



WAYNE COUNTY HEALTH DEPARTMENT

1560 Clingman Street

GOLDSBORO, NC 27534

Suzanne LeDoyen, Health Director

Phone (919) 731-1000 Fax (919) 731-1232

POSTPARTUM WARNING SIGNS

Please call the Wayne County Health Department during business hours at 919-731-1000 or after hours, holidays and weekends, go to UNC Wayne Health or the nearest hospital if you experience any of the following:

- Vaginal bleeding that is soaking through one or more maxi pads in an hour
- Fever of 100.4 or higher
- Overwhelming feelings of sadness or anxiety that are not relieved with rest
- Foul-smelling vaginal discharge
- Very bad headache that is not relieved with Tylenol or Ibuprofen (Motrin/Advil)
- Abdominal pain that is not relieved with rest or pain medication
- Signs of breast infection: red streaks or redness on breast, fever, and/or muscle aches
- Pain with urination
- Drainage of blood or yellow discharge (pus) at incision site (if cesarean section)

POSTPARTUM BREAST CARE

- Your milk will come in after 2 or 3 days.
- You may take acetaminophen or ibuprofen as directed to relieve pain and discomfort. You may also take any pain medicine prescribed by your OB provider upon hospital discharge.
- If your breasts become engorged, carefully apply ice packs to your breast. Leave the ice pack on no more than 20 minutes. (Bags of frozen peas work well because they conform to your breast and can be refrozen for the next application).
- If the engorgement is severe, green Cabbage leaves help relieve engorgement through a chemical reaction. Place a chilled, gently crumbled leaf around your breast inside your bra. When the leaf is wilted, apply another leaf. Do this several times a day for 20-30 minutes.
- If you develop fever, body aches, red, hard breasts, call WCHD and ask to speak to the OB triage nurse at 919-731-1000

BREAST FEEDING OR PUMPING

- Wear good support or nursing bra around the clock
- If your breasts are very engorged, it may be beneficial to hand-express milk to soften the breast to facilitate proper latch on.
- You may be eligible to receive a breast pump through your insurance or borrow one from WIC. Check with your insurer or your provider if you think you may need one.
- Breastfeeding support is available at Wayne County health department through our WIC program. Lactation peer counselors are available to help with techniques, latching concerns, or answer any questions about breastfeeding. Don't hesitate to reach out if you have any questions or concerns 919-731-1276

PHYSICIAN'S PRACTICES THAT ACCEPT CHILDREN

Goldsboro Pediatrics	919-734-4736	2706 Medical Office Place, Goldsboro, NC
Goshen Medical	910-267-0421	444 Southwest Center Street, Faison, NC
LaGrange Medical Center	252-566-4021	101 S. Carey Street, LaGrange, NC
LaGrange Pediatrics	252-566-5999	114 East Railroad Street, LaGrange, NC
Mt. Olive Family Medicine	919-658-4954	201 N. Breazeale Avenue, Mount Olive, NC
Mt. Olive Pediatrics	919-658-9123	327 NC Hwy 55 West, Mount Olive, NC
Princeton Pediatrics	919-936-3164	104 Commercial Dr, Princeton, NC

CHILDCARE RESOURCES

There are many day care options for your child. The Partnership for Children in Wayne County has information about local daycares on their website <https://pfcw.org/> or by calling 919-735-3371.

If you think you may need financial assistance with day care, please check with your local Department of Social Services to see if there is any funding available that you might be eligible for.

AFTER BABY ARRIVES

To add a newborn to Medicaid & Food Stamps:

Note: Child has to be living in your home

Option 1: Record the Following information in a voicemail at 919-731-1126

- Your Name(spell it out)
- Last four digits of your social security number
- Say that you have delivered the baby and want to add him/her to your case
- Baby's name (spell it out)
- Your telephone number

Option 2: Email- ReportDSS.Changes@waynegov.com

Option 3: Bring the verification of Fact (your copy of the birth certificate) and proof SSN card has been applied for the 4th floor of Wayne County DAA. This tends to be the FASTEST method. If additional information is needed, you will be contacted by email, phone, or mail. If the information causes your benefits to change, you will be notified by mail. To request a duplicate EBT card you can also call the Direct EBT toll free phone line: 1-888-622-7328

To add a Newborn to WIC:

Call 919-731-1276. Tell them you have delivered and need to schedule an appointment. If you have to leave a voicemail record the following information.

