19 New Mothers, Infants, and Children

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

New mothers and their babies used to stay in the hospital for several days after delivery. Today, new restrictions by insurers and the popularity of natural childbirth techniques have changed that. Many new mothers and their babies are sent home as early as 24 hours after an uncomplicated delivery. Thus, new mothers today return home more tired and uncomfortable. They may be less confident feeding and handling their babies than women were in the past (Fig. 19-1).

Fig. 19-1. *New mothers may be more tired and less confident than women were in the past.*

Home care helps ease the transition from hospital to home. It allows the mother to rest and recover. Home health aides also assist with household management when an expectant mother is put on **bed rest** by her doctor. Bed rest is ordered if a woman shows signs of early labor, has a history of miscarriage or premature deliveries, or is extremely ill. Stopping all activity and staying in bed helps prevent the baby from being born prematurely. An expectant mother may have to stay mostly in bed for a period of a few weeks up to a few months.

2. Identify common neonatal disorders

Neonatal (*nee-oh-NAY-tal*) is the medical term for newborn. Doctors who specialize in caring for newborn babies are called **neonatologists** (*nee-o-nay-TAH-loh-jists*). A newborn baby is sometimes called a **neonate** (*NEE-oh-nayt*). While most babies are born healthy, some babies are born with diseases or disorders that require special care. Babies born prematurely or at low birth weight, or who are injured during birth, will need special care. These are some common neonatal disorders:

- Prematurity (birth more than three weeks before due date)
- Low birth weight
- Cerebral palsy
- Cystic fibrosis
- Down syndrome
- Viral or bacterial infections
- Susceptibility to sudden infant death syndrome (SIDS)

3. Explain how to provide postpartum care

Care for a new mother will be spelled out in the care plan. Each case will be different, and providing person-centered care means observing and responding to each new mother's particular situation. The care needed will depend on the mother's condition, the baby's condition, and the situation in the home. Care will depend on how much support the mother has from her spouse or partner, family, friends, and others. A new mother may need the following types of assistance:

- Basic care for the baby, such as feeding, diapering, and bathing
- Basic care for herself, such as rest, meal preparation, monitoring vital signs, and comfort measures, such as heat, ice, or sitz baths
- Light housekeeping and laundry
- Care of older children
- Meal planning and shopping for the family

The birth of a baby is a tremendous physical feat. Monitoring vital signs is important for checking the stability of a mother during her initial recovery period. Temperature, pulse, respirations, blood pressure, and changes in pain level, if any, are vital measurements that track the successful physical transition from pregnancy to motherhood. After a woman has given birth, vital signs are usually checked often. A home health aide may be asked to monitor vital signs every 15 minutes, every 30 minutes, or every hour as ordered. HHAs should check with their supervisors if they have any questions.

An HHA may be required to monitor the amount and color of the new mother's lochia (*LO-key-uh*). The lochia is the vaginal flow that occurs after giving birth. This flow comes from the uterine wall where the placenta was attached. Similar to monthly menses, the discharge is at first bright red in color. Over the next few days, the flow changes color to a duller red and then to pink. During the second week, the flow continues to change color from pink to a yellowish white and then finally disappears. The lochia may be quite heavy for a couple of days after birthing. It usually lessens gradually over the next seven to ten days. However, it can also last longer, depending upon the person. The HHA should report the number of sanitary pads a new mother uses, and should also report any changes in flow or color to her supervisor. Increased amounts of lochia or a brightening in color are signs that should not be ignored.

In some cases, special care for the mother or baby may be needed. HHAs may be asked to assist the mother in caring for a Cesarean section incision or an episiotomy. A **Cesarean** (*se-SAYR-ee-an*) **section** (often called *C-section*) is a surgical procedure in which the baby is delivered through an incision in the mother's abdomen.

An **episiotomy** (*e-pee-zee-AHT-o-mee*) is an incision sometimes made in the perineal area during vaginal delivery that enlarges the vaginal opening for the baby's head. Self-dissolving stitches are generally used to repair this incision. An HHA's job duties regarding an episiotomy include careful observation and reporting. She should observe for signs of infection, including swelling at the site, redness, radiating heat, increased pain, and any wound changes, such as discharge that is foul-smelling or yellow or green in color. An HHA may also assist with complete cleaning of the perineal area after voiding and bowel movements. It is common to use a squeeze bottle of warmed water to rinse the perineum, followed by drying from front to back. Other comfort measures HHAs may assist with are sitz baths and frequent sanitary pad changes.

