

# 19

## New Mothers, Infants, and Children



## 1. Explain the growth of home care for new mothers and infants

Define the following term:

### **bedrest**

stopping all activity and staying in bed in order to prevent labor from starting before the baby is ready to be born.

## 1. Explain the growth of home care for new mothers and infants

Understand these reasons why HHAs are being called more often to care for new mothers and infants in the home:

- Insurance coverage does not pay for more than one or two days in the hospital for normal deliveries
- Family members are not always available to care for new mothers and infants as they were in the past
- New mothers are more uncomfortable and tired when they come home earlier
- Complicated pregnancies may require the mother to be confined to bed rest

## 1. Explain the growth of home care for new mothers and infants

Think about this question:

If you are not a parent yourself, do you have access to infants or young children (through friends, family, or neighbors) so that you can practice the procedures and concepts you will be learning?

## 2. Identify common neonatal disorders

Define the following terms:

**neonatal**

pertaining to a newborn infant.

**neonatologists**

doctors who specialize in caring for newborn babies.

**neonate**

a newborn baby.

## 2. Identify common neonatal disorders

The following are common neonatal disorders:

- Premature birth (more than three weeks early)
- Low birth weight
- Cerebral palsy
- Cystic fibrosis
- Down syndrome
- Viral or bacterial infections
- Sudden infant death syndrome (SIDS)

### 3. Explain how to provide postpartum care

Define the following terms:

#### **Cesarean section**

a birthing procedure in which the baby is delivered through an incision in the mother's abdomen.

#### **episiotomy**

an incision sometimes made in the perineal area during vaginal delivery that enlarges the vaginal opening for the baby's head.

## Key Material 19-1: Assisting New Mothers with Transition

- Basic care for baby (feeding, bathing, and diapering)
- Basic care for mother (rest, meals, vital signs, and comfort measures)
- Light housekeeping and laundry
- Care of older children
- Meal planning and shopping
- Monitoring amount and color of lochia
- Care of Cesarean section incision
- Care of episiotomy
- Infant monitor or oxygen



## Key Material 19-1: Assisting New Mothers with Transition (cont'd)

- Reporting any of the following:
  - Fever
  - Change in amount and color of vaginal flow
  - Odor in vaginal flow
  - Pain in pelvic region
  - Swelling, redness, or pain in the legs
  - Changes in vital signs
  - Swelling, redness, heat, pain, or discharge at surgical site or site of episiotomy

#### 4. List important observations to report and document

Define the following term:

##### **postpartum depression**

a type of depression that occurs after giving birth.

## Key Material 19-2: Observations and Documentation

- ✓ Home: clean, healthy, safe
- ✓ Family: regular routines, helping
- ✓ Mother: vital signs, rest, moods
- ✓ Infant: eating, elimination, sleeping, color
- ✓ Infant's environment: safe, comfortable

#### 4. List important observations to report and document

HHAs focus on following areas of observation and documentation when caring for new mothers and infants in the home:

- Vital signs as ordered
- Infant's daily patterns of eating, sleeping, and diaper changes
- Safety of home environment
- Family interactions
- New mother's mental state (postpartum depression)
- Infant's home environment (temperature, bedding)

## 5. Explain guidelines for safely handling a baby

Define the following terms:

### **cradle hold**

a type of hold for an infant in which the baby's head and neck rest in the crook of one elbow while the legs rest in the other arm; the baby's back is supported with one hand or both hands.

### **football hold**

type of hold for an infant in which the baby's head is held in one hand, while the back is supported with the arm on the same side of the body.

### **upright hold**

type of hold for an infant in which the baby is against the person's chest and has his head, neck and back supported with one hand, while keeping the other arm under the baby's bottom to support its weight.

## 5. Explain guidelines for safely handling a baby

Remember:

Wash your hands thoroughly before touching a baby or any baby supplies. It is extremely important to prevent the spread of bacteria around a newborn baby. Always lift and hold a baby safely, according to procedure.

## Picking up and holding a baby

1. Wash your hands.
2. Reach one hand under the baby and behind his head and neck. Cradle the head and neck in your hand. Support the head at all times when lifting or holding a newborn.
3. With the other hand, support the baby's back and bottom.
4. There are several ways to hold a baby safely: the **cradle hold**, the **football hold**, and **upright** against your chest. Always be sure the baby's head and neck are supported.



## 6. Describe guidelines for assisting with feeding a baby

Define the following terms:

### **ready-to-use formula**

a type of formula for infants that is sold in bottles or cans and is ready to use.

