hands.

At two years, your child should: use two-word sentences, say at least 50 words, walk up and down stairs, run, point to objects in a book.

More information: rehab.alabama.gov/ei

Women, Infants and Children (WIC)

A supplemental nutrition program for pregnant women, breastfeeding women, women who had a baby within the last six months, infants and children under age five. One must meet income requirements and have a nutritional risk that proper nutrition could help to improve. Call (888) 942-4673 for more information.

Income eligibility guidelines change periodically. For current guidelines, visit fns.usda.gov/wic/fr-031517

OTHER RESOURCES

The following resources are not provided as a substitute for personal medical advice, attention, diagnosis or treatment. If you have questions or concerns about your health or the health of your baby, consult your health care professional.

NEED HELP? DIAL 2-1-1

TO BE CONNECTED TO HELP NEAR YOU!

 **Food Assistance**

 **Counseling & Rehabilitation**

 **Clothing Assistance**

 **Education & Job Training Programs**

 **Housing Assistance & Shelters**

 **Transportation Assistance**

 **Rent & Utility Assistance**

 **Elderly Support**

 **Support Groups**

 **Family Support**

 **...and other non-emergency services**

North Alabama Tennessee Valley



Get Connected. Get Answers.
United Way – Crisis Services of North Alabama

Government agencies

Childcare Management Agency
(256) 534-5110

Madison County Health Department
301 Max Luther Dr. NW · Huntsville, AL 35811
(256) 593-3711

ALL Kids Health Insurance
(888) 373-KIDS

Women, Infant and Children (WIC) of Madison County
(256) 536-0826

Madison County Department of Human Resources
2206 Oakwood Ave.
Huntsville, AL 35810
(256) 535-4500

Food Stamp Office
(256) 536-0766

JOBS Program
(256) 536-0766

Public Assistance
(256) 536-0766

Medicaid Hotline
(800) 362-1504

Social Security Administration
(800) 772-1213 · (256) 837-1680

Housing options

Blount Hospitality House
610 Madison St. SE
Huntsville, AL 35801
(256) 534-7014

Huntsville Public Housing
(256) 539-0774

Huntsville Section-8
Housing Assistance
(256) 539-0774

Shanon's House of Compassion
1005 Big Cove Rd.
Huntsville, AL 35801
(256) 489-4647

Mental/behavioral health

Alabama Recovery Center
(256) 880-0556

Bradford Health Services
(256) 461-7272

Crisis Services of North Alabama
(see inset)
(256) 716-1000

Decatur General West
Screening Office
(256) 551-2710 · (800) 937-3873

Family Services Center
(256) 551-1610

Hill Crest Behavioral Health
Services · (800) 292-8553

WellStone Behavioral Health
(256) 533-1970

New Horizons Drug Treatment
(256) 532-4141

North Alabama Mental Illness (NAMI) of Huntsville
(256) 534-2628

Three Springs Inc.
(256) 880-3339

Parenting/self-help support
Family Services Center
(256) 551-1610

Nurturing Fathers Program
(Individual Basis)
(256) 551-1610

Parents Resource Center
(256) 539-7386

Preparation for Parenting and
Childbirth at HH Women's Center
(256) 265-7440

Paternity testing
DNA Diagnostic Center
(800) 618-8433

DNA Paternity Testing Laboratory
(800) 310-9269

The Testing Center LLC
(256) 631-9200

Rent/Clothing/Food assistance
Catholic Center for Concern
(256) 536-0041

Christmas Charities Year Round
(256) 837-2373

Churches United for People (CUP)
(256) 539-8720

Crisis Services of North Alabama
(see inset)
(256) 716-1000

Neighborhood Store
(256) 536-1953

St. Vincent's De Paul
(256) 726-0100

St. Vincent's Thrift Center
(256) 851-8881

Shelters
Breaking Free Rescue Mission
(256) 851-1688

Hope Place
(256) 716-1000 (HELPLine)

Salvation Army Shelter
(256) 534-1402

Transportation

Handi-Ride
(256) 532-7433

Shuttle Bus Routes and
Schedules
(256) 427-6811

Transportation for Rural Area of
Madison County (TRAM)
(256) 532-3505

Utilities

Catholic Center for Concern
(256) 536-0041

Churches United for People (CUP)
(256) 539-8720

Huntsville Utilities
(256) 535-1255 · (866) 478-8845

Salvation Army
(256) 534-1402

Additional services

Children's Rehab Services
300 Johnson Rd. SW
Huntsville, AL 35805
(256) 650-1701 · (800) 283-9352

