

OBSTETRICAL
ORIENTATION

to the

GERMAN
HEALTHCARE
SYSTEM



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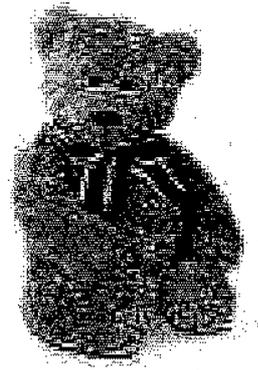
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INTRODUCTION

The Stuttgart Community Health Nurse congratulates you on your pregnancy. This booklet will assist in making your prenatal experience and delivery as pleasant and worry free as possible. This booklet will provide you with information that should help ease your transition into the local German health system. Please keep this booklet as a reference throughout your pregnancy and postpartum period. It is recommended that you take this reference guide to the hospital with you!

There are several facilities and physicians in the greater Stuttgart area that are used for prenatal care and delivery. The German health care system is comparable to stateside care, with a few cultural differences. You are welcome to use the physician and hospital of your choice from the Preferred Provider Network (PPN) Tricare has established. Currently the PPN list of hospitals for delivery are: Robert-Bosch Krankenhaus (near Robinson Barracks) and Boeblingen Krankenhaus (near Panzer Barracks), which both have their own OBGYN Doctors who could follow your prenatal care. Regardless of your choice, please be assured that you and your baby will receive quality care while using the German health care system.

The following pages provide, more details of what to expect in the upcoming months. If there is a specific question that is not covered, please feel free to call the Stuttgart Community Health Nurse or other professionals for assistance. Please note the phone list provided to help you find the service or individual required. Enjoy your pregnancy!



PHONE LIST

Community Agencies:

American Red Cross	07031-15-2812
Ambulance	0711-680-116
Army Community Services-Family Advocacy	07031-15-3709/3362
Breast Feeding Support (call Community Health Nurse)	0711680-6383
Heidelberg Emergency Room (toll free)	0130-847947
Military Police	0711-680-5261/5262
Social Work Services	07031-15-2676
Stuttgart Health Clinic Appointments	0711-680-8610

Community Professionals:

Stuttgart Health Clinic Nurses Office	0711-680-4623
Community Health Nurse	0711-680-6383
Physical Therapist	0711-680-8646
Dietician	0711-680-7322
New Parent Support Program	07031-15-3353
Women, Infants, Children Overseas	07031-15-3351
Patient Liaison Office, Stuttgart Health Clinic	0711-680-4381
Tricare Health Benefits Advisor	0711-680-7408
Tricare Enrollment	07031-15-4624
Passports	07031-15-2767
Education & Developmental Intervention Service	07031-15-2697
D.E.E.R.S	07031-15-2333

ENGLISH SPEAKING OB/GYN DOCTORS

Hospitals with an OB clinic (Delivery and Prenatal)

Robert-Bosch Krankenhaus
Auerbach Str. 110, 70376 Stuttgart
Dr. Simon
Tel: 0711-8101-3464

Krankenhaus Boeblingen
Bunsen Str. 20, 71032 Boeblingen
Prof Dr. Weiss
Tel: 07031-668-2202

Private Doctors (Prenatal Only)

Dr. Wallhaeuser & Dr. Voss
Vaihingen Markt 4 Stuttgart-
Vaihingen
Tel: 0711-735-2434

Dr. Korte
Postplatz 6-7
71032 Boeblingen
Tel: 07031-71920

Dr. Krauss
Vaihingen Markt 14
070563 Stuttgart-Vaihingen

Dr. Daeuber
Vollmoeller Str 5
Stuttgart-Vaihingen
Tel: 0711-735-1015

TRICARE

Tricare is a Health Maintenance Organization (HMO) whereby members select a primary care doctor from an approved network of physicians the PPN (Preferred Provider Network). This PPN continually changes as new physicians are added or deleted. The Tricare office will have the most current listing to assist you. Many of the physicians listed in this handbook are a part of this PPN in Stuttgart. They speak English and are familiar with the Tricare paperwork.

There are two Tricare options here in Europe, Tricare Prime and Tricare Standard. Each of the Tricare options provides payment for different amounts of your outpatient and hospitalization charges. Please make an appointment to see the Health Benefits Advisor early in your pregnancy to confirm DEERS enrollment, check on policy coverage, and complete any additional paperwork. Because there are no Obstetricians in the Stuttgart Health Clinic, a referral to a German Obstetrician will be made for you. You must have a referral from the Clinic before being seen by your German doctor. You will be authorized care on the economy following this referral. The Patient Liaisons will help you with establishing your German Obstetrician.

It is very important that you keep the Tricare office informed of any changes with providers or status. If your German doctor determines it is necessary to send you to another provider or if you are hospitalized, please call the Tricare office and let them know. Statements or bills requesting payment from providers may come to your home. You just need to take this bill to the Health Benefits Advisor and fill out another Tricare foLui. They will resubmit this for payment through Tricare.

NOTE: Civilian patients should check with their individual insurance carrier for policy coverage.

If you are a single Active Duty soldier, you need to check with your Command about Command Sponsorship. If your baby is not Command sponsored, you will not be able to enroll in TRICARE Prime.

PRENATAL CARE

The German health care system will provide quality medical care with a few minor cultural differences. In general, the physicians may be a bit more conservative and may not have the same cost restraints that are placed upon American doctors. This results in a more liberal use of technology and longer hospital stays after the baby is born. Below are detailed explanations of what you can expect with your prenatal care.

Ultrasounds:

You will receive a minimum of two ultrasounds, one between 9-12 weeks and the other about 32-36 weeks. Do not be surprised if you receive more. Ultrasounds can be as often as every visit if the doctor feels it necessary. Usually these ultrasounds are a part of the prenatal visit. If your doctor charges for more than 2 ultrasounds, he/she will write a medical justification for Tricare. Any specific questions regarding the ultrasounds should be discussed with your doctor. Many of the doctors will provide a copy of the ultrasound picture upon request, sometimes for a small fee. The gender of the child can sometimes be determined by the ultrasound; however it is not 100% fool proof. Don't paint the nursery blue until you are sure!

Prescriptions:

Your doctor may need to prescribe medication for some other medical condition occurring during your pregnancy. You can have your prescription filled by a German Apotheke (Pharmacy) and Tricare will reimburse you. You just take the receipt to Tricare, fill out a Tricare form and they will submit this for reimbursement. It can be filled at Patch Pharmacy if it is part of the formulary and written according to the Patch Pharmacy standards. Please check with the pharmacy first.

Doctor's Exam:

European women in general are less concerned with modesty than their American counterparts. Most German Doctors do not drape patients during a female exam. You may be on the exam table for several minutes with the lower half of your body completely exposed with staff members present. If this is a concern, please wear a long top or a dress to your exam. You will be expected to undress from the waist down, but a long top will cover you until you need to be in position on the table. Some German physicians do have drapes or gowns, you just need to request one.

You will receive a manual vaginal exam (not with instruments) at each visit to check the condition of the cervix. This is standard practice in Germany unlike in the States.

European women (and men) are generally not nearly as inquisitive about their health care. Unlike Americans who like to know the "why" and "what" about everything The German physicians are used to our questions, and in many cases welcome your

interest. Regardless of the cultural differences, your questions are important and should be addressed. If you feel that there is a language barrier, please contact the Stuttgart Health Clinic Patient Liaison staff.

Mutterpass:

You will receive a Mutterpass from your doctor early in your pregnancy. This is your official medical record of your pregnancy. You should keep it with you at all times. It contains important information about you and the progress of the pregnancy that would be necessary should you seek any medical care. If you are traveling and experience a complication of pregnancy, this information would be extremely valuable to any attending physician. You need to take it with you to each prenatal appointment as well as to the hospital where you will deliver. For a translation of the Mutterpass, see pages 8-11 of this handbook. It is a valuable part of your medical record— keep it in a safe place!

Hospital Tour:

Regardless of whom you chose for your doctor, please take a tour of the hospital where you plan to deliver. Even if this is not your first child, it helps to be familiar with what is going to happen and ask questions as needed. Information about tours is available through the Patient Liaisons at 0711-680-4190 or at the TRICARE office on Patch. During your hospital tour you will learn important information about the hospital and labor/delivery procedures. You will learn about how to access the hospital at night, where to park, usual admission procedures, pain management, etc. You may also want to learn how the TV and phone operate. Most facilities require a card to be purchased for a small fee (not covered by insurance) to gain access to the TV and telephone system. You need to have the card to receive incoming as well as make outgoing calls.