### **concentrated formula**

a type of formula for infants that is sold in cans or bottles and must be mixed with sterile water before using.

### **powdered formula**

a type of formula for infants that is sold in cans and is measured and mixed with sterile water.



## 6. Describe guidelines for assisting with feeding a baby

HHAs should know these guidelines for assisting with breastfeeding:

- Remind mother to wash her hands
- Help mother get in comfortable position
- Provide privacy
- Change diaper
- Help as needed with baby latching on to nipple
- Offer mother beverages and snacks
- Observe feeding
- Burp baby
- Change diaper
- Mark or note last breast used using a ribbon or pin on clothing

## 6. Describe guidelines for assisting with feeding a baby

Remember:

Many women choose to bottle-feed their babies some or all of the time. Bottle-fed newborns require special formula. Infant formula is commercially prepared and provides the nutrition babies need. Regular whole milk does not supply the proper nourishment for babies and would upset their digestive systems.

## 6. Describe guidelines for assisting with feeding a baby

Remember:

The mother has the right to determine how to handle her new baby's schedule. For example, if a mother wants her baby to be fed whenever he cries, whether she is present or not, the home health aide should respect her wishes.

It is also the mother's decision what to feed her baby. The HHA should not make judgments or express opinions on whether the mother should be breastfeeding or using formula to feed her baby. If any behavior causes concern, it should be reported to the supervisor.

## 6. Describe guidelines for assisting with feeding a baby

HHAs should be familiar with the types of formulas available on the market:

- Ready-to-use
- Concentrated
- Powdered

## Sterilizing bottles

*Equipment: clean bottles, nipples, and rings to be sterilized (these should be washed in hot, soapy water using a bottle brush, and allowed to drain), large kettle filled halfway with water, tongs, clean dish or paper towels to set sterile bottles on*

1. Wash your hands.
2. Bring water to a boil and put bottles, nipples, and rings in. Use tongs to push bottles under water.
3. Bring water to a boil again and boil for five minutes.
4. Using tongs, remove bottles, nipples, and rings, draining the water into the pot. Set everything on the clean towels. When dry, store in a clean, dry cabinet.
5. Discard water.

## Assisting with bottle feeding

1. Wash your hands.
2. Prepare bottle and formula as directed.
3. Sit in a comfortable chair and hold the baby safely in either the cradle hold or football hold.
4. Stroke the baby's lips with the bottle nipple until he opens his mouth. Put the bottle nipple in the baby's mouth.
5. Be sure the baby's head is higher than his body during feeding. Also make sure the nipple stays full of milk so the baby does not swallow air.



## Assisting with bottle feeding

6. Talk or sing to the baby while feeding. Feedings are the high points of his days and should be special times.
7. When the baby is through or has stopped sucking, burp him. Resume feeding or, if finished, change the diaper. Put the baby down safely (see procedure later in chapter). Put the baby down safely.
8. Wash your hands and document the feeding, how much was consumed, and any other observations.
9. Discard unused formula left in bottle. Wash the bottle, nipple, and ring in hot soapy water with a bottle brush and allow to dry. Sterilize before using again.

## Burping a baby

*Equipment: clean burp cloth, towel, or cloth diaper*

1. Wash your hands.
2. Pick up the baby safely. There are two different positions to use for burping. Most people like to hold the baby against the shoulder to burp.





## Burping a baby

However, babies who are very small, who have breathing problems, or who tend to choke or spit up should be held on the lap with the head supported by holding the baby's chin with the thumb and forefinger. This position allows you to watch the baby for signs of respiratory distress, especially color changes or spit-up. Whichever position you use, put the burp cloth under the baby's chin to catch any spit-up.



## Burping a baby

3. With the baby in a safe and comfortable position, pat the baby's back gently with your flat hand. Concentrate on the area between the shoulder blades. Some people like to pat up and down the baby's back. Others like to massage the back using an upward motion with the flat hand. Use any technique that works for you. The more relaxed and comfortable the baby is, the sooner the burp will come.
4. After the baby has burped, return him or her to a safe position or resume feeding.