If the baby is on a monitor (for pulse and respiration) or receiving oxygen, an HHA may be

asked to monitor the equipment. Sometimes a new mother needs help with breastfeeding, and an HHA should report to her supervisor if a mother is having difficulties. She may need the assistance of a breastfeeding expert, called a *lactation consultant.*

Observing and Reporting: Postpartum Care

- O/R Fever
- O/R Change in amount of vaginal flow
- O/R Odor in vaginal flow
- O/R Changes in color of vaginal flow (e.g., bright red after it had been pink)
- O/R Pain in the pelvic region
- O/R Swelling, redness, or pain in the legs
- O/R Changes in vital signs
- O/R Swelling, redness, heat, pain, or discharge at surgical site or site of episiotomy

4. List important observations to report and document

A supervisor should instruct an HHA about observations to make. The HHA may be documenting the baby's or the mother's vital signs regularly. She may also be documenting how much and how often the baby eats, how long the baby nurses, the baby's sleeping patterns, and how many diapers are changed. The HHA should document any observations that seem important and should also check the following:

The home: Is the environment clean and safe?

The family: Are older children maintaining their regular routines? Do the spouse or partner and other family members know how they can help?

The mother: Is she able to rest? Does she seem to be handling everything? Is she depressed, crying, or moody? An HHA should watch for signs of **postpartum** (after birth) **depression**, similar to signs of depression described in Chapter 18.

The baby: Is the baby eating regularly, wetting and soiling diapers, and sleeping well? Does the baby have good color?

The baby's room or space: Is there a safe place for the baby to sleep? Is the crib free of pillows, toys, and excess bedding that could cause suffocation? Is the room comfortably warm?

5. Explain guidelines for safely handling a baby

Home health aides must wash their hands thoroughly before touching a baby or any baby supplies. It is extremely important to prevent the spread of bacteria around a newborn baby. All visitors and family members should also wash their hands frequently, especially before touching or holding the baby. People with colds or signs of illness should stay away from a newborn or wear a mask to prevent transmission of disease.

Babies must be lifted and held safely. Newborn babies cannot hold their heads up without assistance. Leaving the head unsupported can cause injury. All visitors and family members must hold the baby safely.

HHAs must be careful not to leave a baby in an unsafe location or position. **The only safe place to leave a baby is in a crib or in an adult's arms.** Babies should not be left in swings, carriers, or seats, or on blankets on the floor unless they can be seen at all times. Baby seats, swings, or carriers must not be placed on tables, chairs, or countertops. Even during diaper changes, a baby should not be left on a table without one adult hand on the baby at all times. If the person lets go, even for one second, the baby can move and fall. A baby or small child should never be left alone in a bath, even for a short time.

Babies should be placed on their backs, not on their abdomens. Crib mattresses should be firm, and infants should not be placed on blankets, comforters, pillows, or sheepskin to sleep. These items can cause suffocation and may contribute to SIDS, which occurs when a baby stops breathing and dies.

Older children and pets must be watched carefully around babies. Jealousy can cause even well-behaved children and pets to harm babies. Older children may not mean to hurt a baby, but may not know how to touch or handle a baby safely.

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 (Figs. 19-2 through 19-4). Always be sure the baby's head and neck are supported.

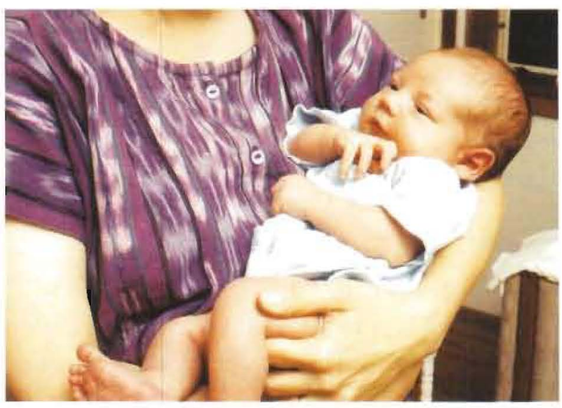

Fig. 19-2. *The cradle hold has the baby's head and neck resting in the crook of one elbow and the legs in the other arm. You must support the baby's back with one or both hands.*

Fig. 19-3. *The football hold is accomplished by holding the baby's head in one hand and supporting the baby's back with the arm on the same side of your body. The baby's body will lie along the side of your body.*

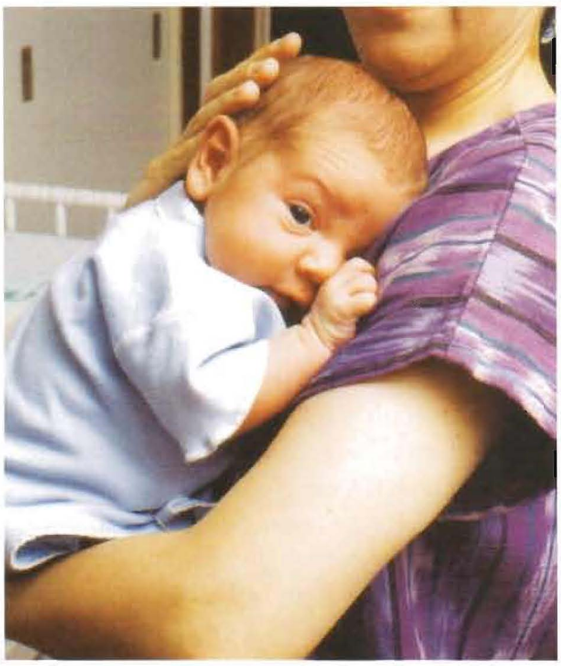

Fig. 19-4. *When holding a baby upright against your chest, you must support the baby's head, neck, and back with one hand while keeping the other arm under the baby's bottom to support his weight.*

Most infants love to be held. They are very sensitive to touch. HHAs should also talk to them while performing personal care; they respond well to stimulation. Although babies are helpless, they are sensitive to their environment. They can see, taste, hear, and smell.