Early Intervention
(256) 650-1724

Alabama Institute for Deaf and
Blind Regional Center
600 Saint Clair Ave. SE
Huntsville, AL 35801
(256) 539-7881

Davis Clinic
(256) 536-4700

Huntsville Hospital Women's
Center · (256) 265-7440

Community Free Clinic
(256) 533-2910

Fox Army Health Center
Appointments: (256) 955-8888

Community Mental Health:
(256) 876-9086

Pediatric Clinic: (256) 955-8624

United Cerebral Palsy
(256) 852-5600

Children's Advocacy Center
(256) 533-5437

THE BASIC RIGHTS of all patients within the Huntsville Hospital Health System are:

1. Care shall be provided impartially without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, creed, sexual orientation, national origin, gender identity or expression or source of payment.
2. Patients are entitled to considerate, respectful and dignified care at all times.
3. Patients have the right to receive care in a safe setting.
4. Patients are entitled to personal and informational privacy as required by law. This includes the right to:
 - a. Refuse to see or talk with anyone not officially affiliated with the hospital or involved directly with their care;
 - b. Wear appropriate personal clothing, religious or other symbolic items that do not interfere with prescribed treatment or procedures;
 - c. Examination in reasonably private surrounding, including the right to request a person of one's own gender present during certain physical examinations;
 - d. Have one's medical records read and discussed discreetly;
 - e. Confidentiality regarding one's individual care and/or payment sources;
 - f. Data Privacy Rights as described in the *Notice of Privacy Practices*.
5. Patients and/or patient's legally designated representatives have the right of access to information contained in the patient's medical record, within the limits of the law and in accordance with hospital policies.
6. Patients of the Health System have the right to know the identity and professional status of all persons participating in their care.
7. Patients are entitled to know the status of their condition including diagnosis, recommended treatment and prognosis for recovery.
8. Patients have a right to share in decisions about their health care to the extent permitted by law, including the acceptance or refusal of medical care, treatment or services. Patients have the right to be told what to expect from their treatment, its risks and benefits, other choices they may have, and to be informed of what may happen if they refuse. Information will be provided in a way that is tailored to the patient's age, language and in a manner they can understand.
9. Patients have the right to be free from physical restraints which are not medically indicated or necessary.
10. Patients have the right to be involved in making decisions about their care, treatment and services, including the right to have the patient's family and physician promptly notified of their admission to or discharge or transfer from the hospital.
11. Patients have the right to be informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary practice group/entity or any other group/entity, as well as all post-acute care service providers. The Health System has a process for documenting the patient's refusal to permit notifications of registration to the emergency department (ED),

- admission to the hospital, or the discharge or transfer from an ED or hospital. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations.
12. Patients are entitled to formulate advance directives or power of attorney and appoint a surrogate decision maker to make health care decisions on their behalf to the extent permitted by law when a patient is unable to make decisions about their care.
 - a. When a surrogate decision maker is responsible for making care, treatment and services decisions, the Health System will respect the surrogate decision maker's right to refuse care, treatment and services on the patient's behalf.
 - b. The Health System will involve the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision maker.
 - c. The Health System will provide the patient or surrogate decision maker with the information about the outcomes of care, treatment and services that the patient needs in order to participate in current and future health care decisions.
 - d. Patient or surrogate decision maker will be informed about unanticipated outcomes of care, treatment and services that relate to sentinel events.
 13. Patients are entitled to receive an itemized, detailed explanation of charges related to services rendered on their behalf by the Health System.
 14. Patients will not be transferred to another facility or location without explanation of the necessity for such action.
 15. A patient's guardian, next of kin or legally authorized responsible person may exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient has been judged incompetent in accordance with the law, or is found by their physician to be medically incapable of understanding the proposed treatment or procedure, or is unable to communicate their wishes regarding treatment, or is a minor.
 16. Patients have the right to appropriate assessment and management of pain.
 17. Patients have the right, subject to the patient's consent, to receive visitors whom they designate, including, but not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member, or a friend. Patients have the right to withdraw or deny any such consent at any time.
 18. Patients have a right to meet with the Ethics Committee, Chaplain or Patient Advocate to discuss any ethical issues and policies. The patient's rights to religious and other spiritual services will be respected.
 19. Patients have the right to free language interpreting and translation services which may include hospital-employed or contract interpreting services or trained bilingual staff and may be provided in person, via telephone or video. The Health System provides information to patients who have vision, speech, hearing or cognitive impairments in a manner that meets the patient's needs.