The Army Community Service (ACS) office offers a hospital tour with their SNO (Spouse's Newcomer Orientation) class. They will take you to the four most frequently used hospitals in the Stuttgart area, Sindelfingen, Boeblingen, Robert-Bosh, and Olga Krankenhouses (hospital). This tour is excellent for general information about the local hospitals. If you would like more information about this tour, please call ACS at 07031-15-3362.

Travel:

It is generally ok to travel up until you are 36 weeks, unless your doctor directs otherwise. It is best to discuss your plans with your doctor to get his medical opinion concerning you and your baby's well being for travel. Always keep your Mutterpass with you. It will be invaluable if you start having problems while you are away. After 36 weeks, it is recommended that you stay within an hour or two of your planned delivery hospital.

TRANSLATION OF MUTTERPASS

- Page 1: MD's or hospital stamp where patient is seen for prenatal care.
Appointment record.
- Page 2: Last name: First name: Birth date: Address:
Former name and address:
Blood type, Rh factor, test date, lab control number
Antibody test — date and control number
German measles (Rubella) test — immunity — date and control number
- Page 3: Serology test (VDRL) — Syphilis
Repeat rubella testing
Stamp and signature of M.D.
- Page 4: Delivery History — year and how each pregnancy ended (vaginal, cesarean birth, abortion, abruption, stillbirth), and any other significant information about the pregnancy and delivery.
- Page 5-6: Medical History: Age, Ht, Gravida (number of times pregnant), Parity (number of live births).
1. Family History — significant illnesses — yes/no (diabetes, hypertension, deformity, genetic problems, mental illness)
 2. Past significant health problems involving heart, lungs, liver, kidneys, central nervous system, mental health
 3. Venous/Thrombosis problems
 4. Allergies
 5. Previous transfusion
 6. Incapacitation mental illness (family or self)
 7. Social/integration problems
 8. Rh incompatibility after prior pregnancy
 9. Diabetes
 10. Obesity
 11. Dwarfism
 12. Skeletal anomalies
 13. Pregnancy under 18 years of age
 14. Pregnancy over 35 years of age
 15. Grand multip — delivered over 4 children
 16. Pregnancy after patient was told she was unable to conceive
 17. Delivery following previous pre-term infant of less than 37 weeks
 18. Size of infant does not correlate to gestational age
 19. More than 2 previous abortions/miscarriages
 20. Still birth
 21. Complications following deliveries

22. Post-partum complications
23. Complications after a Cesarean section
24. Status after other operations of the uterus
25. Pregnancies in close succession (less than 1 year)
26. Other situations/conditions
27. Other current disease which have to be treated
28. Taking any medication everyday
29. Any history of chemical abuse
30. Any current psychological pressure (stress, grief, etc.)
31. Any current social pressure
32. Bleeding before the 28th week of pregnancy
33. Bleeding after the 28th week of pregnancy
34. Placenta previa
35. Current pregnancy has more than one fetus (twins, etc)
36. Polyhydramnios (excessive amniotic fluid)
37. Oligohydramnios (insufficient amniotic fluid)
38. Date of Delivery is uncertain
39. Placenta insufficiency
40. Incompetent cervix
41. Premature contractions
42. Anemia
43. Infection of the bladder or the ureter
44. History of positive indirect Coombs (a blood test)
45. High risk based on other blood tests
46. High blood pressure
47. Excretion of protein in the urine
48. Edema (in the extremities, face, etc.)
49. Low blood pressure
50. Diabetes
51. Presentation other than head-down
52. Any other conditions/situations not mentioned

Page 7-8: Date, Week of pregnancy, Corrected EDC, Fundal Ht, Fetal Position, Fetal heart rate, Fetal movement, Edema, Varicoses, Weight (Kg), Blood pressure, Hemoglobin, Urine: Protein, Glucose (sugar), Nitrate, Blood Vaginal exam, Other significant findings, High-risk number (from previous page list), Treatment

Page 9: Ultrasound and fetal cardiological findings (date, femur, position, head circumference, heart, placental)

Page 10-11: Charting space for individual ultrasound measurements:

Page 12: Charting space for ultrasound

Page 13: Charting space for baby's heartbeat recording

- Page 14: Graph for normal femur and head circumference by weeks measured by ultrasound
- Page 15: Summary of pregnancy, birth and postpartum
- Page 16: Summary of 6 week post-partum check-up.

WHEN TO CALL YOUR DOCTOR

Warning Signs During Pregnancy: There are some discomforts or symptoms that may indicate a serious problem. If you experience these symptoms, call your doctor:

1. Bleeding from your vagina (some spotting is OK)
2. Persistent nausea or vomiting for longer than 24 hours (you can't keep anything down)
3. Pain or burning when urinating
4. Fever and chills
5. Gush or trickle of water from your vagina
6. Third trimester Kick Count-less than 10 movements in 2 hours
7. Severe pain in your abdomen or pain under right rib cage
8. Severe, persistent headache
9. Sudden swelling of your face, hands, feet, or ankles
10. Sudden, unexplained weight gain (more than two pounds in one week)
11. Blurred vision or spots before your eyes

Possible Signs of Premature Labor: Some of the signs that you are in premature labor are:

1. Contractions that occur every 10 minutes or more often (five or more contractions in one hour)
2. Menstrual-like cramps in your lower abdomen, which may come and go or be constant
3. Dull backache felt below your waistline, which may come and go or be constant
4. Pressure in your pelvis (feels like the baby is pushing down)
5. Abdominal cramping, with or without diarrhea
6. Spotting or bleeding from your vagina
7. Watery discharge from your vagina

IF ANY OF THESE SIGNS OCCUR, CALL YOUR DOCTOR OR GO TO THE EMERGENCY ROOM IMMEDIATELY!

How to access care:

1. During routine office hours call your OB doctor and explain your condition.
2. After hours, weekends, holidays, you need to go to the Krankenhaus. If you need assistance with translation call the MP desk 0711-680-5261/5262. They will call the Patient Liaison on-call. She will then call to assist by phone or make arrangements to meet you at the hospital.
3. If you go to the hospital on your own, please call the Tricare office the next working day to inform them of your hospitalization. They will contact you to follow-up with any questions or problems you may be having.
4. There is also an option of calling the Nurse Advice Line at 00800-4759-2330. This nurse is trained to help with OB questions/concerns over the phone.

LABOR AND DELIVERY

Most hospitals have some staff members that speak English. Those listed in this handout are the most familiar dealing with Americans. Midwives will be providing much of the care during your labor and delivery. However, the doctor will also monitor your progress closely.

The German midwives who will assist you during labor and delivery are well trained and highly skilled in their field. They function much like American labor and delivery nurses in the States. In general, you will be admitted to one room where you will be followed through labor, delivery and a short recovery period. If there are several women admitted at the same time, this may vary a bit. Try to be as flexible as possible.

All the hospitals allow you to have your coach present during the labor and delivery. Some of the facilities may allow an additional person (i.e. Grandma). You should check with your delivery physician prior to admission regarding the specific hospital policy. In general, young children are not allowed. The coach, Dad or Grandma, should be assisting Mom and be considerate of the hospital staff. The staff will accommodate the new family as much as possible, but they need to be able to do their jobs.

The German hospital will provide many comfort measures during your labor and delivery that may be new to you. Large rubber balls (to sit on), baths, showers, chairs, and walks are a few of the choices. Your midwife will assist and suggest options as your labor progresses. Medication and epidural anesthesia are also available. Pain relief medication must be directed by the midwife and/or physician. Remember, all medications may not always be appropriate for each situation. Questions and concerns about the use of medications and/or an epidural should be directed to your doctor prior to your hospitalization.

The 3rd trimester series of the pregnancy orientation program will discuss the obtaining an infant passport/birth certificate, car seat safety, stages of labor and comfort measures during labor (you are encouraged to bring your partner with you) and postpartum/newborn care. It is highly encouraged to attend all classes. Other childbirth classes may be available in the other military locations in Germany such as Mannheim and Ramstein. Additional individual instruction may be provided by the New Parent Support Nurse at 07031-15-3340.

If you have had a previous Cesarean section, in many instances you may be still able to elect for a trial of labor and a vaginal delivery. This must be discussed with your doctor during your pre-natal visits. If you are having a planned C-section, coaches are often allowed in the operating room. However, if the C-section is determined to be an emergency, no one except the medical staff will be allowed in the operating room. In these situations there is no time to prepare and watch a non-medical observer. The

concern is for a safe Mom and baby. This is the same standard used in American hospitals.

