



**SAMSUNG
MEDICAL CENTER**

Handbook for Expectant Mothers



SMC is designated as a Baby-Friendly Hospital Initiative ("BFHI") by UNICEF.
We encourage rooming-in and breastfeeding.

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Handbook for Expectant Mothers

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C/O/N/T/E/N/T

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01 Overview

The Department of Obstetrics at Samsung Medical Center offers the care you need at every stage of pregnancy and during childbirth. Highly experienced and skilled obstetricians, anesthesiologists, and nurses are available around the clock to provide comprehensive care. Besides the general obstetric ward, our obstetric unit features 11 maternal-fetal ICU beds for women who need continuous monitoring and medical care. In addition, our hospital holds 59 neonatal ICU beds where neonatologists are standing by premature babies or newborns who need special attention.



02 Hospitalization

1. Process for admission

- ① If labor starts unexpectedly, please go to the Emergency Department.
(Please refer to **page 06** for location of the ER.)
- ② For planned admissions, our billing staff will inform you the time of admission.
Please come to the International Healthcare Center to check-in.

2. What to bring to the hospital

Below is a list to give you an idea of what you may need during your stay.

For Expectant Mothers	
<ul style="list-style-type: none"> · Extra pillows and/or cushions · Warm cotton socks · A pair of slippers (comfortable shoes) · Personal toiletries (including hairbrush) · Nursing bra · Wet wipes, tissue, and towel 	<ul style="list-style-type: none"> · Sanitary pads · Water bottles · Hairclip/hair band for labor · Maternity donut cushion · Breast pump (if you plan on breastfeeding)
For Caregivers	For Newborn(s) (needed only for discharge)
<ul style="list-style-type: none"> · Personal toiletries (including towels) · Extra clothes · Extra blankets · Pillow(s) 	<ul style="list-style-type: none"> · Onesies, hat · Swaddle blanket · Formula + baby bottle (if you live far away from the hospital) · Diaper and baby wipes

☞ **Admission Kit** is available for KRW 30,700. Let us know if you wish to purchase the kit.
(It includes slippers, tissue box, drinking bottle, comb, amenity kit, and small towel.)

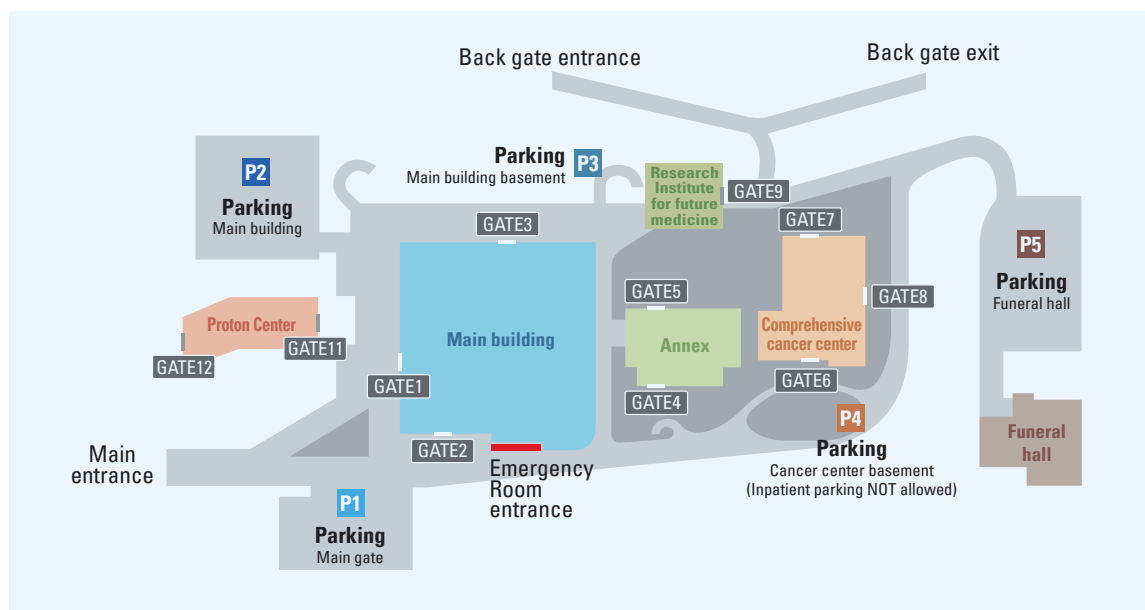
3. Visiting guidelines

Visiting Hours	
Weekdays: 6 PM – 8 PM	Weekends & Holidays: 10AM - 12PM & 6PM - 8PM

☞ Visiting hours and visiting guidelines may change if there is changes in hospital regulations.

