PinnacleHealth
Harrisburg Hospital
Maternity Information and Resources

PinnacleHealth
Women and Children’s Services
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Labor and Delivery is located on the 8th floor of Harrisburg Hospital.

If you are in labor and arrive at the hospital between 5 a.m. and 8 p.m., park in the patient/physician garage. Enter the hospital through the lobby and proceed through the main hallway. Take the north elevators (at the end of the hall near the Emergency Department) to Labor and Delivery on the 8th floor. Please press the button on the call box outside the doors and a nurse will let you in the unit.

If you are in labor and arrive at the hospital between 8 p.m. and 5 a.m., your labor partner may temporarily park at the Emergency Department drop-off. He or she may escort you to the Labor and Delivery unit on the 8th floor and then, at the earliest opportunity, move their car to the patient/physician garage, which is accessible from Front Street.

If you need assistance at any time, please come to the Emergency Department.
Prenatal Checklist

- Check with your insurance company to find out what costs will and will not be covered.

- Pre-register for your hospital stay online at www.pinnaclehealth.org/maternity or mail your pre-admission forms to the hospital as soon as possible.

- Please notify Patient Access at (717) 782-5734 if there are any changes in your name, address, phone number or insurance information as soon as possible.

- Register for a childbirth class. PinnacleHealth offers many childbirth classes at a variety of times and locations for your convenience. We have many other classes available to help prepare you for the arrival of your baby. We offer free Breastfeeding Basics and CPR for Family & Friends classes. Call (717) 231-8900 to register for all classes.

- Choose a pediatrician or family practice physician to care for your baby. Make sure he/she accepts your insurance and practices at PinnacleHealth. If your pediatrician does not practice at PinnacleHealth, our hospital pediatrician will care for your baby after he is born.

- Decide if you want your baby boy circumcised, and check with your insurance company to find out if the procedure is covered.

- Consider if you and your partner would like to have a doula to provide labor support.

- Pack your labor and postpartum suitcases prior to labor. The section “What to Bring” contains items to make your stay more comfortable.

- Bring all insurance cards with you to the hospital.

- You will need the following information for the baby’s Social Security Number:
  - Social Security Number of mother and father of the baby.
  - Date and place of birth for both mother and father.
  - A completed paternity acknowledgement if the mother and father of the baby are not married. Papers will be given to you at the hospital.
  - Fill out the birth certificate information and return it to your nurse or unit secretary before you leave the hospital.

- Get a car seat that is new or less than 6 years old and have it installed in your car before coming to the hospital (call 1-866-SEAT-CHECK or log onto www.seatcheck.org to find a car seat technician in your area). If you have a used car seat, make sure it has never been in an accident.
Umbilical Cord Blood Banking
The decision to bank cord blood with a private company is a personal choice. This is a discussion you should have with your healthcare provider during pregnancy. PinnacleHealth does not have a business or financial relationship with any cord blood bank. Select a cord blood bank and make all the necessary arrangements prior to admission to Labor and Delivery. The company will send you a blood collection kit with materials and instructions. Please bring the kit provided to you when you are admitted to Labor and Delivery. Inform your nurse on admission of your desire for cord blood banking and provide her with the collection kit. Your nurse will obtain the required samples. Your family is then responsible to package everything and arrange for pick up from the cord blood bank you have chosen. All this information is in the instruction packet sent from the company.

What to Bring
Whether you pack your bags weeks before your due date or right before you leave for Harrisburg Hospital, it is easy to forget important items. We encourage you to bring anything that will make you feel comfortable during your stay. However, we do not recommend bringing valuable items. We suggest packing separate labor and postpartum bags for your convenience. Bring only your labor bag into Labor and Delivery. After you are transferred to Postpartum, your support person can bring your postpartum bag and car seat to the unit.

*Here are a few items to keep in mind when packing your bags:*

- Camera
- Heavy socks or slippers
- Bed pillow
- Snacks for labor partner (coffee shop and cafeteria are available with limited day and evening hours)
- Athletic shorts for labor partner, for comfort in shower/tub area, and layered clothing for varying room temperature.
- Robe or nightgowns and underwear (keep in mind these may become permanently stained)
- Hard candy or sour lollipops – sugarless will keep you from getting thirsty
- Lip balm
- Talcum powder
- Body lotion for massage
- Music – iPod or CD’s and CD player
- Shower cap
- Barrettes or elastic hair bands
- Toiletries: mouthwash, shampoo, toothbrush, toothpaste, lotion, soap, deodorant, hair brush, make-up, hair dryer, curling iron, along with any other beauty and hygiene items you use regularly
- Small amount of change
• If you have chosen to formula feed and want your baby to use a pacifier, please bring one to the hospital. For babies who are breastfeeding, pacifier use is not recommended until lactation is well-established, at three to four weeks.
• Going-home outfit for mom – loose, baggy clothes will feel most comfortable and a nursing bra, if you are breastfeeding.
• Going-home outfit for baby – stretchy suit, T-shirt, booties/socks, hat, three to four receiving blankets, warm blanket in cold weather, and/or outfit for baby’s first photo taken at the hospital. Snow suits, sweaters, blanket sleepers and bunting are not safe to use with car seats.
• Infant car seat: PA law states babies cannot ride in a car without a federally approved car seat. Please have your car seat installed in the back seat of your vehicle (center position is safest), facing backwards, before coming to the hospital. You may call the State Police or Safe Kids at (717) 531-SAFE to schedule an appointment for car seat installation.
• Leave your suitcase and car seat in your car until after you have given birth and are moved to the Maternity Center. Take only what you need for labor and delivery. Your partner can bring your car seat and suitcase to the room once you are transferred to the Maternity Center.