If you elect to breast feed, you may desire to begin on the delivery table. This stimulates normal contraction of the uterus and is great for bonding. Mom and the coach are allowed to hold the baby during the recovery period, which will last 1 — 2 hours. Then encourage rooming-in with the baby. They also encourage Mom's to get adequate rest during the postpartum period. The staff is happy to watch over your baby while you nap or take a walk. Check with your specific hospital about their nursery policy.

POSTPARTUM

German women usually stay in the hospital 5 to 7 days after a vaginal delivery. American women may go home after 3 days for an uncomplicated vaginal delivery and 5 to 7 days after a C-section once cleared by your doctor. You will usually be in a semi-private room. There may not be curtains between the beds. If privacy is an issue for you during breast-feeding or any hospital procedure, come prepared with proper clothing and perhaps small blankets. Often the other person will leave for a short period; however, sometimes they do not.

Your baby will receive his/her newborn physical exam by a pediatric physician during the second day. Please do not leave the hospital until your baby has had this 48-hour Physical Exam. The Stuttgart Health Clinic does not do 48 hour newborn exams. The baby should also be seen at the clinic within 48 hours after discharge and at 2 weeks of age. Please make this appointment right away. These appointments fill up fast. Appointments can be scheduled at 06221-17-2622.

You may have as many visitors in your hospital room as you wish, including young children (your own). Please be considerate of others and have your visitors take turns so as not to crowd your roommate. Visiting hours usually end around 7:30 PM, but most places are pretty liberal as long as you are not loud. Ask about the visiting hours at your specific hospital.

You will receive typical German meals, continental breakfast, hot lunch, and cold dinner. This may vary at different hospitals. You will have access to tea, coffee, and sometimes juice. You are welcome and encouraged to bring whatever you desire for drinks and snacks, including water. German hospitals usually provide mineral water which is usually carbonated. Visitors may bring substitute meals if you desire. Hospitals usually offer a "Mothers's Milk" tea for nursing Mothers. It is known to help build milk supply.

Infant Feeding:

The German doctors and nurses will encourage breast-feeding. Please try to decide your feeding preference prior to having the baby. We recommend breast-feeding for as long as you can, even if you are planning to return to work. The early milk, called colostrum, is filled with many wonderful substances to provide the perfect first food for your baby. It provides the baby with some passive immunity to illness, provides a natural laxative to clean out his/her system, as well as the perfect nutrients for his/her growing body. If you choose to breast feed, it is important to be committed to the activity.

Because breast feeding is a learned activity for both you and your baby, it is common for it to take a few feedings for you and the baby to get the hang of it. There will be nurses to help you with the initial feedings. Do not hesitate to ask for assistance. We recommend that you do some reading about feeding options prior to delivery so you can make an informed choice. We have included more information on this subject in the back of this booklet. Books are available for loan from the ACS New Parent Support Program. Questions regarding breast feeding may be directed to New Parent Support Program, WIC Nurse, Health Clinic OB nurse or La Leche League representative. Their contact information is on the phone list.

If you chose to bottle feed; it is important to note that the German formula, while nutritionally about the same as American, is different in texture and taste. Many infants can differentiate between formulas early and become finicky when you try to change. If you desire to use American formula, change as soon as you arrive home, or bring your own supply to the hospital. American formula is less expensive and more easily accessible if you live on base. Of course, the choice is yours.

Registration in DEERS:

If for some reason your baby must remain in the hospital after mother is discharged or is transported to another hospital for additional care, you must ensure the baby is registered in DEERS and Tricare as soon as possible. Failure to do this may result in a major hospital bill, which may not be covered by Tricare. If you have any questions, please contact the Health Benefits Advisor at 0711-680-4052/7408

If Mom and baby are discharged together, the hospital bill is covered under the initial OB referral through Tricare. It remains very important that you have you child enrolled in DEERS and Tricare as soon as possible to prevent problems with future

medical issues. Enroll your newborn in DEERS at your nearest **ID** card center or your unit personnel office as soon as you have the baby's birth certificate. Sponsor must sign DD Form 1172. Then, enroll your newborn in Tricare at the Tricare Enrollment Service Center located in the Patch Health Clinic.

Circumcision:

You and your spouse should decide your preference concerning circumcision prior to the delivery. We recommend that you discuss this with your doctor to get more information. Please see the information in your packet about circumcision.

German babies are not often circumcised, however many non-Germans living here are circumcised. There is currently one doctor at Boeblingen and one Plastic Surgeon at Robert Bosch who will do this procedure, but this is subject to change. The procedure can be arranged while you are still in the hospital. Speak with your doctor about making these arrangements. The Tricare patient liaison can also help you with this. If you prefer an American doctor performs the surgery, you will need to make arrangements after your son has been enrolled in DEERS. Call Heidelberg Pediatric Clinic at 06221-17-2177. The circumcision must be done within the first 30 days or you will have to wait until the baby is at least one year old. Please contact the clinic soon after the birth to make the necessary arrangements.

Odds and Ends:

Your baby will receive drops or ointment in the eyes shortly after birth, this is to prevent blindness resulting from infection as the baby passes through the birth canal. Lastly, your baby will receive Vitamin K to aid in blood clotting until baby is able to make clotting factors. The requirements for these procedures sometimes change. **It is important to find out what your baby received during his or her hospital stay.**

The hospital will provide everything the baby will need during the hospital stay. You will only need to bring the clothes for his/her ride home. You must also have an infant car seat. Remember to face the seat backward in your car while your baby is an infant and follow manufacturer's recommendations for use! Make sure you also consult your automobile owner's manual for proper installation instructions. Strongly consider having the car seat installation inspected by EDIS personnel prior to the birth.

Mom will need to provide many things for herself during her hospital stay. For a list of things you may want to bring with you to the hospital see page 21 of this booklet.

Your delivery doctor will direct you to have a follow-up appointment with your prenatal doctor between 4-6 weeks. **You need to complete the appointment before the end of the 6th week.** Your Tricare referral ends the day after the 6 week. At this appointment the doctor usually completes a PAP exam as part of this routine appointment. Please ask to have a copy of the results sent to you so you can get this into your, medical record. Then, if you require birth control later, your American doctor can use this result and not expose you to unnecessary additional tests.

OBTAINING YOUR NEWBORN'S IDENTITY

When you go to deliver, take the original copies of the documents listed below to the hospital with you. This paperwork must be shown to the hospital clerk. He/she will help you complete the information for the baby's *Abstammungsurkunde* (German birth certificate/ Formul A). Until you have the baby's *Abstammungsurkunde*, you cannot enroll your baby in DEERS, apply for an American report of birth abroad, an American passport or a social security number.

- Mutter Pass
- Insurance claim forms (if non-TRICARE)

For Birth Certificate:

- Military ID card
- Passports of Mother and Father
- Birth certificates of Mother and Father
- Marriage certificate (and/or official translation)
- Divorce decrees (for all previous marriages of both parents)
- Death certificates (for any deceased spouse of either parent)

Please note the information you write on the *Abstammungsurkunde* application will appear exactly the same on the completed original certificate. A German (Formul A) and an International (English written) birth certificate will be issued. The following is the procedure for obtaining the baby's *Abstammungsurkunde*, at each of the hospitals where you could deliver. If you deliver at a hospital not mentioned, please contact a Patient Liaison through the MP desk.

Obtaining Birth certificate:

1. Fill out the paperwork for the *Abstammungsurkunde* (birth certificate) application provided at the hospital. Package will be completed at the hospital.

2. Call Patient Liaison at 0711-680-4381 during duty hours.

-Liaison will assist with obtaining the birth certificate from Boeblingen Standesamt (07031-669274) if you deliver at **Boeblingen Krankenhaus**.

- Liaison will assist with obtaining the birth certificate from (**Standesamt**) at the **BezirksRathaus Bad Cannstadt** (Municipality Bad Cannstadt), located on Markplatz 10, Bad Cannstadt (Tel 0711-216-8323) if you deliver at **Robert-Bosch Krankenhaus**. Robert-Bosch does not require parents to have their birth certificates.

The application will be processed and you child's birth certificate will be provided.

Fee: 24 euro's (subject to change)

Once you have received the *Abstammungsurkunde*, you may now:

1. Enroll your newborn in **DEERS** at the T.D. card center on Panzer Kaserne.
2. Enroll the child in **TRICARE** in the Patch Health Clinic
Please do not delay these important steps!
3. Apply for a "Consular Report of Birth Abroad" at the passport office

4. Apply for an American passport (can take up to 3 months to process, so plan ahead!) Official/No Fee passport photos for family members of AD and GS may be taken in the photo lab on Panzer Kaserne, Building 2948 (next to the gym). DSN 431-2767, CIV 07031-15-2767.