- Only one caregiver with the RFID (visitor pass) is allowed to access the ward and to stay overnight with the patient. One RFID will be issued on the day of admission. A caregiver should be an adult over 19 years of age (minors are not allowed).
- Other visitors without an RFID are only allowed to visit during visiting hours. Visitors under age 6 and older adults who may be vulnerable to infections are prohibited to enter the ward.
- ★Exception★ No caregiver is allowed to stay overnight with the patient if she is being admitted to Maternal-Fetal ICU (MFICU).

4. Parking during admission



- Free parking (for one vehicle) is allowed on the day of admission, delivery/surgery/ procedure, and discharge (once you exit, free parking is not available the second time you come in).

- Inpatient parking is NOT allowed in 'P4' parking lot. P4 parking is only for outpatient clinic.
- Please show your hospital ID card or patient's ID number when you exit the gate.
- For additional days, you will be charged for parking as shown below.

	Rates	Remarks
Under 30 minutes	No charge	Same parking rates apply on weekdays, weekends, and on public holidays.
Day Time Parking (08:00 – 22:00)	KRW 500 per 10 minutes (*Max. KRW 20,000 / per day)	
Night Time Parking (22:00 – 08:00)	KRW 1,000	

5. Room

- Types of room available in obstetrics unit: Family delivery room, standard private, semi-private, and multi-bedded room (shared by 6 patients), and MFICU (shared by 5 or 6 patients).
- Obstetrics unit (inpatient ward) for expected mothers is located on the 6th floor of the Main Building.
- Rooming-in care is ONLY available at the Main Building 6th floor. **Please understand that if you are admitted to another ward due to lack of room availability, rooming-in care is NOT available.
- Requested room type may NOT be available on the day of your admission. If this is the case, you will be assigned to an available room. However, we will try our best to find your preferred room and move you as soon as possible.

03 Information about labor

1. False vs. True Labor

	True Labor	False Labor
Contractions & Intensity	<ul style="list-style-type: none">· Regular· Intensity gradually increases· Intervals get shorter	<ul style="list-style-type: none">· Irregular· Intensity remains unchanged· Intervals remain long
Discomfort	Begins in low back or lower abdomen	Located in lower abdomen and groin
Bloody show	Present	Not present
Cervical change	Becomes thinner and dilates progressively	No cervical change

2. When to visit the Emergency Room

- Fluid leaking from the vagina
- Vaginal bleeding
- Decrease in fetal movement
- First Pregnancy: Regular contractions every 5 minutes that progressively become stronger over 1-2 hours.
- Second or more Pregnancies: Regular contractions every 10 minutes that progressively become stronger over 1 hour.

04 Information about delivery

There are 3 different delivery methods. Your provider will complete a comprehensive physical examination, review your medical/birthing history and then determine the options best suited for you.

Delivery methods

General treatment plan for each delivery method can be checked on the next chapter 'Care Plan'

1. Vaginal delivery:

A vaginal birth is the natural method of childbirth. It is hard to know when exactly you will go into labor, but most women give birth at around 37-41 weeks of pregnancy. In this method, the baby will come out through the birth canal.

2. Induction delivery:

Medications are used to start uterine contractions during pregnancy before spontaneous labor begins. ★For detailed information please refer to page 12★

3. Cesarean birth (C-section):

C-section is a surgical procedure used to deliver a baby through an incision in the pregnant woman's abdomen and uterus. Surgery might be planned ahead of time.

📺 Please scan the QR code to watch the educational video of each delivery process.

Vaginal Delivery	Induction Delivery	Cesarean Birth (C-section)
		

Assisted delivery procedures**1) Episiotomy:**

An episiotomy is an incision made in the perineum — the tissue between the vaginal opening and the anus — during childbirth. The incision enlarges the vaginal opening to allow the baby's head to pass through more easily and to prevent anal laceration. This is routinely performed at our hospital, so please let the obstetrician know in advance if you DO NOT want episiotomy during labor.

2) Epidural anesthesia:





An epidural block is commonly used to control pain during labor and delivery. Thin catheter is placed into the epidural space, which is just outside the spinal canal. If you DO NOT want epidural anesthesia please let the medical staff know.









MEMO

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05 Care plan
















1. General treatment plan for mothers (Vaginal Delivery)

구분	Day of Admission	Day of Delivery	
		Before Delivery	After Delivery
Date	/	/	
Meal	Dinner: Normal diet Water allowed 	Water allowed (fasting may be required by doctor's order) 	Postpartum meal (2 hours after delivery)
Activity	Daily activities allowed	Remove underwear Transfer to L&D unit	<ul style="list-style-type: none"> - Daily activity after delivery - Falls prevention - guardian assistance - Urinate within 2 hours
Test / Exam	Blood works Fetal non-stress test 		
Treatment			
Medication	IV fluids Cervical ripening agent (by doctor's order) Skin testing for antibiotics	Enema 	
Education	Admission process Labor induction process Use of anti-embolic stockings		Postpartum meal Breastfeeding assistance Rooming-in care (4-6 hours after delivery)