When to Call Your Physician/Midwife
• If you are a first-time mother – when contractions are five minutes apart, last longer than a minute and have been this way for at least one hour.
• If you have already delivered a baby – when your contractions are seven minutes apart and have been that way for one hour.
• Your membranes (bag of waters) rupture – note the color, odor, amount and time.
• You have bright red bleeding.
• Your baby is moving less than normal.
• You have sharp, steady abdominal pain that does not come and go.
• You have fever, chills, backache and/or burning when you empty your bladder.
• You have nausea and vomiting lasting more than 24 hours.
• You have a headache or blurred vision.
• Any time you have questions or concerns.

Signs of Labor
• Contractions (labor pains) may feel like cramping or back discomfort with a tightening of the abdomen.
• You may feel contractions in the abdomen, lower back or both.
• The pain from the contractions will come and go.
• Ruptured membranes is a loss of fluid from the vagina as a gush or slow leak – note the color of fluid and the time membranes rupture.
• If you are already having contractions, walking and talking may be difficult when they become stronger.
• You may have spotting in early labor if you have had a vaginal exam.
• Bleeding like a period is not normal and you should notify your physician or midwife immediately.
Coming to Labor and Delivery
If this is your first baby, call your physician or midwife when your contractions are five minutes apart. If you have given birth before, call when your contractions are seven minutes apart. These are general guidelines. You should always follow your physician’s recommendations. Your partner(s) is welcome to stay with you the entire time. When you arrive, the nurse will ask about your health history and when your labor started. The baby’s heart rate and contractions will be monitored. Your blood pressure, temperature and pulse will be checked, and a pelvic exam will be done to determine cervical dilation. You will have a chance to discuss your pain management preferences and ask questions during this time.

Women having a scheduled cesarean section will receive a call the night before with a time and instructions to come into Labor and Delivery.

Women having scheduled inductions may receive a call that their induction may need to be delayed due to an increase census in the department.

Patient Parking
Park in the Patient/Physician Garage, off of Front Street or Second Street. The main support person, identified with a white bracelet can go in and out of the parking garage without charge.

Visitor Parking
Park in the Brady Garage off of Mary Street.

Visitation Policy for Labor and Delivery

Antepartum Assessment Center:
• Each patient in the Assessment Center is allowed one family/visitor/support person with her.
• The family/visitor/support person is responsible for keeping the people in the waiting room informed of the patient’s condition.

Labor/Delivery/Recovery Rooms (LDRs):
• Each patient in an LDR is allowed three family/visitor/support persons at a time. Any family/visitors/support persons beyond three will be directed to the waiting room and given the phone number for the patient’s room.

Postpartum Maternity Unit
• Visitors are welcome to visit from 8 a.m. until 10 p.m.
• All visitors should enter Maternity on the 9th floor through the secured access north entrance. This can be accessed by utilizing the visitor elevators in the north elevator lobby. There is no public access from the main elevators to the 9th floor.
• One support person (father of the baby or another adult) is allowed to remain after visiting hours and may also stay overnight.
• Children may not stay overnight. It is not recommended that children under the age of 12 visit the postpartum unit unless they are siblings of the new baby.
• “Quiet Time” occurs each day from 1:00 pm - 3:00 pm. This is time for parents and baby to spend time alone with each other and rest.
Medical Procedures

There are a variety of medical procedures that may be ordered during your labor. Because we never know in advance exactly what procedures may be needed, it is helpful to discuss with your physician or midwife their thoughts about the need for these common procedures.

IV (Intravenous)
An IV is inserted in the hand or arm to provide fluids and medication during labor. A pump is often used to control the exact amount given.