continued on next page

<p>20. Patients have a right to a service animal or aid if access is required to help with the patients' needs and welfare, as well as any potential health, infection control and safety issues.</p> <p>21. Patients have a right to leave the hospital (as far as the law allows) even if advised against it. The Health System will not be responsible for any medical issues that may result.</p>	<p>22. Patients have a right to have their complaints handled fairly. Care will not be affected as a result of sharing any complaints with us. See below for process.</p> <p>23. The Health System will never ask a patient to waive their privacy rights as a condition of treatment.</p>
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<p>PATIENTS ARE RESPONSIBLE for:</p> <ol style="list-style-type: none"> 1. Providing the Health System and its practitioners with complete and accurate information regarding present and past illnesses and operations, hospitalizations, medications, insurance and other health-related issues, including any unanticipated changes in their condition. 2. Following recommended treatment plans prescribed and/or administered by their primary practitioner or those assisting them, including keeping appointments relative to their care. 3. Asking questions they may have about their treatment and what they need to do to take care of themselves. Patients should inform Health System clinicians if they are concerned or notice any changes in their condition. 	<ol style="list-style-type: none"> 4. Ensuring prompt and complete payment of their hospital bills. 5. Following hospital rules and regulations relative to patient care and conduct. This includes consideration and respect for the rights and property of other patients and hospital personnel, no smoking policy, as well as responsibility for the actions of their visitors and guests. 6. Providing any living will, power of attorney, or donor forms they may have. 7. Contacting the Health System Compliance and Privacy Department if they are concerned about their privacy. 8. Assuming responsibility for the consequences of their actions, if the patient refuses prescribed treatments or does not follow their practitioner's instructions.
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PATIENT QUESTIONS OR CONCERNS:

Our goal is that you have an excellent experience during your stay at this Health System location. If at any time you have a question or concern, you may submit a verbal complaint following these steps:

1. Press the call button and ask to speak with your nurse.
2. Ask to speak to the Charge Nurse, Unit Director, or Department Director on your nursing unit.
3. If your needs remain unmet, contact the hospital Patient Experience office at (256) 265-9449 (or extension 5-9449 if calling inside the hospital).
4. After 4:00 p.m., and on weekends and holidays, please dial 0 and ask the operator to connect you to the House Supervisor.
5. You may also submit a formal written complaint to:
Huntsville Hospital, Patient Experience Office, 101 Sivley Road, Huntsville, AL 35801

Excellence is our goal! To report concerns about patient safety and quality of care, you may submit your complaint to one of the agencies listed below:

<p>Alabama Department of Public Health The RSA Tower · 201 Monroe Street Montgomery, AL 36104 (800) 356-9596</p> <p>Centers for Medicare and Medicaid Acentra Health (Formerly Kepro) Quality Improvement Organization (888) 317-0751</p>	<p>The Joint Commission · Report concerns in any of the following ways:</p> <ol style="list-style-type: none"> 1. At jointcommission.org Using the "Report a Patient Safety Event" link on the home page of the website 2. By fax: (630) 792-5636 3. By mail: The Office of Quality and Patient Safety, The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181
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This material is provided by Huntsville Hospital Health System. The content is considered an important tool in educating you about issues related to your health care. It is provided to you as part of that care. HHS-003 Form #288840. Revised 09/2024.





Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE: This notice describes our privacy practices and that of:

- Huntsville Hospital
- Huntsville Hospital for Women & Children
- Madison Hospital
- Athens-Limestone Hospital
- Helen Keller Hospital & Red Bay Hospital
- Marshall Medical Centers
- Decatur Morgan Hospital
- Highlands Medical Center
- Lincoln Health System
- DeKalb Regional Medical Center
- Continuum RX
- Huntsville Hospital HME
- HH Health System - Caring for Life, Hospice Family Care
- Huntsville Hospital HomeCare
- HealthGroup of Alabama
- Comp1One
- The physician members of the hospitals' medical staff and credentialed, non-physician health care professionals who may provide care in the hospital and one of the other patient care settings
- All departments, units and health care clinics of the hospitals and other affiliated covered entities wholly owned by the hospitals
- Any volunteers who perform volunteer work in the hospital, clinic, doctor's office, or other affiliated entity
- All employees, staff and other personnel at the hospitals, clinics, physicians' offices, or other affiliated entities