After Delivery	After Delivery: Day 1	After Delivery: Day 2 (Discharge)
	/	/
Meal (after delivery) 	Postpartum meal 	
Activity allowed 2 hours very attention: ambulate with assistance within 4 hours after delivery	Ambulate on the ward with guardian assistance 	Daily activities allowed 
	Blood test 	
	Heat lamp & sitz bath Perineum care (1st day after delivery)	Heat lamp & sitz bath
Antibiotics, pain reliever, digestive medicine, laxatives 		
Management nursing and care (after delivery) 	Breast feeding	Discharge medications Discharge instructions Taking care of baby after discharge 

2. General treatment plan for mothers (Cesarean Section)

구분	Day of Admission	Day of Surgery (Surgery Time:)	
		Before Surgery	After Surgery
Date	/	/	
Meal	Dinner: Normal diet 	Solid food allowed (till 6 hours before surgery) Water allowed (till 2 hours before surgery)	Fasting 
Activity	Daily activities allowed	No restrictions on activities	Bed rest Deep breathing and coughing (to prevent pulmonary complication)
Test / Exam	Skin testing for antibiotics Fetal non-stress test Skin prep Blood lab		
Treatment		Urinary catheter insertion 	Sandbag on surgical site (remove 4 hours after surgery)
Medication	IV fluids Pre-op antibiotics		IV fluid Uterine stimulant Antiemetic Patient controlled analgesia
Education	Admission process Consent form (by physician) Pre-/Post-op process (by nurse)	Education on anti-embolic stocking (as needed) 	Post-op instruction Deep breathing and coughing Position change in bed Breastfeeding, Rooming-in care (4-6 hours after delivery)

)	After Surgery		Day 3~4 (Discharge)
	Day 1	Day 2	
ery	/	/	/
	Follow as instructed: water  → clear liquid diet  → full liquid diet → normal diet 		
nt ations)	Self-void within 4 hours after foley catheter removal Exercise encouraged (start by sitting up) 	Ambulate on the ward with guardian assistance 	
	Blood works 		Blood works 
il site ter	Urinary catheter removal 	Dressing change Removal of patient controlled analgesia pump 	Dressing change stiches removal (as needed) 
nalgesia	 	Laxatives, digestive medicine, pain reliever 	
d coughing ed ning-in er delivery)	Breastfeeding and Rooming-in care Ambulate on the ward 	Discharge medications Discharge instructions Taking care of baby after discharge 	

3. General treatment plan for newborns (Vaginal Delivery)

구분	Birthdate	
Date	/	
Meal	Breastfeeding  (Formula (if ordered) )	
Activity	Bedrest (in bassinette)	
Assessment	Temperature monitor and physical examination (every 4-6 hours) Vital signs (at birth & 4pm) Bilirubin level check (4am & 4pm) 	Body weight (4am) Vital signs (4am) Bilirubin level check (4pm)
Test / Exam	Hearing test (up to 4pm)	
Medication	Hepatitis B vaccination 	
Education	Breastfeeding and Rooming-in care 	




4. General treatment plan for newborns (Cesarean Section)

구분	Birthdate	Day 2
Date	/	/
Meal	Breastfeeding  (Formula (if ordered) )	
Activity	Bedrest (in bassinette)	
Assessment	Temperature monitor and physical examination (every 4-6 hours) Vital signs (at birth & 4pm) Bilirubin level check (4am & 4pm) 	Body weight (4am & 4pm) Vital signs (4am & 4pm) Bilirubin level check (4am & 4pm)
Test / Exam		
Procedure		
Medication	Hepatitis B vaccination 	
Education	Breastfeeding and Rooming-in care 	

	Day 3	Discharge
	/	/

1 & 4pm)
2 4pm)
3k (4am & 4pm)



	Hearing test (upon request)	Neonatal screening test (upon request)
	Bath (4pm) 	
		Discharge medication (if ordered) 
		Discharge instructions Outpatient follow-up appointment 

06 More information on labor induction

1. What is labor induction?

Labor induction is the stimulation of uterine contractions during pregnancy before labor begins naturally to achieve a vaginal birth. A health care provider might recommend labor induction for various reasons, primarily when there is a concern for a mother's health or a baby's health.

2. Overview of induction procedure

Day of Admission (Hospitalization: Day1)

Upon admission, you will undergo a number of examinations, including measurements of vital signs, blood works, an ultrasonography, a nonstress test, and a manual pelvic exam. You will also meet your assigned resident physician and have a chance to ask questions about the process in general.

After the examinations are done, a cervix ripening agent (prostaglandin) will be inserted into the vagina to soften the cervix. This will be removed the following morning. The time of when the softening agent is inserted varies from patient to patient depending on their medical condition.

Day after Admission (Hospitalization: Day 2)

Early in the morning, the cervix ripening agent will be removed and you will have an enema in order to prevent fecal contamination during labor. Once you are prepared, you will be transferred to the Labor and Delivery unit (L&D unit).