Electronic Fetal Monitor (EFM)
The External EFM is attached to the mother’s abdomen. One part of the monitor tracks the fetal heart rate and the other tells when the mother is having a contraction. This information is transmitted through wires to the main part of the monitor and printed on a graph. The Internal EFM is sometimes used instead of External EFM. The bag of water must be broken and the monitoring device inserted through the vagina to the uterus. There is a fetal scalp monitor, which attaches to the baby to monitor his/her heart rate. A separate catheter can monitor the strength of the mother’s contractions.

Pitocin or “Pit”
Pitocin is the synthetic form of the hormone oxytocin, which causes the contractions of labor. It is administered through an IV line. It is used to induce (or start) labor, to augment (strengthen) labor or given after delivery to keep the uterus firm.

Episiotomy
The physician or midwife may make an incision in the perineum between the vagina and the rectum at the time of birth to enlarge the vaginal opening. The episiotomy will be repaired with stitches after the baby and placenta are delivered.

Vacuum Extractor
A small suction cup can be placed on the baby’s head during the pushing stage. The physician applies pressure during the contraction to bring the baby’s head down for delivery.

Forceps
A metal “spoon-like” instrument can be applied on either side of the baby’s head by the physician, which can then be positioned and brought down for delivery.
Pain Management
PinnacleHealth uses a pain scale (see picture below) to measure your pain levels. Pain relief is available to you during labor, including both medication and medication-free comfort techniques.

Some women prefer using pain medications, while others prefer natural childbirth (without using drugs). Be aware that pain medications are not usually given until labor has progressed to a certain point. Discuss your options with your healthcare provider and labor partner before your labor begins to find out what pain relief may be best for you.

Advantages of pain medications:
• Provides significant pain relief
• Allows you to rest or sleep late in labor
• Promotes muscular relaxation
• Pitocin can be given to strengthen contractions without increasing your discomfort

Advantages of natural childbirth:
• Allows you to move and position freely
• Decreases use of other medical procedures which may be used with pain medications
• Provides sense of personal accomplishment
• Enhances early breastfeeding with the delivery of a more alert baby

Medication Options

Pain Medication
Medicine can be given through an IV once you are in active labor and your cervix is progressively dilating. Giving the medication too early may cause contractions to slow down and affect the progress of your labor. Many women find that a dose of medication such as Stadol, can provide just enough relief to “take the edge off” the contractions and give them a rest period.

Epidural Anesthesia
An epidural will provide numbing from your waist down so the contractions will not feel as painful, although you may still feel some pelvic pressure. This type of anesthesia, given only by a doctor called an anesthesiologist, is administered by inserting a catheter into the epidural space in your spinal column. Again, your labor must be progressing to receive this type of pain relief.
Once you have received an epidural, you must stay in bed. If you have an epidural for labor and are unable to deliver vaginally, the epidural can be used as anesthesia for your cesarean section.

**Medication-free Pain Management**
There are many comfort measures you can use to relieve pain throughout your labor. Your labor support partner and/or a doula can be very effective in helping to keep you focused and in control, despite the pain of the contractions.

*Here are some techniques which are especially helpful in easing the discomforts of labor:*

- Relaxation and breathing
- Supportive labor partner
- Walking
- Shower or jacuzzi
- Rocking chair
- Massage
- Counter pressure
- Soothing music
- Position changes
- Birth ball
- Aromatherapy (candles are not allowed in the hospital)

**Cesarean Birth**
A cesarean section is a surgical delivery of the baby through the abdominal wall and uterus. It occurs in approximately one in three births and is done by an obstetrician in an operating room on the Labor and Delivery unit. One labor partner will usually be able to stay with you during the surgery. Cesareans are usually done with spinal anesthesia while the mother is awake. In some cases (usually emergencies), general anesthesia may be used, and the mother will not be awake.

Sometimes a cesarean section is planned during the pregnancy and scheduled in advance. Other times, it may occur as a result of conditions that happen during labor. Some common reasons for cesarean sections include: fetal stress, extended length of labor, unusual position of the baby or maternal conditions.

A neonatologist/neonatal nurse practitioner and obstetrical nurse will be available to care for the baby at delivery. After the delivery, the mother and baby will be transferred to the obstetric recovery room for about two hours and will then be admitted together to the Postpartum Unit on the 9th floor. The hospital stay after a cesarean is three to four days.

**Vaginal Birth After Cesarean (VBAC)**
If you had a cesarean section with a previous delivery, you may be able to give birth vaginally with this pregnancy. This should be discussed early in pregnancy to be sure your physician is supportive. You will need to sign a consent form if you plan to attempt a VBAC.
Your Birth Plan

Are you in the early weeks of your pregnancy, thinking about baby names, or nearing the homestretch of your pregnancy, getting your nursery ready? Now is the time to be thinking about your birth preferences.

What is a Birth Plan?
The term birth plan can actually be misleading. It is less an exact plan than a list of your preferences concerning your labor, birth and hospital stay. A birth plan is not a binding agreement, but rather a guideline of your wishes for your healthcare providers.

