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# Preparing to Take Your Baby Home: Information for Parents

Babies are ready to go home when they

* are gaining weight regularly
* keep a normal temperature in a regular crib
* can feed from a bottle or the breast without breathing or other problems
* have regular heart beat and breathing (no periods of stopped breathing [known as *apnea*] or slow heart rate [known as *bradycardia*]).

To get ready for your baby to come home, help care for your baby as soon as possible during your baby’s hospital stay. Before going home, you and others who will take care of the baby will need to learn about

* feeding
* voiding and stooling patterns
* basic care (baths, skin care, taking temperature)
* safety at home
* infant cardiopulmonary resuscitation (CPR)
* signs of illness and protecting your baby from infection
* sleep positioning
* car seat safety
* use and care of special equipment
* giving medicine
* other special care that your baby might need.

Before leaving the hospital, your baby may have some or all of the following

* eye exam
* hearing test
* car seat study
* critical congenital heart disease and jaundice screening and eye examinations
* immunizations and respiratory syncytial virus prevention
* assessment for special home equipment and home care.

## Your Home

To prepare for your baby to come home, give your baby’s room a thorough cleaning. Remove dust and dirt, but avoid the use of strong-smelling cleaning products. Pre- mature babies don’t like strong smells, and their lungs

are still growing. Don’t let anyone who is sick or smoking around your baby. If you have a pet, keep the pet away from the baby until the baby is older and the pet has become used to this newest family member.

The room should be comfortable—not too hot or stuffy. Look for sturdy furniture and baby care items. Be sure that they meet today’s safety rules. This is especially import- ant if you are borrowing or buying used items.

The baby always should be placed on his or her back for sleep. This position is safest and decreases the chance of sudden infant death syndrome (SIDS). When you are with the baby and he or she is awake, you can place your baby on his or her tummy to help make his or her back and neck muscles strong.

Have a plan for times when the baby is crying or fretful. Your baby may cry more at times, such as at 8–12 weeks. This kind of crying is not because the baby is sick or you are not a good parent. It is easy to become angry when the baby won’t calm down when you try to comfort him or her. Reach out to trusted family and friends who can help when you are tired or need a break.

## About Shaken Baby Syndrome

### What is shaken baby syndrome?

Shaken baby syndrome happens from violent shaking of the head of an infant or small child.

**What can happen to a baby that is shaken?** Shaking an infant can cause bleeding in the brain or the eyes. The degree of brain damage varies. Any of these injuries can lead to severe disability or death. If you sus- pect a child has been shaken, get medical help right away. This could be the difference between life and death.

### What are the symptoms of shaken baby syndrome?

* Decreased muscle tone
* Crying all of the time
* Poor feeding or vomiting for no reason

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* No smiling or baby talk
* Poor sucking or swallowing
* Stiffness or posturing
* Difficulty breathing
* Seizures
* Head or forehead appears larger than usual or soft spot on head appears to be bulging
* Not able to lift head

### What population is at the highest risk?

Babies who are younger than 1 year (with the highest risk period at 2–4 months) are at greatest risk. Babies can cry longer and more often at this age. Male infants are at a slightly greater risk than females.

### How can shaken baby syndrome be prevented?

It is important to know this is preventable. Parents should share the message of the dangers of shaking with all who care for their infant or child. This includes husbands, grandparents, older children, day care providers, and others who care for your baby. Parents need to let those

caring for the infant know that it is OK to call for help when needed.

Most cases involving shaking injuries occur when a frustrated caregiver loses control with a crying baby. It is important to realize that just saying “don’t shake a baby” is not enough; a plan of action or suggestions to deal with the situation need to be offered. Parents and other care providers need assurance that allowing a baby to cry is OK if all of their needs have been met.

Information about the Period of PURPLE Crying is [available in the list of resources at http://PURPLEcrying.](http://PURPLEcrying/) info/nann and <http://purplecrying.info/what-is-the-period-> of-purple-crying.php