Once you arrive at the L&D unit, a hormone called oxytocin will be administered intravenously to induce uterine contractions.

If the contractions do not lead to a delivery on the first try, you will repeat the same process the next day. If the induction does not lead to a delivery even after the second try, a C-section may be considered.

(**Those who require continuous monitoring of uterine contractions and/or fetal heart rates before oxytocin infusion will go straight to the L&D unit on the day of admission instead of next morning).

3. How long does the procedure take?

How long it takes for labor to start depends on how your body responds to the induction. If your cervix needs time to ripen, it might take more than a day before labor begins.

07 Postpartum care

1. Instructions after delivery

1) For Vaginal Delivery

- You will be monitored for 2 hours in the delivery room before returning to the ward.
- Early breastfeeding will stimulate oxytocin release to help your uterus contract back into its normal size. Uterine contractions will prevent postpartum bleeding.
- You may continue to have vaginal discharge (lochia) up to 4-6 weeks after delivery. Early ambulation is encouraged for excretion of lochia and faster recovery.
- To assess the amount of lochia discharge, please change the pad every 1 – 2 hours.
 - ☞ Notify the nurse if pad becomes fully wet within 30 minutes. It could be a sign of bleeding.
 - ☞ Lochia will be bright red and very heavy for 3 – 4 days. But its color will change from red to pinkish brown then to whitish yellow and become lighter over time.
- Make sure to urinate within 4 hours after delivery.
- Please request for help when sitting up or standing up for the first time after delivery to prevent fall.
- Take a sitz bath and use heat lamp to help recover from episiotomy. Ice packs can help reduce edema and pain after delivery.
- You may have a low grade fever or symptoms of dehydration after delivery. Make sure you are sufficiently hydrated.
- Do not lift up heavy objects.

2) For Cesarean Section

- You will be monitored for about an hour in the recovery room before returning to the ward.

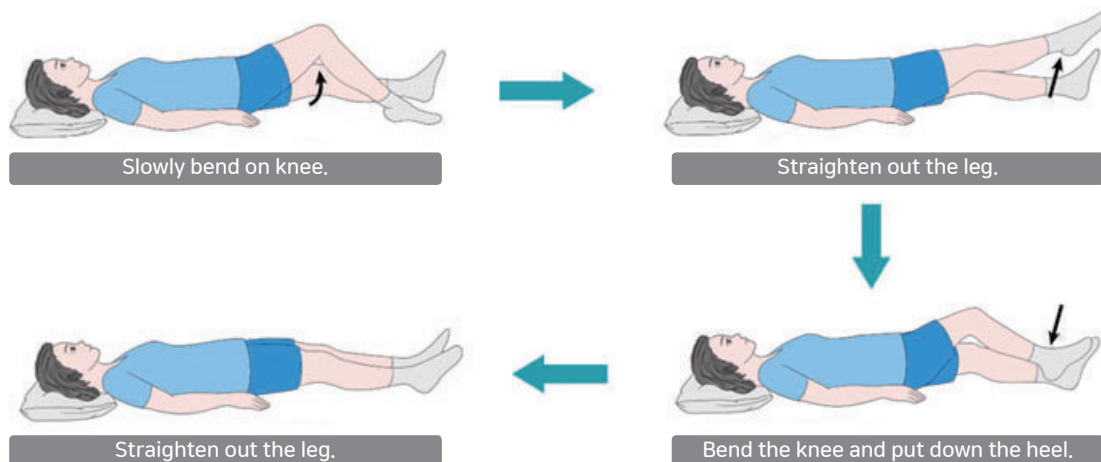
- After the surgery,, vital signs, uterine contractions, and the surgical site are closely monitored.
- Early breastfeeding will stimulate oxytocin release to help your uterus contract back into its normal size. Uterine contractions will prevent postpartum bleeding.
- Changing positions every 2 hours is recommended to prevent pressure ulcer. And also early ambulation is encouraged to enhance recovery.
- You may begin your diet gradually depending on your condition after the surgery.
 - ☞ General diet advancement plan: sips of water (begin 8 hours after returning to the ward) → semi-fluid diet (an hour after trying sips of water) → soft blend diet → normal regular diet
- Urinary catheter will be removed the next day after the surgery. You are encouraged to void within 4 hours after removing the catheter.
- Please request for help when sitting up or standing up for the first time after delivery to prevent fall.