5. Apply for a Social Security Number (SSN) — also done at the passport office once passport is received. You cannot claim your baby as a tax exemption until he/she has a SSN. It may take 4-6 weeks to get the SSN once application is mailed out.

*All community members can use the Passport Section of 510th PSB at Panzer Kaserne to process necessary paperwork for Consular Report of Birth Abroad, a Passport and SSN. You will want to pick up the birth registration packet even before the baby is born to ensure that you have all the needed documents. Stop by the office on Panzer Kaserne Bldg 2948 to get a packet (if you attended Pregnancy Orientation class, you will be given this packet). The packet will include: a checklist of necessary documents, and Form DS 2029 Application for Consular Report of Birth Abroad of a U.S. Citizen. Go to www.travel.state.gov to print out DS-11 Application for U.S. Passport. Fill this out, but do not sign prior to your appointment (Use 000-00-0000 for the SSN). **Make an appointment** to turn in the packet after your baby is born by calling DSN 431-2767 or CIV 07031-15-2767. The process takes approximately one hour. Please do not call for an appointment until you have all necessary documents. The application cannot be completed without them. The report of birth and application for a U.S. Passport must be initiated within 30 days of the child's birth. If you have special travel needs such as orders to PCS soon after the birth, please discuss your needs with Mr. Sned at the passport office. He will be able to assist you in expediting the passport.

DOCUMENTS

Take with you to your Passport/Consular Report of Birth Abroad Appointment

- | | |
|---|--|
| 1. Infant's birth certificate
(Abstammugsurkunde) | Original (Formul A) |
| 2. Father's birth certificate or passport | Original |
| 3. Mother's birth certificate or passport | Original |
| 4. Parent's marriage certificate
(state or county issued, NOT church) | Original |
| 5. Divorce decrees or death certificates | Original |
| 6. Photos
Free at Panzer photo lab for Official passport | Two photos 2"X2" bow or color |
| 7. Money Order Payable to:
American Consulate Frankfurt | \$150 for tourist passport
No charge for NO Fee passports |
| 8. Military ID Card | |
| 9. Birth registration foil. is
No Fee Passport Faun
Application for Passport
Consular Report of Birth Abroad | Completed at home before appt. |
| 10. The baby | Passport agent must see baby |
| 11. Affidavits for single parents:
Parents married less than 9 months
Parents with name discrepancies | Completed at the appointment |

Each state has an office which maintains all records of births, deaths, marriages, and divorces occurring within its jurisdiction. Offices will issue certified copies for a fee. The Passport office maintains a listing of these offices and their addresses.

A "no-fee" passport is for travel between duty station and US only. A tourist passport is required for travel to any other country.

Information regarding Status of Forces Agreement (SOFA) documentation will be provided by the Passport office.

WHAT TO BRING ALONG TO THE HOSPITAL

FOR MOM: (Robert-Bosch Krankenhaus provides towels, washcloth, a robe and a hair dryer.)

Bathrobe

4 cotton nightgowns that open in the front

1-2 pairs waim socks

low heeled slippers

3 good support bras (either 2 sizes or nursing bras)

6 nursing pads

10 pair of cotton underwear tucks pads for hemorrhoids Peri bottle (Robert-Bosch has a bidet but you might want a small squirt bottle to aid in cleaning yourself after using the bathroom. You will be sore and the water is soothing)

ice packs (they can of course provide ice but some women prefer to have the instant cold packs in their room)

towels and washcloths

shampoo and hairdryer

curling iron (220 volt)

waterproof shoes (for shower)

toothbrush and toothpaste

soap, deodorant, hand cream, & make-up

comfortable clothes (for the trip home)

comb and/or brush

writing paper and pens

personal reading material

German/English dictionary

Euros (for phone card and/or items from the snack bar)

Bottled water, juice, or soda

Snacks

Camera

FOR BABY

warm blanket

emory board (for nails)

wann set of clothes (for the trip home)

infant hat (German size 56-62 for newborns)

car seat

IMPORTANT PAPERS

See section - Obtaining Your Newborn's Identity.

We have tried to make this list as complete as possible. You may not need or desire some of the items listed. If you care to leave something for the nurses, Germans customarily leave a cake or cookies and one pound of coffee.

GERMAN LAYETTE TERMS

CLOTHING FOR SMALL BABIES

Cotton Shirts	Baumwollhemdchen
Cotton knitted shirts	Baumwollstrickjaeckchen
Diapers (regular)	Windeln (30x30cm)
Flannel diaper liners	Kleine Moitoneinlagen (40x40cm)
Triangular terry cloth diapers	Frottee Drei eckswindel Flanell-
Flannel receiving blankets	Einschlagtuecher (30x30cm) Sterile
Sterile cotton pads	Wattebaellchen
Sweater/cap set	Aus fahrgarnitur
Knitted tights (fits up to armpits)	Strampelhoeschen
Rubber pants	Gummihoeschen
Booties	Schuechen
Bibs	Laetzchen
Burp clothes	Spucktuecher

CLOTHING FOR OLDER BABIES

Undershirt	Pullover
disposable underpants	Soeckchen
Pullover sweater	Strumphosen
Stockings	Spielhoeschen
Knitted tights (fits to waist)	Rutschhoeschen
Rompers or playpants	
Rompers with extra decorative padding on knees	Teddy jaeckchen
Fake fur or pile jacket	Schuhe
Shoes	

FURNITURE

Playpen	Laufstall
Playpen pad	Laufstalleinlage
Highchair	Kinderstuhl
Unterhemdchen	
Unterhoeschen Tellstoffwindeln	

BEDDING

Crib or bassinets	Bettchen (60x100cm) oder Koerbchen
Mattress	Matratze
Sheets	Bettlaken
Rubber Sheets	Gummiunterlagen
Puddle Pad	Wasserfeste Unterlage
Cotton blankets	Baumwolldecken
Baby bunting	Strampeldecke
Wool blanket	Wolldecke r.

BABY BUGGY AND STROLLER

Baby buggy	Kinderwagen
Stroller	Sportwagen
Mattress for buggy	Matratze
Fancy pillow cover	Wagengarnituren
Combination pad/foot covering	Fuss-Saex
Shopping net (for back of stroller)	Wagen-Einkaufsnetz
Harness (for stroller)	Anschnallgurt
Sun Umbrella (for stroller)	Sonnenschirm
Rain hood (for stroller)	Regenschutzdecke
Basket (under stroller)	Wagenkorb
Pillow for buggy	Kissen zum Zudecken (80x30cm)

NURSERY

Change table	Wickelkomode
Cover of change table	Wickelaufgabe
Diaper pail	Windeleimer
Divided wash bowl	Waschschale, zweiteilig
Bathtub with stand	Badewanne mit Staender
Bath thermometer	Badethermometer
Washcloth (not terry cloth)	Mull-seifenlappen
Terry cloth wash mitts	Frottee-Handschuhwaschlappen
Bath towels	Badetuecher (100x100cm)
Brush and comb	Buerste and kamm
Nail scissors	Nagelschehre
Child's soap	Kinderseife
Cotton balls	Wattebaellchen
Q tips	Watte Ohrenstaebchen
Potty	Toepfchen

FEEDING

Bottles	Trinkflaschen (200c1 or 6 2/3 oz)
Nipples	Sauger
Nipple covers	Verschlusskappen
Nipple container	Dose fur die sauger
Bottle warmer	Flaschenwaermer
Bottle brush	Flaschenbuerste
Bottle stand	Flaschen Staender
Scale	Waage
Warmer (hot water) food plate	Warmhalteteller
Drinking cup	Trinkbecher
Child's fork, spoon, pushing tool	Kinderbersteck
Coverall bib	Laetzchen

TOYS

Rattle	Rassel
Rattle toy (to hang across bed)	Rasselkette
Teething ring	Beissring
Animal toys	Spieltiere

GENERAL INFORMATION ABOUT GERMAN LAYETTE TERMS

1. Clothing or products bearing the labels "wasch and kochfest" are machine washable and can be boiled if necessary.
2. Baby scales may be rented by the month from any drugstore (Drogerie) for a nominal fee.
3. German infant sizes go by length of baby in centimeters. Size 52 is newborn.
4. At one year of age, your baby could be wearing sizes 56, 62, 68, 74, or 80 depending on his height in centimeters. The size is the same whether for a shirt, blouse, skirt, dress or pants, so the pieces of an outfit will bear the same number.
5. There are not slims or husky and sizes are not always standardized. Try them on to be sure.
6. Types of Fabric:

Terry cloth	Frottee	Knit	Strick
Flannel	Flanell	Crochet	Haekel
Wool	Wolle	Rubber	Gummi
Cotton	Baumwolle		
Egyptian cotton (esp. soft, fine quality)		Kako Baumwolle	
Synthetic similar to nylon		Oralon	

American/German Phrases Useful for Pregnancy and Childbirth

My last menstrual period was _____ Day/Month/Year	Meine letzte Periode war am _____ Day/Month/Year
This is my first baby (second, third)	Das ist mein erstes. Baby (zweites, drittes)
My wife is having a baby. She is having contractions.	Meine Frau bekommt ein Baby. Sie hat Wehen.
I am having a contraction.	Ich habe eine Wehe
I want to push.	Ich will pressen
The membrane is ruptured.	Das Fruchtwasser ist geplatzt
I am having contractions _____ minutes apart (five, ten, fifteen).	Ich habe Wehen im Abstand von Minuten (fuenf, zehn, fuenfzehn)
I need something for the pain.	Ich brauche etwas fuer die Schmerzen
I am bleeding heavily.	Ich habe starke Blutungen
I am dizzy.	Mir ist es schwindlig
I am thirsty / hungry.	Ich habe Durst / Hunger
I need a nurse.	Ich brauche eine Schwester
I am allergic to _____	Ich bin allergisch gegen _____
I am a diabetic.	Ich bin Diabetiker
I feel tired.	Ich bin muede
I am not feeling well.	Mir geht es nicht gut
I have indigestion.	Ich habe Verdauungsstoerungen
I have diarrhea.	Ich habe Durchfall
I am constipated. I need a laxative.	Ich leide an Verstopfung. Ich brauche eM Abfuehrmittel.

I'm afraid to have a bowel movement. (during post partum time)	Ich habe Angst Stuhlgang zu haben
I'm afraid to have a bowel movement (during Labor while pushing)	
I have terrible gas pains.	Ich habe starke Blähungen
I can't urinate.	Ich kann keinen Urin lassen
It burns when I urinate.	Ich habe ein Brennen beim Wasserlassen
I have to vomit.	Ich muss mich uebergeben
I need to go to the toilet.	Ich muss auf die Toilette gehen
I am having cramps.	Ich habe Kraempfe
I have no appetite.	Ich habe keinen Appetit
I have a headache.	Ich habe Kopfschmerzen
My stitches hurt.	Meine Naht tut weh
How much does my baby weight?	Wieviel wiegt mein Baby?
How long is my baby?'	Wie lang ist mein Baby?
May I feed my baby?	Darf ich mein Baby fuettern?
How often shall my baby eat?	Wie oft soll ich mein Baby fuettern?
Can I breast feed during the night?	Kann ich in der Nacht stillen?
My baby needs formula.	Mein Baby braucht eine Flasche
I want a bottle to feed my baby.	Ich will meinem Baby die Flasche geben
I want to breast feed my baby. Ich habe Angst vor dem Stuhlgang.	Ich will mein Baby stillen.
I'm having trouble breast feeding my baby.	Ich habe Schwierigkeiten beim Stillen
Is my baby doing well?	Geht es meinem Baby gut?
Is my baby okay?	Ist mein Baby okay?

I want my son to be circumcised.	Ich moechte dass mein Sohn beschnitten wird
Where is the nursery?	Wo ist das Saeuglingszimmer?
My baby seems to have a fever.	Ich glaube mein Baby hat Fieber
Something is wrong with my baby.	Mit meinem Kind ist etwas nicht in Ordnung
My baby vomited.	Mein Baby hat erbrochen
My baby does not take the bottle.	Mein Baby nimmt die Flasche nicht
My baby will not eat.	Mein Baby will nicht trinken
My baby does not seem to get enough food.	Mein Baby scheint nicht genug zu trinken
How is my baby eating?	Wie isst mein Baby?
Can I shower?	Darf ich mich duschen?
I need soap / shampoo / towel.	Ich brauche Seife / Schampun /ein Handtuch
I need a Kotex.	Ich brauche eine Damenbinde
When can the IV come out?	Warm nehmen Sie den Tropf ab?
When can the catheter come out?	Warm nehmen Sie den Katheter raus?
When can I go home?	Warm dad ich nach Hause gehen?
When is the doctor coming?	Warm kommt der Doktor (Arzt)?
Do you have to pull my stitches out?	Muessen die Faeden gezogen werden?
Could you call my husband?	Koennen Sie meinen Mann anrufen?
Where is the phone? Can I go for a walk? When do I need to see a doctor again?	Wo ist das Telefon?
May I see the menu?	Darf ich einen Spaziergang machen?
	Warm muss ich wieder zum Doktor (Arzt)?
	Darf ich den Essensplan sehen?

Can I have medicine to dry up my milk?

Kann ich Medizin haben um den
Milcheinschuss zu verhindern?

Has the baby had a stool and urinated?

Hat mein Baby Stuhlgang gehabt and
uriniert?

My episiotomy hurts.

Mein Dammschnitt schmerzt

My incision hurts.

Mein Schnitt schmerzt

My breasts are sore.

Meine Brueste schmerzen

I cannot sleep.

Ich kann nicht schlafen

My IV hurts.

Der Tropf schmerzt

I have a pain in my abdomen.

Ich habe Magenschmerzen

I have hemorrhoids.

Ich habe Haemorrhoiden

It hurts when I swallow.

Ich habe Schluckbeschwerden

I can't hear very well.

Ich bin schwerhoerig

I can't see very well.

Ich habe Sehbeschwerden

Does this hurt? Will it hurt?

Tut das weh? Wird es weh tun?



BREASTFEEDING YOUR NEWBORN BABY

TIPS FOR SUCCESSFUL BREASTFEEDING

Correct positioning, correct latching and alternating positions will prevent nipple soreness.

1. Use correct positioning

- a. Mother's back, shoulders and arms are well supported with pillows.
- b. Turn your baby so his entire body is facing you (tummy to tummy)
- c. Hold the breast 2-3 inches behind the base of the nipple and center the nipple directly in front of the baby's mouth.
- d. Move your breast slightly, gently stroking the baby's lips with your nipple. **Wait** for your baby to open his mouth **wide**. Be patient.
- e. Quickly pull the baby on to the breast.

2. Help your baby to latch on to your breast completely

- a. The baby should take the entire nipple plus one inch of the breast into his mouth.
- b. His lips should be flanged (rolled outward), his nose and chin should touch the breast.
- c. His tongue is over his lower gums.
- d. There is movement in his jaw, ears, and temples with each correct suck.
- e. Sucking will be strong, but painless if the baby is positioned correctly.

3. Signs the Baby has completed the feeding: Relaxation of the body, eyes closed, hands open, long pauses between sucking, Little or no swallowing, baby lets go of the breast.

NEWBORN FEEDING MANAGEMENT

1. 8-12 feedings within a 24 hour period is average (varies with each baby).
2. Nutritive, effective sucking (suck, swallow, and rest pattern) is necessary for adequate weight gain.
3. Start breast feeding on one side, burp, and then offer the other breast. **Watch the baby not the clock. Wake up the sleepy baby, burp and reattach several times during the feeding if necessary.**

HOW TO TELL THE BABY IS GETTING ENOUGH MILK:

1. Baby has at least 6 wet diapers a day (clear urine)
2. Baby has at least 2 loose bowel movements a day.
3. Baby eats at least 8 times a day and seems content after feedings.
4. Baby sustains sucking and swallowing at the breast.
5. Baby returns to birth weight by 3 weeks and then gains 4-7 ounces per week.
6. Baby is alert and shows signs of normal development.

THE SLEEPY BABY

Babies experience a quiet alert time 1-2 hours after birth, a good time for baby to learn and practice breast feeding.

1. Breast feed during this alert state to initiate milk production, help baby learn a correct suck, and reduce the risk of jaundice.
2. Watch baby's feeding cues —(smacking, sucking on hand, eye or body movements), Try to breast feed every 2-3 hours.
3. Tips to wake up the sleepy baby - undress, diaper change, wipe alcohol onto the cord, express your milk into the baby's mouth, back rub, call baby by his name, rub top of head, and under his feet and arms, wash his face and/or body with cool wash cloth.
4. Breast feeding is a learning process for the baby. **Avoid nipple shields, and bottles.**

SORE NIPPLES

Usually caused by improper positioning and latch-on.