## 7. Explain guidelines for bathing and changing a baby

Guidelines for bathing and changing a baby are as follows:

- Wear gloves
- Keep one hand on the infant at all times. Have all supplies ready first
- Give baths in a warm place
- Test bath water
- Keep baby's bottom dry
- Do not use powder unless directed to use it

## Giving an infant sponge bath

*Equipment: clean basin, blanket or towel to pad surface, washcloth and towel, baby wash or baby shampoo, cotton hat, lotion, cotton balls, diaper ointment (if used), clean diaper, clean clothes or sleeper, clean receiving blanket, gloves*

1. Wash your hands.
2. Put on gloves. Be careful—gloves make the baby slippery.
3. Give the bath in a warm place. Use a blanket or towel to pad the surface the baby will lie on. Have all your supplies within reach. You will need to keep one hand on the baby during the entire bath. Remove caps from shampoo and cleanser to make it easier.
4. Fill the basin with warm water. Test the temperature on the inside of your wrist. Put the bottle of lotion in the warm water to warm it.

## Giving an infant sponge bath

5. With the baby still dressed, hold him in the football hold. Wet the washcloth or cotton ball and gently wipe the eyes, using a clean cotton ball or clean area of the washcloth for each wipe. Clean from the inner corner to the outer. Then clean the rest of the face. Use only warm water—no soap.



## Giving an infant sponge bath

6. To wash hair, hold the baby in the football hold with the head over the basin. Use the washcloth to wet the hair. Using a small amount of baby wash, lather the baby's hair. Rinse with the washcloth. Pat the head dry immediately with the towel. Put a cotton hat over the baby's head. Body heat is lost through the head; keep the head warm.





## Giving an infant sponge bath

7. Lay the baby down on the padded surface. Always keep at least one hand on the baby.
8. Undress the upper body. Wash the neck, chest, back, arms, and hands using the washcloth and small amounts of baby wash. Rinse using the washcloth and water from the basin. Pat dry. Cover the upper body with a towel.



## Giving an infant sponge bath

9. Undress the lower body, removing the diaper. Wash the baby's abdomen and legs. Rinse. Pat dry.
10. Wash the perineal area last. For a girl, wipe the perineal area from front to back. For a boy who has recently been circumcised, do not wash the area of the circumcision. Follow instructions to care for the circumcision.
11. Wash the baby's bottom thoroughly and dry the entire area completely with the towel. Moisture can contribute to diaper rash. Use diaper ointment if needed.
12. As gently and quickly as possible, rub lotion over the baby's body. Avoid the umbilical cord stump if it has not yet healed. Avoid using lotion on the baby's face, unless ordered to do so. Keep the baby covered except for the part you are rubbing.
13. Diaper and dress the baby. Wrap baby in clean blanket and put him down safely.



## Giving an infant sponge bath

14. Put used towels and washcloth in the laundry. Discard water. Clean basin and store. Store other supplies. Discard your gloves.
15. Wash your hands.
16. Document the bath, including any observations.

## Giving an infant tub bath

In addition to the supplies listed in the procedure above for a sponge bath, you will need a large basin or baby bath tub. You may also bathe a baby in a clean sink. Follow the first six steps in the procedure for a sponge bath for preparing the bath and washing the baby's face and hair.

1. Lay the baby down on the padded surface and undress him completely. Immerse baby in basin. Support the head and neck above water with one hand at all times.



## Giving an infant tub bath

2. Using the washcloth and small amounts of baby wash, wash the baby from the neck down.
3. Remove the baby from the bath and lay him or her down on the padded surface. Keep one hand on the baby at all times. Cover baby with a towel and pat dry.
4. Apply lotion, keeping the baby covered as much as possible.



## Giving an infant tub bath

5. Diaper, dress, and wrap the baby in a clean blanket. Put baby down safely.
6. Put used linens in the laundry. Discard bath water. Clean and store basin. Store all supplies. Discard your gloves.
7. Wash your hands.
8. Document the bath, including any observations.

## Changing cloth or disposable diapers

*Equipment: clean disposable diaper or clean cloth diaper, diaper cover and closure (if needed for cloth diapers), wipes or a warm, wet washcloth, diaper ointment (if used), clean clothes if clothes are soiled or wet, gloves*

1. Wash your hands.
2. Put on gloves.
3. Change the diaper in a warm place. You need a padded surface, which may be a special changing table or a countertop. Never turn your back on the baby. Keep one hand on baby at all times. Have supplies within reach.
4. Undress the baby as necessary and remove wet or soiled diaper. Set it aside for handling later.

## Changing cloth or disposable diapers

5. Clean the perineal area with wipes or washcloth. Remove all traces of feces. Spread the legs to clean thoroughly. For girls, wipe from front to back and spread the labia to clean as needed.
6. Let air circulate on the bottom for a moment. Exposure to air helps prevent diaper rash. Apply ointment as directed.