2. Urinating after delivery

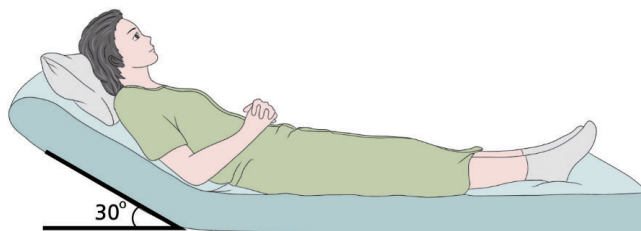
★ Spontaneous urination is encouraged after delivery or removal of the urinary catheter.
Try voiding by () AM/PM. ★

Warm-up exercises before urinating

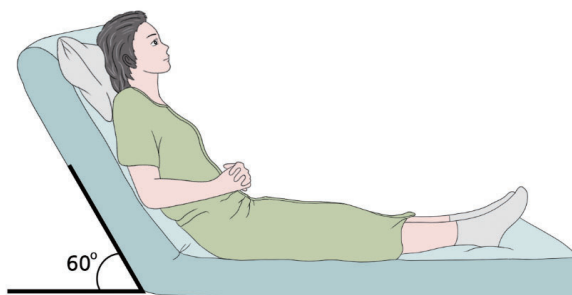
① Do leg exercise in bed as shown (Repeat 6 times for each leg).



- ② Elevate the head of the bed to 30° and rest for 10 minutes.



- ③ Elevate the head of the bed to 60° and rest for 10 minutes.



- ④ Sit with your legs hanging down for 10 minutes.



- ⑤ Go to the toilet with a guardian or nurse.

Ankle exercise after urinating

㉠ Keep your heels on the ground and tap with your toes (repeat 10 times).



㉡ Keep your toes on the ground and lift your heels up and down (repeat 10 times).



Precautions

- To prevent falls, please ask for assistance when you go to the restroom.
If needed use a walker.
- A guardian should stay with you while you are using the restroom.
- You should never be left alone in the restroom on the first day after the delivery.
- If you feel weakness or numbness in your legs, please notify your nurse.

3. Taking a sitz bath

1) Purpose:

Taking the sitz bath helps with blood circulation in the perineum incision site, subsides the edema, and promotes healing. Also, when taking a sitz bath, the anal sphincter relaxes, reducing the pain in the anus.

2) Instructions:

- Fill the sitz bath tub with warm water (38 - 42°C) to a level so that water does not spill.
- Swirl in 30 mL of vaginal cleanser into the tub.
- Raise the toilet seat and place the sitz bath tub on top of your toilet.
- Lower yourself in the tub and immerse the perineal region.
- Sit for about 10 -15 minutes.
- While sitting in the sitz bath tub, do Kegel exercises to strengthen the pelvic muscles. This exercise will also help prevent urinary incontinence.
 - ☞ Kegel exercise: Contract the anal sphincter for 5-10 seconds, then relax for 5-10 seconds, and repeat.
- Do not sit for more than 15 minutes as there may be other side effects.
- After the sitz bath, air-dry the perineal region naturally or use the drying function of bidet or tap softly with a clean cotton towel.
- After completely drying, change your undergarment and pad.



③ Recommendations

- Take sitz baths 3 times a day.

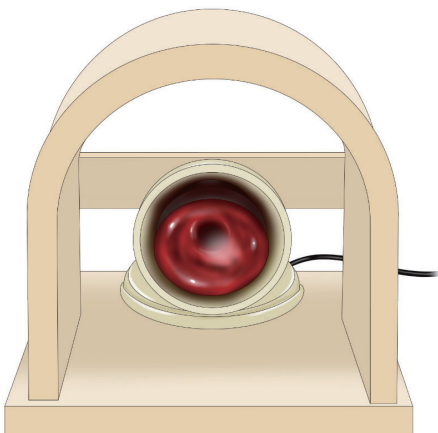
4. Using the heat lamp

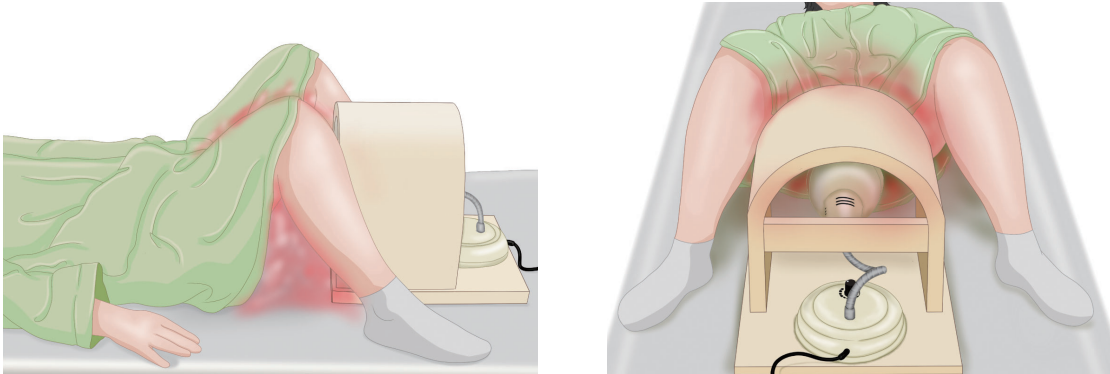
1) Purpose:

Use of a heat lamp is recommended for perineal care after birth. It facilitates the healing of lacerations from episiotomy and alleviates discomfort.