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this health care entity to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this entity, whether made by entity personnel or your personal doctor. Unless your personal doctor is a member of a physician group listed at the beginning of this Notice, your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's own office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to keep private medical information that identifies you; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the Notice of Privacy Rights currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you. For better understanding, we have provided some examples in each category. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, therapists, medical, nursing or other health care students, or other personnel taking care of you inside and outside of our Health System. We may use and disclose your medical information to coordinate or manage your care. As examples, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process, or the doctor may need to tell the dietitian if you have diabetes so you can have appropriate meals. Departments within the Health System may share your medical information to schedule the tests and procedures you need, such as prescriptions, laboratory tests and x-rays. We also may disclose your medical information to health care facilities if you need to be transferred from a Health System facility to another hospital, a nursing home, a home health provider, rehabilitation center, etc. We also may disclose your medical information to people outside the Health System who are involved in your care while you are here or after you leave the Health System, such as other health care providers, family members or pharmacists.

For Payment. We may use and disclose your medical information so that the treatment and services you receive can be billed and collected from you, an insurance company or another company or person. As examples, we may give your insurance company (e.g., Medicare, Medicaid, CHAMPUS/TRICARE, or a private insurance company) information about surgery you received so your insurance company will pay us for the surgery. We also may tell your insurance company about a treatment you are going to receive in order to determine whether you are eligible for coverage or to obtain prior approval from the company to cover payment for the treatment. We could disclose your information to a collection agency to obtain overdue payment. We might also be asked to disclose information to a regulatory agency or other entity to determine whether the services we provided were medical necessary or appropriately billed.

For Health care Operations. We may use and disclose your medical information for any operational function necessary to run the Health System and its facilities as a business and as a licensed/certified/accredited facility, including uses/disclosures of your information such as in the following examples: (1) Conducting quality or patient safety activities, population-based activities relating to improving health or reducing health care costs, case management and care coordination, and contacting of health care providers and you with information about treatment alternatives; (2) Reviewing health care professionals' backgrounds and grading their performance, conducting training programs for staff, students, trainees, or practitioners and non-health care professionals; performing accreditation, licensing, or credentialing activities; (3) Engaging in activities related to health insurance benefits, (4) Conducting or arranging for medical review, legal services, and auditing functions; (5) Business planning, development, and management activities, including things like customer service, resolving complaints; sale, transfer or combine of all or part of the Health System entities and the background research related to such activities; and (6) Creating and using de-identified health information or a limited data set or having a business associate perform combine data or do other tasks for various operational purposes.

As additional examples, we may disclose your medical information to physicians on our Medical Staff who review the care that was provided to patients by their colleagues. We may disclose information to doctors, nurses, therapists, technicians, medical, nursing or other health care students, and Health System personnel for teaching purposes. We may combine medical information about many patients to decide what services the Health System should offer, and whether new services are cost-effective and how we compare from a quality perspective with other hospitals/health systems. Sometimes, we may remove your identifying information from your medical information so others may use it to study health care services, products and delivery without learning who you are. We may disclose information to other health care providers involved in your treatment to permit them to carry out the work of their

facility or to get paid. We may provide information about your treatment to an ambulance company that brought you to the Health System so that the ambulance company can get paid for their services.

Activities of Our Affiliates. We may disclose your medical information to our affiliates in connection with your treatment or other Health System activities.

Activities of Organized Health Care Arrangements in Which We Participate. For certain activities, the Hospitals, members of its Medical Staff and other independent professionals are called an Organized Health Care Arrangement. We may disclose information about you to health care providers participating in our Organized Health Care Arrangement, such as a managed care or physician-Health System organization. Such disclosures would be made in connection with our services, your treatment under a health plan arrangement, and other activities of the Organized Health Care Arrangement. We operate under this Joint Notice for activities involving the Health System.

IMPORTANT: The Health System may share your medical information with members of the Health System Medical Staff and other independent medical professionals in order to provide treatment, payment and health care operations and perform other activities for the Health System. While those professionals have agreed to follow this Notice and otherwise participate in the privacy program of the Health System, they are independent professionals and the Health System expressly disclaims any responsibility or liability for their acts or omissions relating to your care or privacy/security rights.