Why have a Birth Plan?
A birth plan is not a must, and it is fine if you do not want to write one. Many couples do not bother with a birth plan because they are comfortable trusting their healthcare providers to help them make appropriate choices as the need arises. Other couples have strong opinions and expectations they want to share with their caregivers.

Where to Start?
Spend some time together thinking about and prioritizing what you want. Consider the options available to you that may be discussed in your childbirth class or hospital tour. While forming a birth plan, you will also obtain more knowledge regarding the labor and birth process.

What questions does a birth plan answer?
1. What are your preferences during a normal labor and delivery?
2. What are your wishes for your baby’s care in the first few days after birth?
3. What would you like to happen in case of unexpected events?

Be flexible and keep an open mind. Remember, a birth plan is not a guarantee that your birth will go just as you planned it. By educating yourselves in advance, you will be less fearful and more empowered to make the best choices for you and your baby.

You may choose to use the guide on the next page for your birth plan.
My Birth Plan

Date: __________________________

I, __________________________________, am creating this birth plan prior to my labor to make my wishes clear to my doctor/midwife and the nurses at the hospital. These are the items I feel are important in the birth of my unborn baby and would like them to be followed as closely as possible, whenever possible. I understand a circumstance might come up where either I may change my mind, or my doctor/midwife suggests that it is in my best interest to change my birth plan. I will be flexible. However, I request to be kept informed of every aspect of my labor.

My name: ________________________________________ My due date: ________________

My provider’s name: ____________________________________________________________

My birth partners’ names: _____________________________________________________

(Check all that are your requests)

Environment:
_ I want to control the temperature, lighting and sounds/music in my labor room
_ Please allow all visitors to come and go as they please (up to 3 at a time)
_ I only want visitors during the early stages of labor
_ I want no visitors except for my birth partner(s)
_ Do not allow these people: ___________________________________________________
_ I want my doula/childbirth educator to be present

Comfort Measures:
_ Ice chips/clear liquids by mouth
_ Position changes/walking for comfort
_ Shower/jet tub to relieve pain
_ Massage/breathing techniques

Pain Management:
_ No medication at all – I want a drug-free birth
_ IV medications such as Stadol
_ An epidural when in active labor
_ Paracervical block (only used by some midwives)

Delivery:
_ I want to use the birthing position of my choice
_ I want to use self-directed pushing
_ I want to use coached/directed pushing techniques
_ Please perform an episiotomy only if necessary

Immediately After Delivery:
_ Delay cord clamping until pulsation stops
_ Allow my partner to cut the umbilical cord
_ Bank the cord blood
_ Allow visitors to see us in Labor and Delivery
_ Allow just the new family in Labor and Delivery

Postpartum Care:
_________________________________________ will be staying overnight in my room (1 only)

Newborn Care:
_ Breastfeeding only
_ Formula feeding only
_ Circumcise my newborn son
_ No circumcision
_ Other: ____________________________________________

Thank you for taking the time to read my birth plan, which I have shared with my healthcare provider.

Sign __________________________________________________ Date___________________
Care for You and Your Baby Following Birth
After months of waiting, your baby is finally here and eager to adjust to his new world. Our doctors and nurses will do everything possible to make sure your baby’s adjustment to life after birth is a smooth and healthy one.

Newborn Care in Labor and Delivery
The first few hours of life are known as transition. After your baby is born, he will be placed skin-to-skin with you to help him during transition from the womb as he adjusts his breathing, heartbeat, blood sugar and body temperature after birth. You and your baby will snuggle and have the opportunity to breastfeed for the first time. You and your family can begin to bond with your baby and get to know him as you welcome him.

While in Labor and Delivery, your nurse will continue to care for your baby including:
• Assess baby’s transition to life after birth
• Weigh and measure baby
• Help you initiate and maintain breastfeeding
• Test baby’s blood sugar, if needed

Newborn Care on the Postpartum Unit
You and your baby will be transferred to the Maternity Center on the 9th floor about two hours after birth to continue transition. Your nurse will care for both you and your baby. Your baby will complete his transition in your room and will remain with you until the time of discharge. This is called “rooming-in.”

There are many benefits of uninterrupted contact between baby and family:
• Supports family-centered maternity care
• Nurtures baby’s transition to life after birth
• Supports skin-to-skin care
• Helps you and baby learn to breastfeed successfully. Helps you recognize feeding cues and feed baby as soon as he is hungry, especially at night
• Allows you and dad to get to know your baby, bond and develop your role as parents
• Increases your self-confidence in caring for your baby
• Provides quality time to learn how to care for yourself and your baby
• Prepares you to go home and continue your life as a family

After you and your baby are transferred to postpartum, your baby will have assessments, routine care supported by your nurse and his first bath in your room after he is eight hours old. Within 24 hours, your baby will have a physical exam done by your pediatrician. One benefit of your baby transitioning in your room is that your baby will remain skin-to-skin with you or your support person.
In addition to helping your baby regulate his breathing, heart rate, body temperature and blood sugar, a baby who is skin-to-skin often cries less and can breastfeed when he is ready to eat.