2) Instructions:

- Make the bed flat. Place the heat lamp at the foot of the bed.
- Remove underwear and pad before lying down straight on your back.
- Bend your knees, spread the legs shoulder-width apart, and then place your feet around the heat lamp (**Make sure the light is directed towards your perineum).
- Distance between the heat lamp and your perineum should be about 50 cm (**It is important to keep a certain distance to prevent burns).
- Turn on the heat lamp and turn the dial clockwise to adjust temperature.
 - ☞ It is recommended that you turn the dial about half way (medium strength). But you may adjust the dial as needed.
 - ☞ Be careful as you might get burns from the lamp.
- Make sure the light is applied to the perineum. Use the lamp for about 15 minutes.





3) Recommendations

- Use the lamp 3 times a day.
- It is more effective if you use it right after taking a 'Sitz bath'.
- Do not place a sheet over your legs or the lamp. Covering with a sheet will increase the temperature inside and can cause burns.

5. Breast care

1) Nipple Wound

- Causes:
 - Incorrect breastfeeding position (i.e. baby is not facing mom's chest)
 - Excessive washing and drying of nipples prior to feeding (i.e. using soap)
 - Incorrect method of removing baby from breast during or after breastfeeding
- Management:
 - Finding proper positions and techniques for breastfeeding is essential.
 - After finishing breastfeeding, squeeze the nipples gently and rub a few drops of expressed milk around the nipples. Allow the nipples to dry by exposing them in the air every 1-2 hours.
 - Do not wash your nipples excessively or apply oil or cream.
 - Gently remove baby from your breast by inserting a clean finger into the corner of baby's mouth to break the suction. Then lift your baby from the breast.

2) Breast Engorgement

- Breast engorgement occurs when breasts are painfully overfull of milk.
- Symptoms:
 - Swollen, firm, and painful breasts
 - Flattened nipples
- Management:
 - Properly position your baby and breastfeed frequently (i.e. every 2-3 hours) and whenever the baby wants.
 - Apply a cold compress or ice pack to relieve pain and swelling after breastfeeding.
 - Do not feed barley tea or sweetened water to the baby. Feed only breast milk.
 - If you cannot breastfeed frequently, then gently hand express or use breast pump to get the breast milk out of your breasts.

3) Mastitis

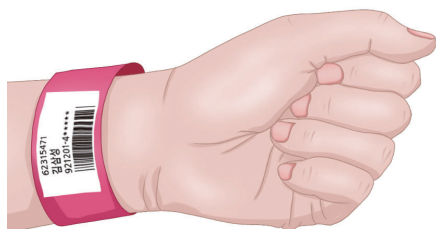
- Mastitis is an inflammation of breast tissue that sometimes involves an infection. It generally occurs within 3 months after childbirth.
- Symptoms:
 - Breast pain or sense of heat
 - Blood and pus may be present in the breast milk
 - Infected area appears red
 - General malaise or fatigue
- Management:
 - With smooth massage and frequent breastfeeding, try releasing the milk as much as you can.
 - If you have a fever above 38.5°C (101.3°F) or for more than 24 hours please seek medical help.

08 Rooming-in care

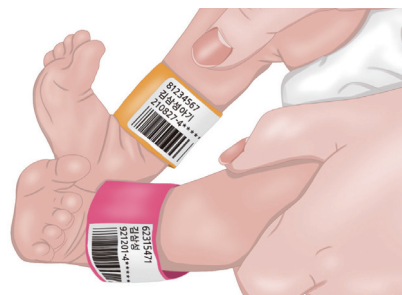
Samsung Medical Center is one of the baby friendly hospitals approved by UNICEF, having a rooming-in care system for 24 hours to encourage baby care and breastfeeding. Your baby can stay with you to build strong bonding and intimacy.

Identifying infants

All infants born at Samsung Medical Center will be safely identified and banded at birth. The infant's name will match the mother's.