6. Describe guidelines for assisting with feeding a baby

Assisting with Breastfeeding

Most pediatricians encourage mothers to breastfeed, or nurse, their babies. Breastfeeding provides the perfect nutrition for infants. The decision to breastfeed or bottle-feed is a personal one that each mother makes for herself. If a mother chooses breastfeeding, she may need support while learning how to breastfeed. Many professionals recommend that women try breastfeeding for at least two weeks before deciding whether to continue. The first two weeks may be challenging for the mother. A home health aide's support can help her get off to a good start.

An HHA should discuss with the mother how much help she wants, asking questions to determine the mother's experience with and knowledge of breastfeeding: *Did you breastfeed your other children? If yes, for how long? If no, what made you decide to do so now? Has any healthcare professional taught you about breastfeeding? Did you take any newborn classes before delivery?* The mother may only want help getting into position, or she may want coaching throughout the process. The HHA can make sure the mother knows that lactation consultants can help solve breastfeeding problems. Help for nursing mothers is also available from La Leche League International, found online at llli.org. HHAs should report any problems observed or that the client shares with them.

Mothers nursing for the first time may experience embarrassment, fear of pain, and/or lack of self-confidence. An HHA can help the new mother by remaining calm, being supportive and confident in the mother's ability to nurse, and creating an atmosphere in which the mother can comfortably nurse without interruption.

Women have different breastfeeding styles. Some are very comfortable nursing in the presence of others. Others may want more privacy while nursing. HHAs should be sensitive to individual preferences. A calm setting where the mother can relax will help her body provide the most milk for the baby.

Guidelines: Helping a Mother with Breastfeeding

- Remind the mother to wash her hands. Help her get in position for breastfeeding, usually sitting upright in a comfortable chair or in bed supported by pillows. Provide a low footrest if possible and a pillow for the mother's lap (Fig. 19-5). Some mothers are able to breastfeed while lying down. Others, however, find this more difficult, especially with a newborn baby.

Fig. 19-5. *A new mother may prefer to nurse in an upright sitting position. Provide support with pillows and a footrest.*

- Provide privacy. Close the door and occupy older children if necessary.
- Change the baby's diaper if needed before bringing him to the mother. If desired, use a towel or blanket to cover the mother's breast and baby's head after baby has latched on.
- If necessary, remind the mother how to hold the nipple and areola between the thumb and forefinger to allow baby to latch on. If the

baby does not latch on right away, have the mother stroke his cheek with her nipple.

- Proper nutrition and plenty of fluids are important for nursing mothers. Offer snacks and frequent drinks of water, juice, or milk.
- Observe the nursing baby to be sure he stays latched on properly (Fig. 19-6). If needed, the mother can use one hand to hold the breast tissue away from the baby's nose.

  There is no need to move the baby from one breast to the other until the baby stops nursing on his own. The longer the baby nurses on one side, the more of the denser, fattier "hindmilk" he receives.

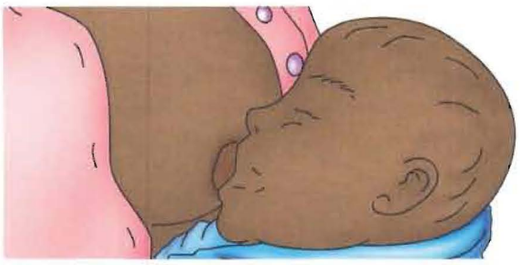

Fig. 19-6. *When the baby is properly latched on to the mother's nipple, his mouth covers much of the areola. The nipple is sucked straight out rather than at an angle. This ensures the best milk flow and prevents the nipples from becoming sore.*

- If the mother needs to reposition the baby or wishes to try for a better latch, she can break the suction by pressing down on the breast above the nipple or by gently putting her finger in the baby's mouth.
- Help the mother burp the baby when switching breasts and when finishing the feeding.
- Change the baby's diaper after the feeding. Help the mother lay the baby down safely.
- Many women find it helpful to tie a ribbon or place a pin on the side the baby last fed on. This helps them remember to start the baby's feeding on the other side next time, so the breasts will be emptied more evenly. There are also smartphone apps that track this information and more.

Assisting with Bottle-Feeding

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.

There are many brands and types of formula. The three most common types are ready-to-use formula, concentrated liquid formula, and powdered formula (Fig. 19-7).