**Tips for family-centered care:**
- Until you can walk independently, it is helpful to have a support person with you
- It is important to have a support person with you during the night
- It is important that you or your support person hold your baby skin-to-skin to maintain his body temperature
- You or the person holding your baby skin-to-skin will need to be awake
- Your visitors will be able to hold your baby once transition is complete

While you are in the hospital, your baby’s care will be done in your room. This allows you to watch, participate and learn about his care without being separated from him. You can maintain skin-to-skin contact with your baby during rest, feeding, assessments and care as much as possible.

**Some care that we will provide in your room includes:**
- Newborn assessment
- Monitoring of vital signs and adaptation to life after delivery
- Promotion and support for breastfeeding
- Newborn bath when his temperature is stable, he has had at least one successful breastfeeding and he is at least eight hours old
- Continued skin-to-skin after bath to keep him warm
- Blood sugar monitoring, if indicated
- Collection of newborn screenings and other specimens
- Hepatitis B vaccine
- Critical congenital heart disease screening
- Newborn hearing screening
- Promotion of parent-infant bonding

Sleep is important for both parents and baby. We encourage you to sleep when your baby is sleeping, both in the hospital and after you go home. The Safe Sleep Initiative recommends that your baby should sleep on his back in a bassinet or crib with a firm mattress, without pillows, stuffed animals or quilts. Anyone who becomes drowsy while holding your baby should place him in the bassinet to prevent injury and keep your baby safe. “Quiet time” from 1 p.m. to 3 p.m. is a time for parents and baby to rest with few interruptions.

We encourage you to keep your baby with you throughout your hospital stay to help you bond with your baby, know him, learn his routines and how to care for him. However, if either you or your baby has a problem at any time during your hospital stay, your baby may need to be cared for in the Newborn Observation Unit or Neonatal Intensive Care Unit (NICU). Your nurse will assist you so you can spend time with your baby in the NICU. Your baby will be brought to your room when the problem improves.
Visiting Hours on Postpartum
Try to keep visitors to a minimum so that you and your partner can get some rest and get to know and care for your baby. Please tell your family and friends about “Quiet Time” from 1 p.m. to 3 p.m., so they can plan to visit before or after you rest.

Length of Stay
The average length of stay is two days for vaginal delivery or three to four days for cesarean. If you are interested in going home before 24 hours, discuss early discharge with your physician or midwife and pediatrician in advance. You would need to arrange for help at home. A home visit from a nurse can be arranged through the agency of your choice. Some insurance plans may cover this. Check with your insurance company.

Your Baby’s Stay
Now that your baby is born, your baby is depending on you to care for his/her every need. Not only is this a time to bond with your baby, but also a time to learn your baby’s personality and to develop routines that work well for both of you.

Your Baby’s Portrait Session
Capture the memories with a free professional portrait session where contemporary photography is taken in the privacy of your room. Some details of the portraits:

- Our professional photographer will come to your hospital room and take the portraits.
- You will be able to view and order your portraits right from your hospital room – just a few minutes after they are taken! One-stop shopping!
- Also order birth announcements, CD’s and more from the hospital – for fast delivery and preferred pricing.
- Show off your gorgeous newborn and share the joy. Our free Baby Portrait Page lets family and friends “meet the baby” online – no waiting! (You have already done enough of that.)

Proceeds from the portrait sales benefit the Auxiliary’s mission to support patient services and education throughout PinnacleHealth.

Your support person, with the white ID band, may visit any time. Brothers and sisters of the baby and other visitors can come to see you and your baby between 8 a.m. and 10 p.m.

Visitors and family should use the elevators in the North Lobby of the hospital (near the Emergency Department) when they come to visit. Family or friends who are ill or have a cold should not visit. Remind your visitors to wash their hands before holding your baby. Children who visit, other than brothers and sisters of the baby, must be 12 years of age or older.
Infant Treatments and Screenings
There are a number of treatments that are done in the first hours or days after birth for every baby.

Eye Prophylaxis
Medication is placed in the baby’s eyes to prevent infection or blindness from gonorrhea and chlamydia infections.

Foot Printing and Identification Bands
This is done in the birth room or delivery room for the identification of the baby.

Vitamin K
An injection into the baby’s thigh muscle is given to prevent internal bleeding.

Hepatitis B Vaccination
Many pediatricians recommend starting Hepatitis B vaccine in the hospital. This is a series of three injections to immunize the baby against Hepatitis B. The other two injections will be given at the pediatric visit at two and six months.