## Changing cloth or disposable diapers

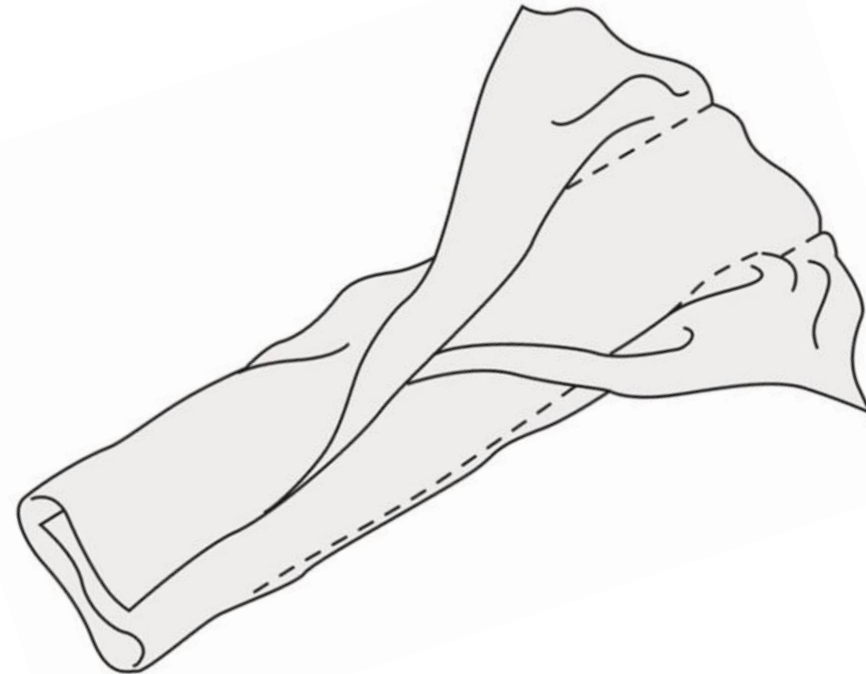
- 7. For disposable diapers:** Unfold the diaper and expose tapes. Place the diaper flat under the baby's bottom with the tapes in back. Bring the front of the diaper up between the baby's legs and bring the back sides around and over the front. Peel tapes open and tape the sides of the diaper securely to the front.



## Changing cloth or disposable diapers

### **For cloth diapers with a diaper cover:**

Fold the diaper in thirds lengthwise. Then open out the back corners about three inches. Lay the back of the diaper inside the back of the diaper cover (the back of the diaper cover has the tabs extending from it). Place the diaper and cover underneath the baby's bottom. Bring the front of the diaper and cover up through the baby's legs. Bring the tabs around from the sides to the front of the diaper cover and use them to close the cover securely over the diaper. Check that all the edges of the diaper are tucked under the cover.





## Changing cloth or disposable diapers

**For cloth diapers with fasteners and waterproof pants:** Fold the diaper lengthwise in thirds, then open out the back corners about three inches. Place the diaper under the baby's bottom and bring the front of the diaper up between the baby's legs. Fold down the front of the diaper to the inside (next to baby's skin) so that the diaper covers the genitals and lower abdomen. Bring the corners of the diaper around the baby's sides and fasten them to the front of the diaper.

If using a stretchable fastener, hook it on the outside of the diaper, on the left, then stretch it across and hook it on the right. Stretch it down and hook the center. It should go from a "T" shape to a "Y" shape when stretched properly. When diaper is securely fastened, put plastic pants over the diaper to keep urine from leaking.

## Changing cloth or disposable diapers

8. Dress the baby in clean clothes and put him down safely.
9. Dispose of diaper properly. Disposable diapers can be rolled into a ball (dirty side in), sealed with tapes, and disposed of in a special trash bag in a sealed container to prevent odors. Cloth diapers may need to be soaked before washing or before a diaper service removes them. Check with the baby's parent or your supervisor for instructions.
10. Remove and discard your gloves.
11. Wash your hands.
12. Clean changing area and store supplies.
13. Wash hands again as needed.
14. Document any observations, including unusual color, consistency, or odor.

## 7. Explain guidelines for bathing and changing a baby

Remember:

It is very important to practice these procedures until you are comfortable enough doing them that you can go into a client's home and do them with confidence.