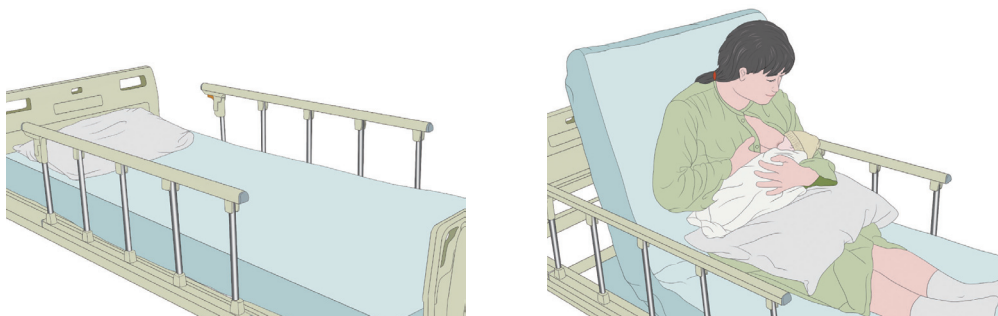
Mother's ID band



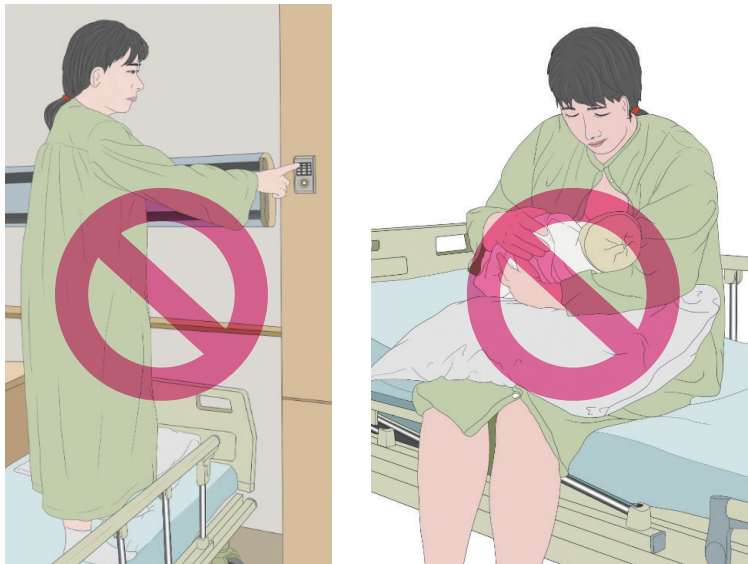
Baby's ID band

Prevention of falling

When you feed your baby on your bed, leave side rails up for you and your baby to prevent falling. If you want to sleep, lay the baby in the bassinet. Also, if you need to leave the room for any test or treatment, do not leave the baby alone. Please bring your baby to the nursery. When you need to move your baby, please use the bassinet, since there is a chance of slipping.



To prevent fall please put both side rails up at all times.



Positions to avoid: Do not stand up on the bed or sit on the edge of the bed when breastfeeding.

Hand washing

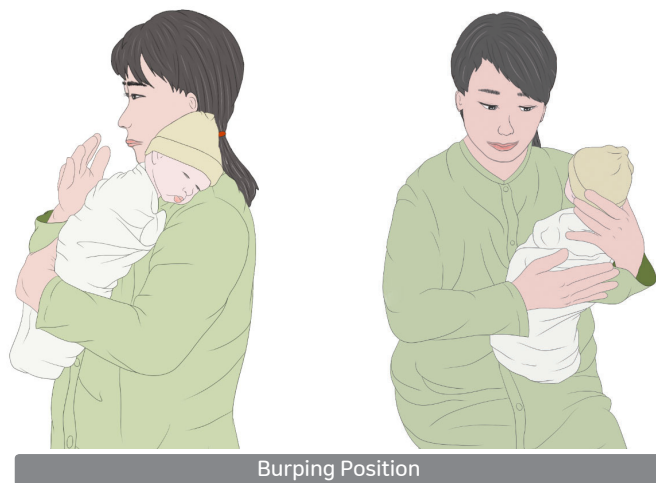
Wash your hands before handling your infant, and make sure the visitors wash their hands before contacting your baby.

Precaution about aspiration

Newborns occasionally vomit due to swallowing amniotic fluid or mother's blood at birth or when insufficient burping is done after feeding. In these instances, it is most important for the baby to not choke on the secretion in the airway. When your baby vomits, turn the baby's head to one side to help discharge secretions.



If you see any abnormal breathing patterns or cyanosis (blue tint) on the face, please take the baby directly to the nursery while stimulating the baby to cry or immediately press the nursing call bell for help.



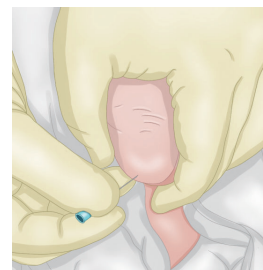
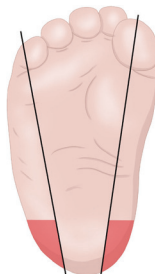
Nurse Rounding

Nurses will go around the ward to check the baby's condition and to discuss about breastfeeding and baby care. If you have any questions about taking care of the baby or concerns, please feel free to visit the nursery or call your nurse.

Vaccination and Exams

Newborns will receive the following vaccination and tests.

- 1) Hepatitis B vaccination
- 2) Vitamin K injection (upon doctor's orders)
- 3) Hearing test (upon request)
- 4) Neonatal screening test (upon request)
 - Newborn screening test is done to detect congenital metabolic disorders.
 - Test method: Blood is collected from the marked area on the heel of the foot.