Fig. 19-7. *Baby formula is available in three forms: powdered in cans, like the two options above, ready-to-use, and concentrated liquid.*

Ready-to-use formula (also called *ready-to-feed*) is often sold in bottles. This formula is ready to use. It should not be diluted or mixed with water. The HHA can simply unscrew the cap and pour the formula into a clean bottle. Any formula remaining in the bottle after feeding should be discarded. Open containers of ready-to-use formula can usually be stored safely in the refrigerator, covered, for up to 48 hours. Ready-to-use formula is the most convenient to use. It is also the most expensive.

Concentrated formula is sold in cans or bottles. It must be mixed with tap or bottled water before using. If the care plan's instructions state to use sterile water, it can be purchased in bottles or made by bringing water to a boil and then cooling it. The HHA should open the can and pour the amount indicated in the care plan into a clean bottle. An equal amount of water should be added to the bottle. After the nipple and ring have been screwed on, the HHA should shake

the bottle to mix it well. Unused concentrate can be stored in the can, covered and refrigerated, for up to 48 hours.

Powdered formula is sold in cans of various sizes. It is carefully measured and mixed with tap or bottled water. A scoop is included in the can for measuring. The powder and water should be mixed well in a clean bottle, following directions on the container. Any formula remaining in the bottle after a feeding should be discarded. Powdered formula is the most difficult to use but is usually the cheapest to buy.

Before feeding, bottles should be warmed by immersing them in or holding them under warm tap water for several minutes (Fig. 19-8). Bottles of formula just out of the refrigerator will take longer to warm. A microwave oven should never be used to warm bottles. This can create hot spots in the liquid that can burn the baby. The HHA should shake the bottle after warming and shake a few drops of formula onto the inside of her wrist. It should feel warm, not hot or cold.

Fig. 19-8. *Bottles should be warmed in warm tap water—not in the microwave.*

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 pot 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 the bottles under the 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 the 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 the feeding. Also make sure the nipple stays full of milk so the baby does not swallow air (Fig. 19-9).

Fig. 19-9. *The baby's head should be higher than his body during 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 (see procedure below). Resume feeding or, if finished, change the diaper (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 the bottle. Wash the bottle, nipple, and ring in hot soapy water with a bottle brush and allow to dry. Sterilize before using again.

Babies must be burped after each feeding to release air swallowed during feeding. Burping prevents babies from developing gas. Gas can be very uncomfortable for them. Burping in the middle of a feeding may allow a baby to eat more.

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 (Fig. 19-10). 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 (Fig. 19-11). 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.

Fig. 19-10. *Holding a baby against the shoulder to burp is common.*

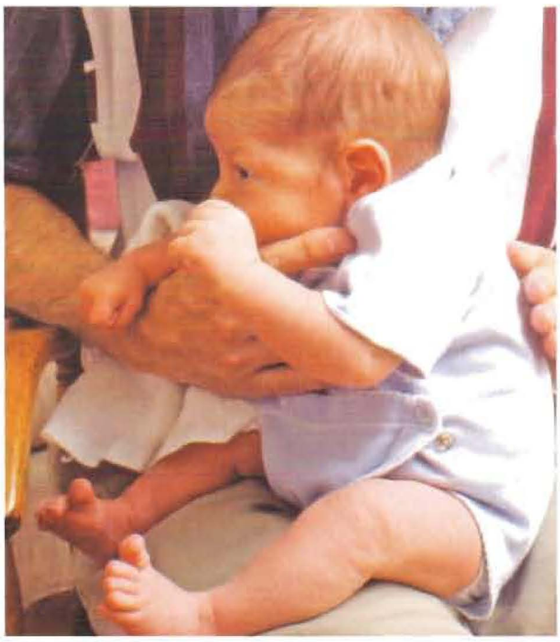

Fig. 19-11. *Babies who have breathing problems or who choke or spit up will be held on the lap with the head supported to burp.*

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 to a safe position or resume feeding.

Schedule and Feeding

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.

7. Explain guidelines for bathing and changing a baby

Keeping a baby clean is important to his health. These guidelines describe how to safely handle a baby:

Guidelines: Bathing and Changing a Baby

- Because you could come into contact with body fluids, wear disposable gloves when bathing or changing a baby. Remember, however, that gloves can make a wet baby slippery. Be very careful when handling a baby during a bath.
- Whether bathing or changing a baby, keep one hand on the infant at all times. Have all supplies ready so you **never** have to take both hands off the baby.
- Give baths in a warm place. Close doors and windows to prevent drafts. Dry the baby's head immediately after washing his hair.
- Be very careful about bath temperature. Always test the temperature of the water on the inside of your wrist.
- Keep the baby's bottom dry. Be sure the area is thoroughly dried after a bath. Moisture contributes to diaper rash. Dry the bottom after changing a diaper. Leaving the diaper off for a few moments when changing the baby allows air to circulate and helps prevent diaper rash.
- Do not use powder. Powder can cause breathing problems and lung damage if babies inhale the particles.