## 7. Explain guidelines for bathing and changing a baby

Think about this question:

What are the advantages and disadvantages of disposable diapers, both to those caring for the baby and to the environment?

## 8. Identify how to measure weight and length of a baby

Remember:

While measurement of a newborn is not normally difficult, babies tend to wiggle and squirm. Be sure to keep one hand on the baby at all times.

## Measuring a baby's weight

*Equipment: infant scale, clean paper or pad*

1. Wash your hands.
2. Place an infant scale on a firm surface.
3. Place a clean paper or pad on the scale.
4. Start with scale balanced at zero before weighing baby.
5. Undress the baby.
6. Place the baby on the scale, protecting the sides so he does not roll. Keep at least one hand on the baby at all times.
7. Read and remember the weight. If possible, lock the weight into place.
8. Remove the baby and dress him. Put the baby in his crib.
9. Wash your hands.
10. Document the weight, including any observations.



## Measuring a baby's length

*Equipment: paper with inch markings on it or plain paper, tape measure, pencil*

1. Wash your hands.
2. Prepare a firm surface with a clean sheet of paper that has inch markings on it.
3. Place the baby on the firm surface. Keep at least one hand on the baby at all times.
4. Place the baby's head at the beginning of the measured markings.
5. Straighten the baby's knee.
6. Make a pencil mark on the paper at the baby's heel.
7. Determine and remember length.
8. Remove the baby and put him in his crib.
9. Wash your hands.
10. Document the length, including any observations.



## Measuring a baby's length

**When a paper with inch markings is not available, follow these steps:**

1. Wash your hands.
2. Prepare a firm clean surface with a plain sheet of paper on it. The paper must be longer than the baby.
3. Place the baby on the firm surface. Keep at least one hand on the baby at all times.
4. Make a pencil mark on the paper at the top of the baby's head.
5. Straighten the baby's knee.
6. Make another mark at the baby's heel.
7. Remove the baby and put him in his crib.
8. With the tape measure, measure the distance between the marks. Remember the length.
9. Wash your hands.
10. Document the length, including any observations.





## 9. Explain guidelines for special care

Define the following terms:

### **umbilical cord**

the cord that connects a baby to the placenta inside the mother's uterus.

### **circumcision**

the removal of part of the foreskin of the penis.

### **apnea**

the absence of breathing.

## 9. Explain guidelines for special care

HHAs should know these guidelines for umbilical cord care:

- Keep the stump clean
- Never pull on or handle the cord
- Fold diapers below cord
- Do not give tub bath until cord falls off

## Measuring an infant's axillary, tympanic, or temporal artery temperature

An infant's temperature is typically taken using the axillary or tympanic methods. Rectal temperatures are no longer recommended due to the chance of damaging rectal tissue. Oral temperatures are never taken for infants because the method is too difficult and dangerous.

*Equipment: mercury-free thermometer, digital thermometer, tympanic thermometer, or temporal artery thermometer, disposable probe cover (if needed)*

1. Wash your hands.
2. Be sure thermometer is clean. Put on disposable probe cover if used. For mercury-free thermometer, shake thermometer down to below the lowest number.



## Measuring an infant's axillary, tympanic, or temporal artery temperature

- 3. For axillary temperature:** Undress the upper body on one side. Lay the baby on a padded surface. Place the tip of the thermometer under the arm and hold the baby's arm close to his body, so the thermometer tip touches skin on all sides. Keep the thermometer in place until a digital thermometer blinks or beeps or for three to five minutes for a mercury-free thermometer.



## Measuring an infant's axillary, tympanic, or temporal artery temperature

**For tympanic temperature:** Lay the baby on his side. Pull the outside of the ear gently toward the back of the head. Gently insert the thermometer tip into the ear, pointing toward the opposite eye. Be sure the ear is sealed by the thermometer. Press the button and hold the thermometer in place until thermometer blinks or beeps.

**For temporal artery temperature:** Turn on the thermometer. Place the thermometer flat on the forehead, usually midway between the eyebrow and the hairline. Press and hold the scan button. Gently sweep the thermometer across the baby's forehead, keeping the thermometer in contact with the skin. Release the scan button.

## Taking an infant's axillary, tympanic, or temporal artery temperature

4. For all methods, remove the thermometer and read the temperature. Keep one hand on the baby at all times.
5. If you measured the axillary temperature, dress the baby. Put the baby down safely.
6. Clean and store thermometer and supplies.
7. Wash your hands.
8. Document temperature.