09 After discharge

1. For mothers

1) Wound care:

- Dressing change is not necessary.
- If you had Cesarean section, you will come back for a follow-up and removal of stitches a week after the surgery.
- You may take a shower 3 days after removing the stitches. Apply a waterproof tape or a gauze on the surgical site before removing the stitches. Tub bath is allowed a month after the stitches are removed, when your wound is completely healed.

2) Diet:

- Eat a well-balance diet with adequate nutrition.
- To avoid anemia, make sure you eat iron-rich foods (i.e. red meat, tuna, eggs, spinach, seaweeds, and etc.).
- To avoid constipation, eat fiber-rich foods (i.e. fresh vegetables, fruits, nuts, and etc.), drink plenty of fluids, and get exercises.
- If you are breastfeeding the baby, eat extra 500kcal per day.

3) Daily activities:

- You are allowed to resume your normal daily activity after discharge.
- Always wash your hands to prevent infection.
- Regular light exercises are recommended. Strenuous exercises (e.g. climbing, tennis, swimming, golf, and etc.) should be waited until 4-6 weeks after delivery.
- Do not lift anything heavier than the baby for 2 weeks.
- Avoid sexual intercourse for a month.

4) You may observe the following.

- Bloody lochia for a few days after delivery. It will become pale in 3 or 4 days and white to yellowish white in 10 days. It usually stops in 3-6 weeks.
- Mild pain or itching on the surgical site or laceration site.

- Gradual return of the size of the uterus in 4 weeks.
- Urinary incontinence: Urinary incontinence is common for a week after delivery.
※ If you are not sure if it is okay to have these symptoms for so long, please let us know.

5) Go to the nearest hospital or clinic if you have:

- Lochia that becomes bloody, increases in the amount, and/or has foul smell.
- Severe pain on the surgical site or laceration site.
- Redness or discharge from the wound or separation of the wound.
- Persistent fever over 37.5°C (or 99.5°F).
- Severe depressive symptoms over a week (such as anxiety, sadness, loss of appetite, and etc.)

6) Go to the emergency room immediately if you have the following:

- Large amount of vaginal bleeding that soaks more than one pad within 30 minutes.

2. For newborns

1) Umbilical cord care:

- Swab the umbilical cord stump with rubbing alcohol after bath.
- Let the stump fall off on its own. It usually falls off 2 weeks after birth.
- Tub bath is allowed after discharge.

2) Diet:

- Breastfeed for at least 20 minutes each time when baby wants.
- Burp your baby after feeding.
- If feeding formula milk, please check instruction on how to prepare the formula written on the product. Each product has different instructions.
- Do not use any type of tea as replacement for water.
- Hold off until the baby is 12 months old before introducing plain milk.
- Do not restore or reuse leftover milk.

3) Daily activities:

- Always wash your hands to prevent infection, especially before touching the baby, before feeding the baby, and after changing diapers, and etc.
- Follow vaccination schedule as instructed in the 'Baby handbook, page 10'.
- Do not bathe the baby on the day of vaccination to avoid any infection.
- Avoid going to crowded places or contacting anyone with infectious diseases (such as cold, diarrhea, and etc.)

4) Others:

- Jaundice usually appears 2-3 days after birth and disappears in 7-14 days. Feed the baby frequently, and check the skin color carefully. To check for infant jaundice, press gently on your baby's forehead or nose. If the skin looks yellow where you pressed, it's likely your baby has mild jaundice. If your baby doesn't have jaundice, the skin color should simply look slightly lighter than its normal color for a moment.
- Check amount and frequency of urination and defecation. Your baby may use diapers more than 6 times a day. Otherwise, dehydration should be suspected.
- If you notice a diaper rash, wash your baby's bottom with clean water and keep it dry as much as possible.
- Check if your baby shows blue skin especially during feeding. It may be a sign that he/she is not getting enough oxygen.
- Measure the baby's temperature if he/she is warm. If the temperature is higher than the normal range (36.5~37.4°C), monitor baby's activity level and overall comfort (such as wearing too many clothes, room temperature, dehydration, and etc.).

5) The following can be commonly seen in your baby.

- Skin looks yellow down to the chest.
- Skin turns a little blue during feeding. When this happens, stop feeding the baby for a moment and start again slowly when the skin color returns to normal.
- ※ If the symptoms above do not go away, please let us know.

6) Go to the nearest hospital or clinic if you see the following in your baby:

- Pus, redness, or foul-smell in the umbilical cord
- Yellowing of the skin down to the belly or the baby has weak sucking power.
- Frequent bluish skin color while feeding.
- Fewer wet diapers (urination and defecation) or less than 6 wet diapers in a day.

7) Go to the emergency room immediately if the baby shows the following:

- Lethargy
- Shortness of breath or bluish skin color that does not return to normal
- High body temperature (above 38° or 100.4°F).



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