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 the cap from the wash or shampoo 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.
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 (Fig. 19-12). Then clean the rest of the face. Use only warm water—no soap.

Fig. 19-12. *Using only warm water, wipe the eyes from the inner area to the outer area.*

6. To wash the 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 hair (Fig. 19-13). 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.

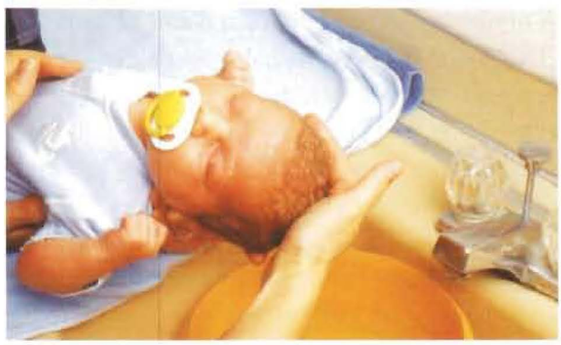

Fig. 19-13. *Lather the hair with a small amount of baby wash and immediately dry the head after rinsing.*

7. Lay the baby down on the padded surface. Always keep at least one hand on the baby.

8. Undress the upper body (Fig. 19-14). 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.

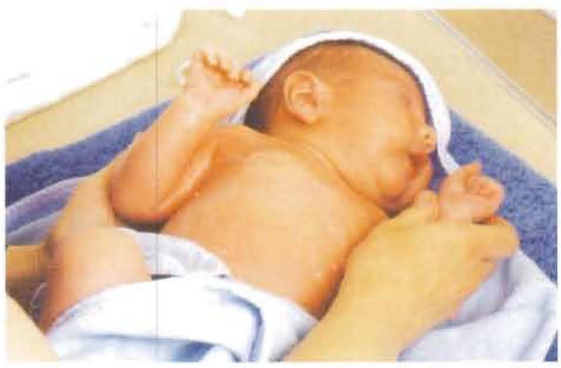

Fig. 19-14. *Uncover only the area that you are washing. Keep one hand on the baby at all times.*

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 the baby in a clean blanket and put him down safely.

14. Put used towels and washcloth in the laundry. Discard the water. Clean the 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 the baby in the basin. Support his head and neck above water with one hand at all times (Fig. 19-15).

Fig. 19-15. *The baby's head and neck must be supported at all times.*

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 down on the padded surface. Keep one hand on the baby at all times. Cover the baby with a towel and pat dry (Fig. 19-16).

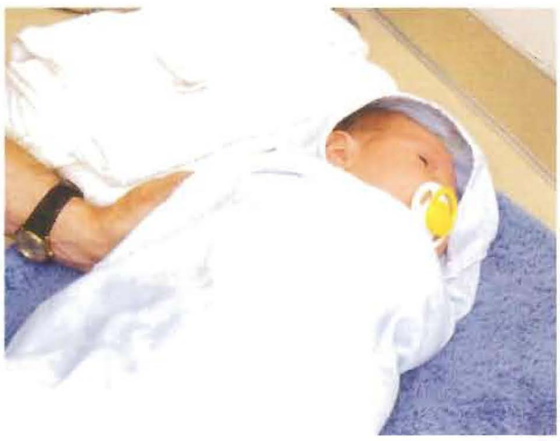

Fig. 19-16. *Immediately dry and cover the baby after the bath.*

4. Apply lotion, keeping the baby covered as much as possible.

5. Diaper, dress, and wrap the baby in a clean blanket. Put the baby down safely.

6. Put used linens in the laundry. Discard the bath water. Clean and store the basin. Store all supplies. Discard your gloves.

7. Wash your hands.

8. Document the bath, including any observations.

Diapers catch the baby's urine and feces. Children wear diapers until they are toilet trained—generally between two and three years of age. Diapers are either cloth or disposable. There are different types of cloth diapers with different types of closures, like Velcro, fasteners, snaps, or pins. Most cloth diapers are used with a special waterproof cover that needs to be secured.

A newborn will need between 8 and 12 diaper changes in 24 hours. As babies get older, they use fewer diapers each day. The appearance, consistency, and smell of a baby's feces will depend on what he is fed. Some newborn babies have loose bowel movements with every feeding, as many as eight a day. Others have different schedules. Babies must be changed frequently to avoid diaper rash or irritation.

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 the baby at all times. Have supplies within reach.

4. Undress the baby as necessary and remove the wet or soiled diaper. Set it aside for handling later.

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.

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 (Fig. 19-17). Peel tapes open and tape the sides of the diaper securely to the front.

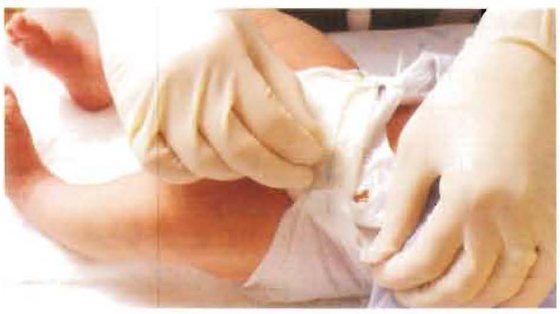

Fig. 19-17. A disposable diaper is fastened with adhesive attached to the back sides of the diaper.