1. Initial latch on is a pulling sensation on nipple and breast. Some initial latch-on pain is normal, but it should subside after a few sucks
2. Blisters, cracked or fissured nipples, or breast pain are not normal.
3. Breast feed on the least sore side first. Change your breast feeding position (cradle, football hold, etc).
4. Do short frequent feedings.
5. After feedings, massage your expressed milk on nipple and air dry.
6. Try to avoid soap, alcohol, and breast creams on your nipples. A small amount of lanolin may be used on the nipple and it does not have to be washed off before feeding.
7. Frequently change your cotton or paper breast pads.
8. Shells can be worn under the bra to help nipples heal quicker.

ENGORGEMENT

A temporary condition that starts 2-4 days after delivery. Unrelieved, engorgement can damage the breast and compromise future milk supply. Engorgement lasts 24-48 hours and is easy to prevent with frequent feedings.

1. If baby cannot latch onto the breast, apply warm moist towel to the breast for 10 min prior to feedings. Warm showers are also helpful.
2. Gently massage the breast before and during feedings.
3. Apply ice compresses to the breast after the feeding.
4. If the baby cannot latch onto the nipple and the breast, use a Medical Grade Electric pump or hand expression to soften the breast and help baby latch on to breast.
5. **Avoid bottles and nipple shields.**
6. If you cannot relieve the engorgement call for help.

REASONS TO CALL FOR HELP!

1. Baby has less than 6 wet diapers each day.
2. Baby is stooling infrequently.
3. Baby is never content.
4. Baby is very sleepy.
5. Swallowing is not heard during feedings.
6. You have nipple soreness that is getting worse or suddenly develops after the first week.
7. You have severe engorgement that prevents baby from latching-on.

WHERE TO CALL FOR HELP:

1. LaLeche League Support	111stuttgart@yahoo.com
2. Stuttgart Health Clinic Nurses office	(0711) 680-4623
3. New Parent Support Program	07031-15-3340
4. Stuttgart Community Health Nurse	(0711) 680-6383
5. Tricare Nurse Advice Line	0800-4759-2330
6. WIC Nurse	07031-15-3351



POSTPARTUM DISCHARGE INSTRUCTIONS:

UTERUS: Your uterus will be about the size of a grapefruit immediately after delivery. It will be slightly larger by the time you reach the postpartum ward. Your uterus should be firm and be at the level of your bellybutton by the time you leave the hospital. It should decrease in size about one fingers' breadth per day during the first few days at home. After about 10 days your uterus will be too small to feel. Ask the staff on the postpartum unit to teach you how to massage and check your uterus for firmness. You should always provide support to the lower part of the uterus with one hand when you massage. The uterus only needs to be massaged if it does not feel firm. Breast-feeding helps the uterus to stay firm. The uterus will return to pre-pregnant size around 6 weeks after delivery. You may experience "after pains" or cramping especially during nursing and pains appear to be stronger for 2nd, 3rd etc time Moms. To ease discomfort Motrin (Ibuprofen) is commonly prescribed at American hospitals. If you choose to try this medicine, take it as directed by the manufacturer. It is commonly prescribed to breast feeding Mothers.

LOCHIA: Lochia refers to the vaginal bleeding after delivery. At first bleeding will be bright red in color. It quickly changes to a dark red color. To pass small blood clots is considered normal. Bleeding will remain a dark red for the first 2-3 days and will change to pink or dark brown after that. The flow should decrease at that time and after 1-2 weeks bleeding will be replaced by a yellow-white discharge. The amount of bleeding at any given time is a good measurement if you are getting enough rest or not. An increase in bleeding signals a need for rest. After resting bleeding should decrease again.

NOTE: When to call the ER/Clinic • To soak one pad within one hour is considered too much bleeding, please call in. If bleeding returns to a bright red color or clots larger than a half dollar are passed, please call in. Should your lochia begin to smell foul, please call in, this is a sign of infection. You should call your delivery doctor, or return to the hospital where you delivered.

EPISIOTOMY: You may or may not require stitches with the birth of your baby. Taking care of your bottom (PERINEUM) remains the same whether you have stitches or not. During the first 24 hours ice should be kept on the area between the vagina and the rectum for 20-30 minutes every 1-2 hours to minimize swelling. Be careful to keep a layer (towel, washcloth, etc.) between the ice and your skin to avoid frostbite. Each time you use the bathroom a "peri-bottle" should be used. This is a plastic squirt bottle filled with plain warm water. Simply squirt the warm water over the perineum to keep clean and promote healing. Cleanse and rinse the area daily wiping from front to back with a mild soap such as Dove or Camay. Witch hazel pads or "Tucks" help decrease discomfort. After 24 hours ice is no longer recommended although use of the peri-bottle is continued. For further discomfort heat can be used on the area. You may find sitting in a tub with a few inches of water (or Sitz bath) very effective (do not use bubble bath or

other additives in water). Stitches will resolve on their own in 3-4 weeks and do not require removal. DO NOT use tampons or douches for 6 weeks. You can obtain a Sitz bath and Tucks pads by going to the Stuttgart Health Clinic and speaking with One of the nurses.

HEMORRHOIDS: You may or, may not have experienced hemorrhoids associated with your pregnancy. Delivery frequently makes them worse. You can apply ice to them to help reduce their size. Keeping your stools soft will help avoid worsening them. Witch hazel pads (Tucks) can help decrease discomfort- keep them refrigerated at home to improve relief. If ice does not help you may try warm water compresses or sitz baths.

BREAST: For breast feeding mothers, to prepare for breast feeding you should stop using soap on your nipples. Soap removes natural secretions from your breasts. Your body begins producing colostrum during pregnancy. You may or may not experience leaking of yellowish colostrum from your breasts. Regardless of leaking or not, your body produces enough to nourish your baby.

ENGORGEMENT happens when milk comes in and makes the breast feel hard and possibly painful to touch. Relief measures include:

1. frequent nursing- every 2-3 hours
2. use both breasts each feeding.
3. apply warm packs to breast prior to feeding.
4. manual expression of milk softens the areola if infant cannot latch on.
5. pumping until discomfort is relieved if feeding does not help.
6. ice packs on breast between feedings to reduce swelling and pain.
7. Motrin (Ibuprofen) or Tylenol for pain (Take as directed by the manufacturer)

LUMPS in the breast are not uncommon and represent blocked milk ducts (may be painful). To treat a blocked duct, do the following:

1. get plenty of rest.
2. apply heat to the affected area and massage toward the nipple.
3. breast-feed immediately after applying heat.
4. breast feed from the affected breast first and frequently.
5. avoid constricting clothing, including bras
6. change breast feeding position from time to time, best position is having the infant's nose pointing to the knotted area.

WHEN TO CALL THE CLINIC/ER: Tender areas associated with red streaks and/or flu-like symptoms and/or fever may indicate mastitis. Mastitis is an infection of the breast and usually requires antibiotics. Continue breast feeding to help the infection clear up. Please call the clinic if you have a lump that does not respond to the above mentioned treatment within one week.

FOR BOTTLE FEEDING MOTHERS: The wear of a good fitting bra is essential to limit the discomfort of engorgement. Avoid stimulation of the breast, i.e. touching, massaging, warm water of the shower. Once milk comes in, discomfort may be

experienced. Continue to keep breasts supported firmly without restricting circulation. Ice may be used on the breast for 15 - 20 minutes for relief of discomfort. Motrin or Tylenol are commonly prescribed for pain relief (take as directed by the manufacturer).

GENERAL ACTIVITY AND EXERCISE: It is normal to experience an increase in urinary frequency for the first few days as your body attempts to eliminate excess fluids. You may shower or tub bath as you desire (showers should be preferred for the first week). When tub bathing use a clean tub and no additives (soap, bubble bath) in water. You should limit yourself to caring for the baby for the first 1-2 weeks at home. Listen to your body, it will tell you to slow down by increasing your lochia flow and returning to bright red color. Get plenty of rest, try to nap when baby naps. Limit climbing stairs and lift nothing over 15 pounds. Gradually increase your activity as you feel better. Exercise programs can be resumed after 4-6 weeks.

WHEN TO CALL THE CLINIC/ER: Temperatures 100.4 or higher, signs of urinary infection (frequency, urgency or burning urination), painful or tender areas in legs, severe abdominal pain.

SEXUAL ACTIVITY: After bleeding has stopped sexual activity may be resumed whenever you feel ready. For many women this occurs around 4-6 weeks after delivery. A lubricant may have to be used because hormonal differences may inhibit vaginal lubrication. If desired, birth control needs to be planned before resuming intercourse. Ovulation may resume long before menstruation, consequently the exact time of when ovulation resumes remains unknown. Birth control options include: condoms, foams, birth control pill or shots, diaphragm or IUD (after 6 weeks). Ask your physician, nurse practitioner or midwife for information.