## 9. Explain guidelines for special care

HHAs should know these guidelines for circumcision care:

- Usually includes covering tip of penis with a gauze pad rubbed with petroleum jelly
- Some types of circumcision require different care
- Follow supervisor's instructions and care plan

## 9. Explain guidelines for special care

Remember:

If special equipment like apnea monitors or ventilators/oxygen equipment is in use in a home, HHAs will probably not be responsible for operating or handling the equipment, but should be familiar with its purpose.



## 10. Identify special needs of children and describe how children respond to stress

All children need the following:

- Same physical and emotional needs as adults
- Special needs, such as nutritious food, exercise, fresh air, and sleep
- Mental stimulation
- Age-appropriate activities
- Opportunities to learn
- Chance for increasing independence
- Emotional needs: love, affection, reassurance, encouragement, security, guidance, and discipline
- Protection from injury and illness

## 10. Identify special needs of children and describe how children respond to stress

Remember:

Children with disabilities need normal social contact with other children their age.

### ***Critical Thinking: Conversation Starter***

- Can you describe an experience with a child struggling with one of these needs? How was the need met?
- What happens when children's needs are not met?

## 10. Identify special needs of children and describe how children respond to stress

These factors can affect how children respond to stress:

- Age of the child
- Cause of the stress
- Severity of the stress
- Duration of the stress
- Frequency of the stress

## 10. Identify special needs of children and describe how children respond to stress

Children may respond to stress in these ways:

- School-age children may rebel, skip school, daydream, lie, cheat, or steal. They may feel that they are the ones to blame for family problems
- Adolescents may stay out all night, drop out of school, and abuse drugs and alcohol

## 11. List symptoms of common childhood illnesses and required care

### **diarrhea**

frequent elimination of liquid or semiliquid feces.



## 11. List symptoms of common childhood illnesses and required care

HHAs should know these points about childhood illnesses:

- Most are caused by bacterial or viral infections
- Handwashing and disinfection are effective preventive measures
- Treatment includes addressing the following three common symptoms:
  - Fever: rest and fluids, children's doses of acetaminophen, sponge baths
  - Diarrhea: plenty of fluids and rest
  - Vomiting: same as diarrhea

## 12. Identify guidelines for working with children

These guidelines are helpful when working with children:

- Introduce yourself
- Maintain routine
- Give comfort
- Offer encouragement and praise
- Do not make comparisons
- Use positive phrases



## 12. Identify guidelines for working with children

Guidelines for working with children (cont'd):

- Listen
- Answer questions
- Do not force children to eat
- Involve children in household activities
- Encourage children to play
- Recognize individual needs
- Be nonjudgmental

## 12. Identify guidelines for working with children

Think about this question:

How do any of these guidelines relate to your own experiences with children?

### 13. List the signs of child abuse and neglect and know how to report them

Define the following terms:

**child abuse**

physical, emotional, and sexual mistreatment of children.

**child neglect**

the purposeful or unintentional failure to provide for the needs of a child.

### 13. List the signs of child abuse and neglect and know how to report them

Think about this question:

What is the difference between abuse and neglect?

### 13. List the signs of child abuse and neglect and know how to report them

Remember:

Child abuse can happen with parents, guardians, paid caregivers, teachers, friends, or relatives.

### 13. List the signs of child abuse and neglect and know how to report them

Remember:

The law requires healthcare workers such as home health aides to report observed or suspected child abuse.

## Key Material 19-3: Signs of Child Abuse

- Has cuts, bruises, abrasions, fractures
- Stares vacantly
- Is extremely quiet
- Avoids eye contact
- Is afraid of adults
- Behaves aggressively
- Exhibits excessive activity
- Child tells you about abuse

### ***Critical Thinking: Case Study***

Read the following case study and then, with a partner, answer the questions on the next slide:

Mrs. P has had a C-section for her fifth child, a baby boy, who is healthy and normal. Her mother-in-law has offered to pay for an aide to come to the home every day (six hours) for four weeks to help her through this period.



### ***Critical Thinking: Case Study***

What tasks would you expect the aide to be doing on a routine basis?

Is this mother different from a new mother of a first baby? Would the focus of care be different?

How many of the procedures in this chapter would the aide need to be familiar with?

Would there be any reason to send an experienced aide? How about an aide who is also a mother herself?

Is this mother's care the same as a client who had an uncomplicated vaginal delivery? Would there be an episiotomy?

How would the focus of care change from the first week to the fourth week?