Newborn Metabolic Screening
A small amount of blood is taken from the baby’s heel and applied to a special card. It tests for these conditions: phenylketonuria (PKU), hypothyroidism, sickle cell anemia, galactosemia and congenital adrenal hyperplasia, Maple Syrup Urine Disease and other genetic disorders. Many of these diseases can be treated before problems occur.

Bilirubin Screening
At 24 hours of age, your baby will be screened for newborn jaundice. In the first two to five days after birth, some babies may develop a yellow to orange color in their skin and whites of their eyes. This color is caused by bilirubin, the normal product of the breakdown of red blood cells, which is usually harmless. Babies have extra red blood cells before they are born to make sure they get enough oxygen. After they are born, they do not need the extra red blood cells. When their bodies break down the extra red blood cells, their livers may not be able to excrete the extra bilirubin that colors their skin (jaundice). Sometimes jaundice is also caused by a difference in blood types between mom and baby or by illness.

The physicians and nurses will watch for jaundice and will test your baby for his bilirubin level. They will use a light test on your baby’s forehead and/or may prick your baby’s heel for a blood test. If bilirubin builds up too high in the body, your baby will be treated with special blue lights (phototherapy) or a “bili-bed” and extra fluids to prevent damage to nerve cells in his brain. This treatment usually lasts a few days. If your baby needs light treatment, your physician and nurse will give you more information.
If your baby goes home with jaundice, he should be seen by a pediatrician within one to two days. Your physician will tell you what to watch for and when to call the office. You should always call your physician if your baby seems sick, more yellow, or too sleepy to wake for feedings every two to four hours.

**Hearing Screening**

Some babies are born with hearing problems. The only way to detect a problem is through screening. Your baby will be screened in your room before leaving the hospital. If your baby passes the hearing screening, no additional testing is needed at that time. A small number of babies who pass the screening at birth can lose their hearing before one year of age or older. Some babies develop hearing loss later as a child. If you are concerned about your child’s hearing, speak with your child’s doctor.

If your baby does not pass the hearing screening, another screening should be done. There are several reasons why your baby may not pass the screening; he may have permanent or temporary hearing loss, he may be too active or awake during the screening, or the room may be too noisy to get good results. If you have any questions or concerns or need another screening for your baby, talk to your baby’s doctor.

**Critical Congenital Heart Disease Screening**

Critical Congenital Heart Disease (CCHD) is a problem with the structure of the heart or the blood flow through the heart. CCHD is the most common birth defect. The cause is not known. Many babies with CCHD have no symptoms at birth, but may later develop problems.

Your baby will be screened for Critical Congenital Heart Disease. After your baby is 24 hours old, we will monitor your baby with a pulse oximetry test that measures the oxygen in the blood. A sticky band aide-like probe with a red light will be placed on your baby’s right hand and a foot. This will only take a few minutes and will not hurt your baby.

If your baby passes the test, continue with your scheduled pediatric visits. If your baby does not pass the test, further tests may be ordered. Your baby’s physician or nurse practitioner will speak with you about your baby’s test results and any follow-up care needed.

**Neonatal Intensive Care Unit**

A Neonatal Intensive Care Unit (NICU) is available for premature and ill infants. Neonatologists, specially trained nurses and respiratory therapists care for babies in the NICU. The family is given individual attention from a caring staff in a friendly atmosphere. Parents are encouraged to spend time with their baby and mothers are encouraged to breastfeed. Breast pumps are available for nursing mothers. Skin-to-skin kangaroo care may be provided by parents, depending on the infant’s condition. You will be given more information about the NICU if your baby needs to stay there for any length of time. For more information about the NICU, call the Clinical Nurse Coordinator at (717) 782-5660 or (717) 782-5222.
Your Going Home Guide

Discharge Plans
Discharge planning begins with the birth of your baby. Our healthcare team will work with you and your family to identify your needs to provide a smooth homecoming.

On the Day of Delivery
• Bring your infant car seat to your hospital room following transfer to the Postpartum Maternity Unit.
• Make sure you are familiar with the operation and/or adjustment of your car seat before you come to the hospital.
• Be sure to have your car seat checked by a Certified Child Passenger Safety Technician before coming to the hospital, to insure it is installed correctly in your vehicle.
• Bring a baby outfit for your baby’s pictures.

Day Before Discharge
• Take home as many belongings as possible (flowers and gifts, etc.).
• Turn in birth certificate and paternity papers, if applicable.
• Verify with your nurse that all baby’s blood work and vaccinations have been done (NeoGen and PKU screening, Hepatitis B vaccine). Make sure your baby’s hearing test is done.
• A photographer will stop by your room with information about baby pictures. Please have your baby dressed in the outfit you want for the picture.