BABY BLUES: Also called postpartum blues. Hormone levels drop quickly after delivery. This combined with the life changes a baby brings, contributes to baby blues. It is normal to feel like crying with no reason. This can happen at any time during the first 6 weeks after delivery. It is not normal if you no longer want to care for yourself (i.e. daily hygiene). Should this happen, you could be developing postpartum depression and you need to contact the Stuttgart Health Clinic for assistance.

NUTRITION: A well-balanced diet of dairy products, fruits, vegetables, meats/fish/proteins, and cereals/pasta/breads should be maintained at all times. Do not try to lose all pregnancy gained weight at once. A high fiber diet in combination with plenty of fluids will help to prevent constipation. **REMEMBER:** Breastfeeding requires an additional 500-1000 calories per day. These additional calories should be provided by calcium and protein rich foods. It is recommended to continue iron tablets for 4-6 weeks and prenatal vitamins with breastfeeding (if not breastfeeding, continue vitamins up until the 6 week appointment).

INFANT CARE INFORMATION

Feeding: Breast milk or formula is the baby's main calorie source for one full year. Avoid cereals, solid foods or juices until directed by the doctor, or around 4-6 months of age. A sign that your baby is ready for solid foods is when he or she starts reaching for food from the table.

Breast feeding: Please refer to the breast feeding information section.

Formula feeding: Use a formula with iron. Your baby should feed every 4-5 hours at least 1-2 ounces and will not need any supplemental water. Burp your baby every half ounce. There are 3 types of formula. Ready-to-feed, costs the most but is the easiest to use because it needs no preparation. Concentrated and powder types require adding water and costs less. All 3 types provide the same nutrition. Follow the label instructions carefully. Once opened, prepared formula can be kept in the refrigerator for up to 24 hours. Take the chill off cold formula, place the bottle in hot water or run the bottle under warm water. **DO NOT** use a microwave oven because it is **DANGEROUS**. Microwaving formula can cause burns of the baby's mouth, throat, and stomach as well as change the structure (and available nutrients) of the formula by cooking it. Mix the bottle thoroughly before feeding. Always test the temperature first by placing a few drops on your wrist. Clean bottles in warm soapy water and rinse with hot water. Use a nipple brush to clean inside the nipples. Air dry nipples and bottles. Always throw out the unused fluid in the bottle within one hour after feeding. When the baby sucks, saliva enters the bottle. Over time, saliva leads to bacteria growth.

Positioning: It is best to place your baby on his/her back for sleeping. Sleeping on the tummy is not recommended. It has been associated with SIDS (Sudden Infant Death Syndrome).

Urine: For the first 1-2 days of life babies may only have 1-2 wet diapers/day. For days 2-4, 2-4 wet diapers/day are normal. Once feeding is well established, your baby should have at least 6 wet diapers/day (24 hours). This is a good sign that your baby is getting enough to eat. It is normal for some babies to occasionally have a peachy-pink or reddish orange color appearance in a wet diaper during the first few weeks. Crystals also may appear in a wet diaper.

Stools: The baby's stooling pattern will vary. Breast fed babies generally have frequent loose or runny yellow-seedy stools. Formula fed babies will generally have more formed and less frequent stools. However, it is normal for a baby to have anywhere from a stool with each feeding to a stool every couple of days.

Constipation: Refers to stools that are infrequent and hard and pellet-like. Take a warm cloth and wipe the baby's buttocks and gently push on the stomach. Sometimes this is enough to stimulate the baby to have a stool. If not, contact the Clinic for an appointment.

Diarrhea: Refers to the consistency and the number of stools. In general, diarrhea stools are loose and watery and occur more frequently than your infant's normal pattern. Frequently, diarrhea is described as a wet diaper with green flecks. Contact the clinic or German Emergency Room (after hours) if there are any of the following: Blood in the stool, severe abdominal pain, had more than 3 watery stools in 24 hours, or is vomiting along with the watery stools totaling over 7 episodes in 24 hours. Babies can dehydrate quickly, so get help if needed... Remember, breast feeding stools are normally very loose. Never stop breast feeding for diarrhea or vomiting!

Vaginal Discharge: A clear or white vaginal discharge in girl babies is normal. The discharge can become pink or blood tinged. This discharge should not restart after it stops.

Breasts: Both boy and girl babies can have enlarged breast that may leak a milk-like substance. This goes away on it's own.

Eyes: Eyes can have a red band in the white area next to the colored part of the eye. Eyelids may be puffy. Some clear or yellow drainage is normal. You may gently massage or put a warm compress on the upper nose by the eye that has this drainage to help it go away. Much yellow drainage with red swollen eyes may be an infection. You should call the Clinic for an appointment.

Skin Rashes: **Mina** are normal tiny white bumps that most often appear on the nose and cheeks, but can appear on forehead or chin. These disappear by 1-2 months. **Normal Newborn Rash** can appear anywhere on the body. It appears as a .5-1, inch red blotch with a small white lump in the center. It can look like an insect bite. They usually go away by 2-4 weeks. **Newborn Acne** may develop on the face, usually at 3-4 weeks or age and can last 4-6 months. It appears mainly as small red bumps. No treatment is necessary for any of these rashes. To help minimize rashes, do NOT use any lotions or powders for the first 2 weeks. **A doctor should examine any true blisters or pimples (especially of the scalp) that occur in the first month.**

Jaundice: Jaundice is a common and usually harmless condition that frequently occurs 2-3 days after birth. It describes the yellowish appearance of the skin and eyes that occurs when the infant's bilirubin level rises in the blood. If your baby is developing an increasingly yellow appearance, you should call the Clinic for an immediate appointment.

Bathing: The baby should be bathed every few days with a mild soap, such as unscented, white Dove. More frequent bathing can cause dry skin. The baby must be sponge bathed until the umbilical cord (and circumcision plastic ring, if applicable) falls off. After that the baby can be bathed in a tub. Tub baths are best in the kitchen or bathroom sink until the infant gets older, because he or she is easier to control in a small area. **Never leave the baby unattended in the water, even for a moment!** Do not use soap on the face. Clean the face and bottom (any dirty area) at least daily. When washing the eyes, wipe from the inner corner out with one part of the washcloth and use another part for the other eye. This prevents transferring an infection from one eye to the

other eye. Wash you baby's hair with baby shampoo at least weekly and be careful to avoid getting shampoo in you baby's eyes. Brushing the hair/scalp daily will help prevent cradle cap (a waxy coating that develops on the scalp). Cradle cap can be treated by putting baby oil on the area for 60 minutes, then shampoo the oil out, and brush the head gently to remove the waxy substance.

Baby Powder is not needed for any reason on your baby. If you choose to use it, be very careful to avoid getting it near your baby's mouth/nose where he/she can breathe it. It is best to put the powder in your hand far from the baby and then go over to the baby and smooth it on his or her skin. This prevents the tiny powder particles from being breathed in by the baby. Be extra careful with a girl because particles can actually go up her vagina and cause scarring of the fallopian tubes.

Umbilical Cord: It is important to keep the umbilical cord clean and dry to prevent an infection. **Clean the umbilical cord every diaper change with rubbing alcohol.** You may apply it with cotton balls, q-tips, gauze squares, or use alcohol pads. Clean the entire length of the cord. Cleaning the base of the cord is most important because most infections start there. Push the skin back to expose the base during cleaning and allow alcohol to dry before releasing the skin. Babies often cry during this procedure. You are not hurting the baby, he/she is just reacting to the cold alcohol. Keep the cord exposed to air (fold back the diaper so it is exposed). The cord should fall off in 1-2 weeks. **Call the Clinic or go to the German Emergency Room (after hours) if the area around the cord becomes red and swollen or you notice a large amount of drainage or foul smell from the area.** A small amount of drainage or flecks of blood is normal.

Diapering: Keeping your baby clean and dry is the best way to prevent diaper rash. Check the diaper frequently. The ultra disposable diapers do keep moisture away from the skin, however, the chemicals of the urine can still cause rashes. So change it if it is "just wet". Fold down the top of the diaper to keep the umbilical cord exposed to air. When wiping your baby be sure to get the stool out of the skin folds. Little girls need to be wiped from front to back to avoid getting stool near the urinary tract. If a diaper rash develops, try using Desitin or A&D Ointment.