For cloth diapers with a diaper cover: Fold the diaper in thirds lengthwise. Then open out the back corners about three inches (Fig. 19-18). 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.

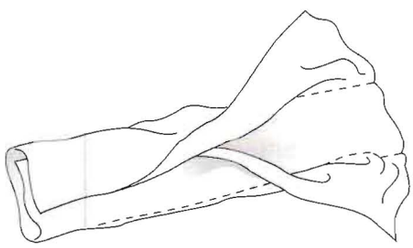

Fig. 19-18. After folding the diaper in thirds, open out the back corners about three inches.

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 the 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 the diaper is securely fastened, put waterproof pants over the diaper to keep urine from leaking.

8. Dress the baby in clean clothes and put him down safely.
9. Dispose of the 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 the changing area and store supplies.
13. Wash your hands again as needed.
14. Document any observations, including unusual color, consistency, or odor.

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

As part of an HHA's duties, she may be asked to measure a new baby's weight and length. Measurement of a newborn is not normally difficult, but they do tend to squirm and wiggle when naked and on a hard, flat surface. The HHA should keep one hand on the baby at all times.

The infant may need to be naked for an accurate weight. The HHA should follow instructions and should use an infant scale when measuring the baby's weight. The same infant scale should be used each time.

Measuring a baby's weight

Equipment: infant scale, clean paper or pad

1. Wash your hands.
2. Place the infant scale on a firm surface.
3. Place a clean paper or pad on the scale.
4. Start with the scale balanced at zero before weighing the 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.

A baby's length measurement can be obtained with the baby dressed.

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 clean, 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 the length.
8. Remove the baby and put him in his crib.
9. Wash your hands.
10. Document the length, including any observations.

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

1. Wash your hands.
2. Prepare a clean, firm 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

At birth, the **umbilical** (*um-BIL-i-kul*) **cord** that connected the baby to the placenta (*pla-SEN-ta*) inside the mother's uterus (*YOU-ter-us*) is cut. The stump of the cord remains attached to a newborn's navel for up to three weeks (Fig. 19-19). Proper care of the cord stump is necessary to prevent infection and allow healing.

Fig. 19-19. *The stump of an umbilical cord remains attached to the navel for up to three weeks. The stump needs to be kept clean and dry until it falls off.*

Guidelines: Umbilical Cord Care

- Keep the stump clean. It used to be common to swab the stump with alcohol after every diaper change. However, research suggests that the stump may heal faster if left alone. If the stump becomes dirty, gently wash it with mild soap and water. Make sure the area is dry after cleaning it. Use a clean, dry cloth to gently absorb any moisture, or fan it dry using a piece of paper.
- Never pull on or handle the cord. It will fall off by itself. The baby will feel no pain when the cord falls off.
- Keep diapers folded down away from the cord to allow air to circulate and prevent irritation (Fig. 19-20). Quickly change wet or soiled diapers.
- Do not give an infant a tub bath until the cord has fallen off. Until then, giving a sponge bath is best.

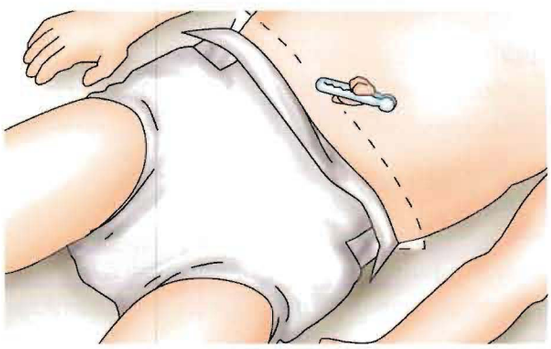

Fig. 19-20. *Keep diapers folded down away from the cord to allow air to circulate and to prevent irritation.*

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

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

1. Wash your hands.
2. Be sure the thermometer is clean. Put on the disposable probe cover if used. For a mercury-free thermometer, shake the thermometer down to below the lowest number.
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 (Fig. 19-21). Keep the thermometer in place until a digital thermometer blinks or beeps or for three to five minutes for a mercury-free thermometer.

Fig. 19-21. *Leave the thermometer in place for three to five minutes or until it blinks or beeps.*

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 the 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.

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.

Circumcision (*sir-kum-SI-zjun*) is the removal of part of the foreskin of the penis. It is commonly performed on male babies. Some religions require circumcision. Parents may choose to have their baby circumcised for other reasons.

Circumcision is usually performed in the hospital or at the doctor's office when the baby is only days old. Afterwards, the circumcision site needs special care to heal. This usually includes covering the tip of the penis with a gauze pad rubbed with petroleum jelly to prevent the diaper from irritating the site. However, some types of circumcision require different care. The HHA's supervisor's instructions and the care plan will explain the care required.