Day of Discharge
• Your doctor will come to your room to discharge you. Your pediatrician will discharge your baby.
• Your nurse will review discharge instructions with you. You will need to sign the instruction sheet, and your baby’s bracelet will be removed to keep with his hospital records.
• Your support person will take the last of your belongings to the car. Once you are discharged, your support person may bring the car around to the main entrance of the hospital and wait for the nurse to bring you and your baby down in a wheelchair.

General Information
• The average discharge time is between 10 a.m. and 12 noon. Please ask your support person to be at the hospital by 9 a.m.
• Remember, FREE parking is only available for the support person wearing an ID bracelet. All other visitors must pay for parking upon leaving the parking garage.
All the Help You Need

In this section we have listed resources and programs that may be useful during and after your pregnancy.

**PinnacleHealth Resources**

**Behavioral Health/PinnacleHealth Psychological Associates** – (717) 231-8360
Counseling and support services are provided for individuals and families needing psychological or emotional support, especially with postpartum depression.

**Childbirth Education and Parenting Programs/Hospital Tours** – (717) 231-8900
A variety of classes including childbirth, breastfeeding, baby care, infant/child CPR, first aid and sibling preparation are available through our Parent/Child Education department.

**Cribs for Kids** – (717) 782-2326
PinnacleHealth is a “Cribs for Kid’s”® partner providing a program to educate parents, family members, child care providers, and health professionals about safe infant sleep. This is a preventive program that seeks to reduce infant mortality by educating families on SIDS (Sudden Infant Death Syndrome) and providing safe sleeping locations and positions for their infants. PinnacleHealth’s “Cribs for Kids”® will ensure infants have a safe place to sleep by providing eligible low income parents who have no other way to afford a crib with a free Graco “Pack ‘n Play” style crib.

**Doula Services** – (717) 231-8916
A doula is a specially trained labor companion who provides physical and emotional support for women and their partners during labor and birth. Doulas practice independently and are not employed by PinnacleHealth. Their fees vary. A list of certified birth doulas who provide services in our area, as well as general information about birth and postpartum doulas, is available for interested families. Should you choose to have a doula at your birth, it is strongly recommended that she attend one of your prenatal visits, to meet a physician or midwife from your OB practice. Call for additional information if you are looking for a doula or are interested in becoming a certified doula.

**Children’s and Teen Center** – (717) 782-4650
Provides well and sick healthcare for children 0 to 21 years. Specialty clinics include lead exposure, neurology, asthma and pulmonology, family planning and neonatal follow-up.

**Lactation Consultants** – (717) 782-5372
Professional support, education and counseling for breastfeeding mothers are provided in the hospital by certified lactation consultants. One-on-one counseling and assistance is also available by appointment or by phone after discharge. For information about accessing a breast pump and checking on insurance coverage, see the Affordable Care Act: Coverage for Breast Pumps and Lactation Services information sheet on the PinnacleHealth website or in the pocket of Your Baby’s Birth.

**New Mom Network** – (717) 231-8900
An informal time of sharing for new mothers. This group is facilitated by an experienced nurse in maternal/child health, infant massage and lactation. Join other new moms and their infants for discussion about the physical and emotional adjustments to motherhood. Several sessions newborn to two years old. No older children, please.

**Nurse-Family® Partnership** – (717) 782-2335
PinnacleHealth’s Nurse-Family Partnership® Program provides help to vulnerable, at risk families in our community with Nurse Home Visitors. Our nurses support, educate and counsel on health, behavioral and self-sufficiency issues for first time, income eligible moms and their babies. This free, voluntary program provides guidance to help ensure the health and well-being of both mother and baby. Our nurses visit expectant moms early in pregnancy and continue until their child is two years of age. To learn more about Nurse-Family Partnership please call (717) 782-2335.
Nursing Mothers Counselors – (717) 231-8900
A team of dedicated volunteers with breastfeeding experience are available to give support and answer questions/concerns about breastfeeding.

Nutrition/Gestational Diabetes Education – (717) 221-6250
A registered dietician is available to provide individualized nutrition education on healthy eating while pregnant or breastfeeding.

The Parent Review
PinnacleHealth offers a free weekly email for expectant and new parents to help guide you through pregnancy, labor and birth, and the first year of your baby’s life. Receive customized information, including tips, support, news, advice and resources. Register online at www.pinnaclehealth.org/maternity and click on the icon.

Perinatal Bereavement Services – (717) 231-8844, (717) 782-5906 or (717) 231-8900
Education and support services are provided for those dealing with grief and loss related to pregnancy or childbirth. Please call for assistance.