Clothing: Dress your baby according to the temperature of where the baby will be. If the area is cool remember that babies lose heat from their head and feet and these should be covered. Wash all clothes before your baby wears them. They are coated with chemicals that cause rashes. You should use a gentle detergent such as Dreft or Ivory Snow. You should use a fabric softener that rinses out, or no fabric softener, instead of the dryer sheets. They coat the clothes with chemicals that can cause rashes.

Growth and Development: Babies go through growth spurts at 11/2 —3 weeks, 6 weeks, 3 months, and 6 months. During these spurts, the baby may eat more sleep more and stool less. Growth spurts tend to last 24-72 hours. Most babies sleep less as they get older. Provide different kinds of stimulation: touch and massage baby, talk, smile and sing to baby; play music, provide bright colored toys with different textures.

Well-baby Clinic Follow-up: Your baby will need routine well baby care in the outpatient clinic 48 hours after discharge, at 2 weeks of age, then at 2, 4, 6, 9, 12, 15, 18, and 24 months. During these visits, your baby's general health, feedings, growth and development will be evaluated. Immunizations will also be given. This is your opportunity to ask questions and discuss problems and/or concerns. You will learn what to expect as your baby develops, so take time to prepare for each of these visits. Call the Stuttgart Health Clinic appointment desk to make these appointments. It is recommended to call the Clinic the first work day after the baby is born to make the 2-week appointment. These appointments tend to go fast.

Infant Safety: Accidents are responsible for more deaths in infants and young children than all diseases put together. Most accidents can be anticipated and prevented. It is extremely important and is both German and American law that the baby be protected in a car seat while riding in a car. An infant should **never** ride in an adult's lap and a car seat should always be secured in the back seat. Please read the installation instructions for you individual brand of car seat. Other safety principles are as follows:

1. DO NOT leave the baby unattended on a bed or table or any elevated surface.
2. NO NOT prop the baby's bottle because baby can choke
3. DO NOT drink hot liquids, smoke cigarettes, or cook over a hot stove while holding the baby
4. NEVER tie a pacifier or other object around your baby's neck.
5. Select safety approved toys that are too large to swallow, too rough to break, and without any sharp edges or points.
6. Continue to safety-proof your home as your baby grows and develops. Hazards will change as your baby increasingly moves around in his/her environment.

Illness: Call the Clinic or go to the German Emergency Room (after hours) if you think your baby is ill! Signs of illness include:

Vomiting (not spitting up)
Diarrhea
Crying inconsolably
Difficulty awakening
Trouble breathing
Any unusual behaviors such as a decrease in activity or turning blue while feeding
Temperature of 100.4 or less than 96 degrees F
A white coating on the tongue that won't wipe off
An increasing yellow tinge to the skin and eyes
Redness or foul smelling discharge from the umbilicus or circumcision site

Go with your instincts, if you think your infant looks or acts sick, call the Clinic or go to the hospital. You may check your baby's temperature by holding a thermometer under his/her arm for 4-5 minutes (electric ones work much more quickly and usually have a signal of completion).

SCREENING TEST FOR BABY

WHY DO WE HAVE A NEWBORN SCREENING PROGRAM?

Stuttgart Healthcare Clinic performs an initial screening test on all newborn babies at the 1 week check-up. This program makes it possible to find out whether your baby might have disorders that can result in serious problems if not treated soon after birth. Every infant born in the Stuttgart Military Community is tested unless a parent or guardian objects on grounds of religious practice.

WHY IS MY BABY TESTED?

Testing assures that your baby will be as healthy as possible. The test provides important information about your baby's health that you or your doctor might not know about otherwise.

HOW MANY DISORDERS IS MY BABY TESTED FOR?

Seven. They are described at the end of this handout. These disorders are present at birth, rare, and often serious. Some are passed on from parents while others are caused by chemical imbalance. Some are life threatening while others may slow down physical development or cause mental retardation or other problems. These disorders can affect a child early in life, often within the first few days or weeks of life. This is why it is important to identify babies with these disorders as soon as possible.

HOW IS MY BABY TESTED?

At the Clinic laboratory your baby's heel will be pricked to get a few drops of blood or a vein will be accessed. These drops will be placed on special paper, dried, and mailed to the United States to a laboratory for testing. The results will be sent back to the doctor who ordered the test. However, your baby's doctor or clinic can access the results. Results will usually be available within 4 weeks.

HOW WILL I FIND OUT THE TEST RESULTS?

Your hospital, doctor, or clinic should have a copy of all test results. Generally, parents or guardians are told about the results only if there is a problem. You ask about the results when you bring your baby to your doctor or clinic for a check-up.

IF MY BABY HAS ONE OF THESE DISORDERS, CAN IT BE CURED?

A trained professional or genetic counselor that has more information about your family's health history can answer these questions. Your doctor or clinic will help you locate someone who can answer your questions about future child bearing.

HOW CAN I HELP?

Make sure your doctor or clinic can contact you. Do not leave the hospital without ensuring that your telephone number and address are correct in the CHCS system. If you do not have a telephone, leave the telephone number of a friend or relative.

DISORDERS DETECTED BY THE NEWBORN SCREENING PROGRAM:

Maple Syrup Urine Disease: results when the baby's body does not break down parts of a food protein causing the urine to smell like maple syrup. Treatment with a special diet can prevent mental retardation and other complications.

Galactosemia: results when milk sugar is not broken down due to the lack of a chemical in the body. A diet low in galactose can prevent irreversible brain damage and other complications.

Phenylketonuria: is also called PKU and results when a part of a food protein (phenylalanine) is not broken down by the baby's body. Brain damage which would normally result can be prevented by a special diet low in phenylalanine.

Homocystinuria: results from the absence of a chemical in the liver. A special diet can help prevent mental retardation, body changes and life threatening complications.

Hypothyroidism: results when the baby's body does not produce enough of a hormone (substance) called thyroxin. Treatment with thyroxin tablets helps prevent mental and growth retardation.

Biotinidase Deficiency: results when the baby's body does not produce a chemical called biotinidase. Treatment with a vitamin called biotin helps prevent mental retardation, seizures, hearing loss and other problems.

Hemoglobinopathies: are inherited disorders of the blood. There are many kinds of hemoglobinopathies. Some are serious (sickle cell anemia, sickle C, and sickle thalassemia) and others are less serious (sickle cell trait). Comprehensive medical care and treatment with penicillin can prevent infections and other complications in the most serious disorders. For more information contact the Clinic. If your doctor or clinic wants you to bring your baby for additional testing, do so as soon as possible.

CONVERSION TABLE FOR NEWBORN WEIGHTS

(Gram equivalents for Pounds and Ounces)

		POUNDS							
		3	4	5			8	9	10
	0	1361	1814	2268	2722	3175	3629	4082	4536
	1	1389	1843	2296	2750	3203	3657	4111	4564
	2	1417	1871	2325	2778	3232	3685	4139	4593
	3	1446	1899	2353	2807	3260	3741	4167	4621
O	4	1464	1928	2381	2835	3289	3742	4196	4649
U	5	1503	1956	2410	2863	3317	3770	4224	4678
N	6	1531	1984	2438	2892	3345	3799	4252	4706
C	7	1559	2013	2466	2920	3374	3827	4281	4734
E	8	1588	2041	2495	2948	3402	3856	4309	4763
S	9	1616	2070	2523	2977	3430	3884	4338	4791
	10	1644	2098	2551	3005	3459	3912	4366	4819
	11	1673	2126	2580	3033	3487	3941	4394	4848
	12	1701	2155	2608	3062	3515	3969	4422	4876
	13	1729	2183	2637	3090	3544	3997	4451	4904
	14	1758	2211	2665	3118	3572	4026	4479	4933
	15	1786	2240	2693	3147	3600	4054	4508	4961
4 Lbs. 2 oz = 1871 grams									



Conversion Table for Newborn

Lengths

Centimeters	Inches
38.1	15
39.37	15.5
41.91	16
43.18	16.5
43.18	17
45.45	17.5
45.72	18
46.99	18.5
48.26	19
49.53	19.5
50.8	20
52.07	20.5
53.34	21
54.61	21.5
55.88	22
57.15	22.5
58.42	23
59.69	23.5
60.96	24
62.23	24.5
63.5	25

Temperatures

Celsius	Fahrenheit
36.6	97.9
36.8	98.2
37	98.6
37.2	99
37.4	99.3
37.6	99.7
37.8	100
38	100.4
38.2	100.8
38.4	101.1
38.6	101.5
38.8	101.8
39	102.2
39.2	102.6
39.4	102.9
39.6	103.3
39.8	103.6
40	104
40.2	104.4
40.4	104.7