Some babies who need special care will have medical equipment in the home. Home health aides will probably not be responsible for operating or handling the equipment. However, it is helpful for them to be familiar with various items. HHAs should always follow their supervisor's instructions before touching any medical equipment.

Apnea monitor: **Apnea** (*AP-nee-a*) is the state of not breathing. Some babies may stop breathing for periods of time due to immaturity of the lungs or other reasons. The apnea monitor alerts parents or caregivers if breathing stops. Many apnea monitors also monitor heart rate.

Ventilator or oxygen equipment: Some babies with breathing problems need to be given oxygen. Oxygen is considered a medication. In most states it cannot be given by a home health aide. In addition, HHAs are not allowed to change the amount of oxygen being given. As always, HHAs should be careful when working around oxygen, as it is flammable, and should follow instructions carefully when working in a home where oxygen is in use. Chapter 15 has more information about oxygen and related care.

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

Home health aides may have contact with children in several ways. They may be assigned to care for a client's children when the client is unable to care for them. The client may be absent, or unable to care for them due to illness, injury, or disability. In this case the HHA is a substitute for the parent. In other cases, the client may be the child who has a disease or disability that requires home care. In either case, it is important that HHAs understand some basic principles of caring for and working with children.

Children have the same basic physiological and emotional needs as adults (Chapter 8). They also have some special physiological, mental, and emotional needs. Children's growing bodies need adequate and nutritious food and fluids, exercise, fresh air, and plenty of sleep. Their developing minds need to be stimulated by age-appropriate activities, opportunities for learning, and chances for increasing independence. Emotionally, children need love and affection, reassurance, encouragement, security, and guidance. They also need consistent and constructive discipline. In addition, children need protection from injury and illness. Chapter 11 describes child development in more detail.

Children who have disabilities have the same physiological and emotional needs as other children. HHAs should remember to treat these children as children first. Disabilities may make social contact with other children difficult. However, it is important for children with disabilities

to interact with others their own age (Fig. 19-22). Chapter 17 has information about special needs.

Fig. 19-22. *Children with disabilities have the same emotional needs as other children. They should be encouraged to interact with others their own age.*

Children may experience stress due to a variety of reasons, including unmet needs, problems at school or at home, unstable families, disability, illness, and unfamiliar caregivers in the home. Many factors influence how children respond to stress, such as the age of the child, what is causing the stress, how severe the stress is, how long it lasts, and how often the stress occurs.

School-age children may react to stress by rebelling, skipping school, daydreaming, lying, cheating, or stealing. They may also feel guilty and feel that they are to blame for the family's problems. Adolescents may react to stress in negative ways too, such as staying out all night, dropping out of school, and abusing drugs or alcohol.

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

Most childhood illnesses are caused by bacterial or viral infections. These include colds, flu, and various infections causing fever, diarrhea, vomiting, or coughing. Home health aides can help prevent illness by preventing the spread of infection in the home. Handwashing, cleaning, and disinfection are the best ways to prevent infection (Chapter 5). Treatments for some of the most common symptoms of childhood illnesses are described below.

Fever: Fever may indicate serious illness. An HHA should always report it to his supervisor. Rest and fluids are recommended for fevers. Treatment for a fever may also include acetaminophen or ibuprofen or a lukewarm bath or sponging. Home health aides never give any medication, including over-the-counter medications, but they can assist by making sure the family caregiver follows a doctor's dosage instructions for all medications. The strength of over-the-counter drugs varies in infant, children, and adult formulas. It is especially important to follow dosage instructions. For example, giving too much acetaminophen can cause liver damage or failure. In general, children should not be given aspirin, as it has been associated with some serious disorders.

Diarrhea: **Diarrhea**, or frequent loose or watery bowel movements, can have many causes. In children, it is often caused by a virus. Cramps and abdominal pain may accompany diarrhea. Children with diarrhea should rest and drink plenty of clear liquids, including water, broth, and diluted juices. Doctors may recommend electrolyte-replacement drinks to prevent dehydration. Although it used to be common to recommend the BRAT (bananas, rice, applesauce, and toast) diet until diarrhea subsided, doctors now recommend that kids resume their normal, well-balanced diet within 24 hours of getting sick.

Vomiting: The treatment for vomiting is similar to the treatment for diarrhea, including rest and clear liquids.

An HHA should always call his supervisor if symptoms continue and should follow instructions in the care plan or his assignment sheet.

12. Identify guidelines for working with children

The following suggestions may help a home health aide establish a trusting and honest relationship with the children in her care:

Guidelines: Working with Children

- Introduce yourself. Treat children as important members of the family who are worthy of your notice. Be friendly, tell the children your name, and explain why you are there.
- Maintain routine. As much as possible, stick with the family's regular schedule. The comfort of a routine can help ease the stress children may feel if someone in their household needs home care.
- Give comfort. Children who are hurt, angry, or sad may need a hug, a pat, or soothing words to make them feel more secure (Fig. 19-23).