Health Services, Products, Treatment Alternatives and Health-Related Benefits. We may use and disclose your medical information in providing face-to-face communications; promotional gifts; refill reminders or communications about a drug or biologic; case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care; or to describe a health-related product/service (or payment for such product/service) that is provided through a benefit plan; or to offer information on other providers participating in a health care network that we participate in, or to offer other health-related products, benefits or services that may be of interest to you. We may use and disclose your medical information to contact and remind you of an appointment for treatment or medical care.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities. We may use and disclose your medical information to raise money for the Health System. Each Affiliate Hospital has a Foundation that serves as its fundraising entity. The Health System is allowed to disclose certain parts of your medical information to the Hospital Foundations, unless you tell us you do not want such information used and disclosed. For example, the Health System may disclose to the Hospital Foundations demographic information, like your name, address, other contact information, telephone number, gender, age, date of birth, the dates you received treatment by the Health System, the department that provided you service, your treating physician, outcome information, and health insurance status. You have a right to opt-out of receiving fundraising requests. If you do not want the Health System to contact you for fundraising, you can opt out by calling 1-877-425-1850.

Hospital Directory. We may include certain information about you in the HH Health System Directory while you are a patient in these facilities. This information may include your name, your room number, your general condition (fair, stable, etc.) and your religious affiliation. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. Directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the Health System and generally know how you are doing. If you do not want this information given out, please tell the Admissions Clerk.

Individuals Involved in Your Care or Payment for Your Care. We may release your medical information if you become incapacitated to the person you named in your Durable Power of Attorney for Health care (if you have one), or otherwise to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you). We may give information to someone who helps pay for your care. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition. HIPAA also allows us at certain times to speak with those who are/were involved in your care/payment activities while being treated as patient and/or even after your death, if we reasonably infer based on our professional judgment that you would not object. If you do not wish for us to speak with a particular person about your care, you should request a Restriction on PHI form.

Research. We may use and disclose your medical information for research purposes. Most research projects, however, are subject to a special approval process. Most research projects require your permission if a researcher will be involved in your care or will have access to your name, address or other information that identifies you. However, the law allows some research to be done using your medical information without requiring your written approval.

As Required By Law. We will disclose your medical information when federal, state or local law requires it. For example, the Health System and its personnel must comply with child and elder abuse reporting laws and laws requiring us to report certain diseases or injuries or deaths to state or federal agencies.

To Avert a Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to aid in its organ or tissue donation and transplantation process.

Access by Parents. Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

Military and Veterans. If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Medical Surveillance of the Workplace. If you are an employee who is being evaluated at the request of your employer for medical surveillance of the workplace or in relation to a work-related illness or injury, we may share information obtained from such evaluation with your employer.

Public Health Risks. We may disclose your medical information (and certain test results) for public health purposes, such as -

- To a public health authority to prevent or control communicable diseases (including sexually transmitted diseases), injury or disability,
- To report births and deaths,
- To report child, elder or adult abuse, neglect or domestic violence,
- To report to FDA or other authority reactions to medications or problems with products,
- To notify people of recalls of products they may be using,
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition,
- To notify employer of work-related illness or injury (in certain cases), and
- To a school to disclose whether immunizations have been obtained.

Health Oversight Activities. We may disclose your medical information to a federal or state agency for health oversight activities such as audits, investigations, inspections, and licensure of the Health System and of the providers who treated you at the Hospital. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

Lawuits and Disputes. We may disclose your medical information to respond to a court or governmental agency request, order or a search warrant. We also may disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

Law Enforcement. Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official or to report suspicion of death resulting from criminal conduct or crime on our premises or for emergency or other purposes.

Coroners, Medical Examiners and Funeral Directors. We may disclose your medical information to a coroner or medical examiner or funeral director so they may carry out their duties.

National Security and Intelligence Activities. We may disclose your medical information to authorized federal officials for national security activities authorized by law.

Protective Services. We may disclose your medical information to authorized federal officials so they may provide protection to the President of the United States and other persons.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary for the Health System to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

Incidental Disclosures. Although we train our staff in privacy, due to the way treatment and billing occurs, your medical or billing information may be overheard or seen by people not involved directly in your care. For example, your visitors or visitors visiting other patients on your treatment floor could overhear a conversation about you or see you getting treatment.