HeartStrings
“HeartStrings” is a perinatal bereavement support group for those who have experienced a pregnancy loss or newborn death. You are welcome to join us, no matter where you are in your grief, or how long it has been since your loss. You may choose to share or just listen, while connecting with others who can relate to what you are going through. This safe, caring environment promotes healing. Meets fourth Tuesday of each month (third Tuesday in December only)

Rainbows: Pregnancy After Loss
“Rainbows” is a support group for those who are considering becoming pregnant, are expecting, or have recently given birth following a previous loss. Pregnancy after a loss creates a wide range of feelings and emotions. “Rainbows” offers a safe environment to share your thoughts, fears, experiences, and hope. Meets second Thursday of each month (third Tuesday in December only) 7:00 p.m. – 8:30 p.m. Registered nurses, who are also perinatal bereavement counselors, facilitate these meetings. All Bereavement Services held at PinnacleHealth Community Campus, 4300 Londonderry Rd., Harrisburg, PA 17109
Second floor, Conference Room 3
No charge and no registration is required.

PinnacleHealth Internet Site
Providing health information on the internet at www.pinnaclehealth.org. Look for directions, physician finder, events calendar and specific information about hospital and outpatient services, and several e-newsletters on a variety of topics.

PinnacleHealth Lead and Healthy Homes Program (LHHP) – 1-800-374-7114
LHHP aims to address multiple hazards in homes and prevent diseases and/or injuries that result from housing-related hazards by:

- conducting comprehensive home assessments to identify potential hazards;
- providing education and interventions to prevent health or safety problems before negative outcomes occur;
- coordinating follow-up medical care in the event that health conditions are identified;
- establishing or strengthening local partnerships to reduce health and safety risks in homes;
- collaborating with appropriate enforcement agencies to enforce existing regulations that address healthy housing.

The LHHP covers 38 counties in the Commonwealth of PA. These counties lie in the South Central, North Central, and North East of the state. Our offices are located in Harrisburg at the Community Health Center and Wilkes-Barre. For more information, please call.

REACCH – (717) 782-2363
A comprehensive care program for HIV-positive mothers and their HIV-exposed infants and affected children.

Social Services – (717) 782-5574
Referrals for help with financial problems, those who need help with drug/alcohol or domestic violence, adoption questions, or other stressors.

Women’s Outpatient Health Center – (717) 782-4700
Hospital based gynecological, prenatal care and family planning are provided regardless of ability to pay.
Community Resources
Contact Help Line – (717) 652-4400

Crisis Intervention
Eastern Cumberland and Perry Counties – (717) 763-2222
Western Cumberland and Perry Counties – (717) 243-6005
Dauphin County – (717) 232-7511
York County – (717) 851-5320

Dauphin County Social Services for Children and Youth – (717) 780-7200
This department is responsible for protecting the health and safety of children and youth. Services range from in-home services including prevention, intake/assessment and counseling/intervention and placement services including foster family care, group home, adoption and residential placement. Referrals may be made by phone, in writing or in person. Emergency services are provided 24 hours a day, 7 days a week.

Dauphin County Department of Drugs and Alcohol Services – (717) 635-2254
This program implements alcohol and drug abuse prevention, intervention and treatment programs.

Dauphin County SAFE KIDS – (717) 531-SAFE
Car seat installation information

Domestic Violence Services
Provides shelter services, counseling, support groups, accompaniment services, legal services and preventative education program.

Domestic Violence Services of Cumberland and Perry Counties – 1-800-852-2102
YWCA/Domestic Violence Services serving Dauphin County – 1-800-654-1211
Domestic Violence Intervention of Lebanon County – 1-866-686-0451

ACCESS-York serving York County – 1-800-262-8444 (24-hour hotline)

Domestic Violence Services of Lancaster County – 1-800-932-4632
La Leche League – 1-800-LaLeche
After Hours Hotline – 1-877-452-5324
This organization offers community support groups for breastfeeding mothers. www.lli.org

PA Department of Health – 1-877-PA-HEALTH
This state-run service provides programs for women, children and families for the prevention and suppression of disease and injury. Visit them on the web at www.health.state.pa.us.

PA Quitline (smoking cessation) – 1-877-724-1090

Secret Safe Place for Newborns – 1-866-921-7233
“A Secret Safe Place for Newborns” program is offered at the Harrisburg and Community General Osteopathic Hospital Emergency Departments. The mission of this service is to rescue newborn infants, who would otherwise be abandoned, from injury or death by providing confidential emergency care and shelter. Of special note is a promise by the Dauphin County District Attorney not to prosecute a mother as long as the baby is unharmed. A special toll-free number has been established to provide information.

South Central PA Highway Safety – (717) 766-1616
Car seat installation information

WIC (Women, Infants and Children) – 1-800-942-9467
Provides healthy foods at no cost, health nutrition information, health and immunization screenings, breastfeeding information and support, recipes, newsletters, educational materials, one-to-one nutrition counseling, and referrals to community services.
PinnacleHealth Harrisburg Hospital