Fig. 19-23. *Comforting children can make them feel more secure.*

- Offer encouragement and praise. Praise and encouragement contribute to the child's sense of self-worth and self-confidence. Word your praise so that it does not belittle other children.
- Do not make comparisons. Children should not be compared to one another.
- Use positive phrases. Children often respond better to guidance such as "Let's try it this way..." rather than "no" or "don't."
- Listen. Pay attention when children attempt to communicate. Do not interrupt them or deny their feelings. Help them to express what they are feeling by using your communication skills.
- Answer. Respond to children's questions immediately, willingly, and clearly. If you do not know the answer or are not sure you are the right person to answer it, tell the child. Take the child's question to the appropriate person.
- Do not force children to eat. Like adults, children do not always feel like eating. Do not allow a meal to become a power struggle. Children are usually motivated to eat when meals are simple but attractive and contain their favorite foods.
- Involve children in household activities. Children feel capable and responsible when they are given household tasks to perform (Fig. 19-24). Like all people, they like to feel they are making a contribution to the family.

Fig. 19-24. *Help children contribute.*

- Encourage children to play. Children need to exercise and socialize with other children (Fig. 19-25). Playing helps children express themselves and be creative. Exercise is important for their growth and health. Socialization is especially important for children who are learning social skills.

Fig. 19-25. Encourage children to play with others.

- Recognize individual needs. Not all children are the same. They have different needs for sleep, food, and exercise. They grow and develop at different paces.
- Be nonjudgmental. As with any client, treat a child who has disabilities or problems with respect.

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

Child abuse is the physical, sexual, or psychological mistreatment of a child. Children who are abused can range in age from infant to adolescent. Sexual abuse of children includes inappropriate touching of a child's body, sexual contact, penetration, or sharing sexual stories or material with children. Psychological abuse includes verbal abuse, such as name-calling, social isolation, and seclusion. **Child neglect** is the purposeful or unintentional failure to provide for the needs of a child. Children who are neglected may not receive adequate food, water, medications, supervision, or shelter.

Children should never be harmed, threatened, or made fun of. They must be treated with respect and concern. Adults must talk to children calmly and quietly and give them positive comments, praise, and encouragement.

Child abuse or neglect can come from anyone who is responsible for a child's care. This includes parents, guardians, paid caregivers, teachers, friends, or relatives. The law requires that health professionals report suspected child abuse. **If a home health aide observes or suspects abuse or neglect, or if a child reports that someone has abused or neglected her, the HHA must immediately report this to the supervisor.** It is not only the right thing to do, but the HHA and her agency can also get into trouble for not reporting suspected abuse or neglect. HHAs must follow their employer's procedures for reporting suspected abuse.

Observing and Reporting: Child Abuse

If you observe any of these signs of child abuse or neglect, or if you suspect abuse or neglect, speak to your supervisor immediately.

- O/R Child has burns, cuts, bruises, abrasions, or fractured bones
- O/R Child stares vacantly or watches intensely
- O/R Child is extremely quiet
- O/R Child avoids eye contact. In some cultures, however, it is the norm to avoid eye contact
- O/R Child is afraid of adults
- O/R Child behaves aggressively
- O/R Child exhibits excessive activity or hyperactivity (some hyperactive children, however, have a chemical imbalance that produces this behavior)
- O/R Child tells you that someone is abusing him or her

Chapter Review

1. Why are new mothers often more tired and uncomfortable when they get home than women were in the past?
2. What kind of doctor specializes in working with newborns?
3. List five tasks an HHA may do to assist a new mother.
4. What is important to report about a new mother's lochia?
5. What might an HHA be asked to routinely document in caring for a newborn and mother?
6. What should an HHA always do before touching or picking up a baby?
7. Where are the only safe places to leave a baby?
8. Why must a baby's head be supported when he is being held?
9. Why should a baby NOT be put to sleep on her stomach or on a blanket or comforter?
10. Why are women encouraged to breastfeed?
11. How should a bottle be warmed?
12. How is concentrated formula mixed?
13. For what length of time can ready-to-use formula be refrigerated?
14. How does burping help a baby?
15. Why should an HHA have all supplies ready before bathing or changing a baby?
16. How can an HHA test the temperature of a baby's bath water?
17. How many diaper changes will a newborn typically need in 24 hours?
18. What kind of scale should be used to measure an infant's weight?
19. Why should the umbilical cord stump be left alone unless it is dirty?
20. What does circumcision care generally require?
21. Why may an HHA be assigned to care for a client's children?
22. Why is it important to treat children who have disabilities as children first?
23. List five factors that influence how children respond to stress.
24. Name each of the three symptoms of illness outlined in Learning Objective 11 and describe one common treatment for each.
25. If a child asks an HHA a question and she does not know the answer, what should she do?
26. Why is maintaining routine important for children?
27. List six common signs of child abuse.