Business Associates. Your medical or billing information could be disclosed to people or companies outside our Health System who provide services to us. We make these companies sign special confidentiality agreements with us before giving them access to your information. They are also subject to fines by the federal government if they use/disclosure your information in a way that is not allowed by law.

Note: State law provides special protection for certain types of health information, including information about alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others. Federal law provides additional protection for information that results from alcohol and drug rehabilitation treatment programs.

Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by a federally assisted alcohol and drug rehabilitation program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser Unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 C.F.R. part 2 for Federal regulations.)

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

YOUR PRIVACY RIGHTS

Right to Inspect and Copy. You have the right to review and get a copy of your medical and billing information that is held by us in a designated record set (including the right to obtain an electronic copy if readily producible by us in the form and format requested). The Medical Records Department has a form you can fill out to request to review or get a copy of your medical information, and can tell you how much your copies will cost. The Health System is allowed by law to charge a reasonable cost-based fee for labor, supplies, postage and the time to prepare any summary. The Health System will tell you if it cannot fulfill your request. If you are denied the right to see or copy your information, you may ask us to reconsider our decision. Depending on the reason for the decision, we may ask a licensed health care professional to review your request and its denial. We will comply with this person's decision.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Amend. If you feel your medical information in our records is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason to support your requested amendment. We will tell you if we cannot fulfill your request. The Contact Person listed below can help you with your request.

Right to an Accounting of Disclosures. You have the right to make a written request for a list of certain disclosures the Health System has made of your medical information within a certain period of time. This list is not required to include all disclosures we make. For example, disclosure for treatment, payment, or Health System administrative purposes, disclosures made before April 14, 2003, disclosures made to you or which you authorized, and other disclosures are not required to be listed. The Contact Person listed below can help you with this process, if needed.

Right to Request Restrictions. You have the right to make a written request to restrict or put a limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or friend. **We are generally not required to agree to your request, except as follows:**

Payor Exception: If otherwise allowed by law, we are required to agree to a requested restriction, if (1) the disclosure is to your health insurance plan for purposes of carrying out payment or health care operations and (2) the medical information to be restricted relates solely to a health care item or service for which all parties have been paid in full out of pocket. **NOTE:** During a single Hospital / Health System visit, you may receive a bill for payment from multiple sources, including the Hospital, laboratories, individual physicians who cared for you, specialists, radiologists, etc. Therefore, if you wish to restrict a disclosure to your health insurance company from all these parties, you must contact each independent health care provider separately and you must submit payment in full to each individual provider. Hospital expressly disclaims any responsibility or liability for independent medical staff acts or omissions relating to your HIPAA privacy rights.

If we do agree to a request for restriction, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your adult children. The Contact Person listed below can help you with these requests if needed.

Right to Request Confidential Communications. You have the right to make a written request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. The Contact Person listed below can help you with these requests if needed.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice at our website at hh.health or a paper copy from the Contact Person listed below.

Right to Receive a Notice of a Breach of Unsecured Medical / Billing Information. You have the right to receive a notice in writing of a breach of your unsecured medical or billing or financial information. Your physicians (who are not Health System employees) or other independent entities involved in your care will be solely responsible for notifying you of any breaches that result from their actions or inactions.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current Notice in the Hospital, and throughout the Health System registration sites and on our website at hh.health.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Health System or with the Secretary of the Department of Health and Human Services or HHS. Generally, a complaint must be filed with HHS within 180 days after the act or omission occurred, or within 180 days of when you knew or should have known of the action or omission. To file a complaint with the Health System, contact the Privacy Officer at (256) 265-9257. You will not be denied care or discriminated against by the Health System for filing a complaint. To file a complaint with the Office for Civil Rights, contact: U.S. Department of Health and Human Services 61 Forsyth St, SW • Suite 3870 • Atlanta, GA 30323

OTHER USES OF MEDICAL INFORMATION

Disclosures that are not referenced in this Notice of Privacy Practices or are not otherwise allowed or required by federal and/or state law or our policies and procedures, will require your authorization. Uses and disclosures of your medical information not generally covered by this Notice or the laws and regulations that apply to the Health System will be made only with your written permission or authorization. For example, unless otherwise allowed by law, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes and disclosures that constitute the sale of medical information require an authorization.

If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization, but the revocation will not affect actions we have taken in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, we still must continue to comply with laws that require certain disclosures, and we are required to retain our records of the care that we provided to you.

If you have any questions about this Notice, please contact the Privacy Officer at (256) 265-9257.