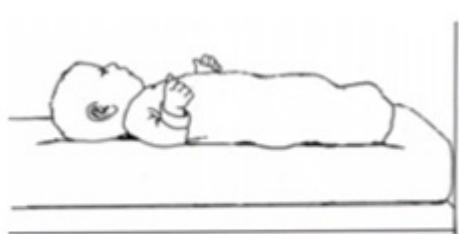
- Your name (spell it out) and birthday
- That you delivered
- Your phone number

SAFE SLEEP

Sleep related deaths are one of the leading causes of death for infants between 1 month and 1 year of age. These deaths used to be called Sudden Infant Death Syndrome (SIDS). Now they are called Sudden Unexplained Infant Deaths (SUIDs).

Most sleep related deaths are a preventable cause of death in infants. To make sure that your baby is sleeping safely, follow the ABC's of safe sleep (below).

The ABC's of Safe Sleep



Picture 1 Babies should be placed on their backs to sleep until they are 12 months of age.

Alone - Babies should always be on their own firm sleep surface. Bed sharing is a risk factor for SUIDS and other sleep related deaths.

Back - Babies should be on their back for every sleep.

Crib - The crib should be empty. This means no bumper pads, pillows, blankets, stuffed animals, toys or supplies, like diapers and diaper wipes.

Make a Safe Place to Sleep

- A safe crib is a bassinet, play-yard or crib that has the spindles no wider than 2-3/8 inches apart and sides that do not drop down.
- Never use soft bedding, comforters, pillows, loose sheets, blankets, sheepskins, toys, positioners or bumpers in the crib or sleep area. These could cause your baby to suffocate.
- If your baby changes positions in their sleep, let them stay where they are.
- Decorate your baby's room as you choose, but leave the baby's sleep space empty.
- Babies should not sleep on adult beds, couches, armchairs or other soft sleep surfaces – they should be on a firm mattress in their own sleep space.
- Babies should not sleep in car seats or swings, as they may not be able to keep their airway open. If they fall asleep while in a car seat or swing, move them to a safe sleep place.
- **Always put your baby to sleep in a separate, but close-by, safe place to sleep.**
 - **DO NOT bed share.** It can increase your baby's chance of SUIDS. Adult beds and bedding are soft and can cause the baby to suffocate, or an adult can roll over on the baby, causing suffocation.
 - Bed sharing includes:
 - Your baby sleeping in bed with you

- Your baby sleeping in bed with other children
 - Your baby sleeping in bed with pets
- **DO room share if you can.** It can help prevent SUIDS. Room sharing is when your baby sleeps in your room, on a separate, safe surface, like a bassinette, crib or portable play yard.
- Breastfeeding has been shown to decrease the risk of SUIDS. You may breastfeed your baby in bed with you, but always remember to put them back in their own separate safe place to sleep when you are finished nursing. If you fall asleep while nursing, put your baby back into their own bed as soon as you wake up.

POSTPARTUM CONTRACEPTION (BIRTH CONTROL)

If you are not using a birth control method, it is possible to get pregnant very soon after having a baby. Using a birth control method in the weeks after you have a baby (the postpartum period) helps you avoid an unintended pregnancy and lets you plan your family. Many experts recommend waiting at least 18 months between pregnancies before having another baby.

A good time to choose the birth control method you will use after pregnancy is while you are still pregnant. There are many birth control methods to choose from. Many methods can be started right after you have your baby. Some can be started even before you leave the hospital.

When choosing a birth control method to use after you have a baby, think about the following:

- **Timing**—Some birth control methods can be started right after childbirth. With other methods, you need to wait a few weeks to start.
- **Breastfeeding**—All methods are safe to use while breastfeeding. Only a few methods are not recommended during the first weeks of breastfeeding because there is a very small risk that they can affect your milk supply.
- **Effectiveness**—The method you used before pregnancy may not be the best choice to use after pregnancy. For example, the sponge and cervical cap are much less effective after you give birth.

The following methods of birth control are available through the Wayne County Health Department.

- The pill or oral contraception
- condoms
- Fertility Awareness
- Partner referral for tubal ligation or vasectomy
- Depo Provera
- Birth Control Patch or Ring
- IUD
- Nexplanon

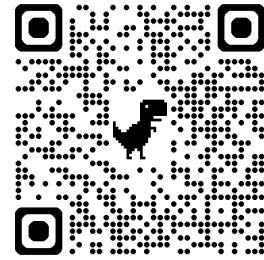
If you decide you want elective sterilization, you should tell your medical provider before your fourth month of pregnancy. This allows time to sign appropriate consent forms and financial processing.

Talk to your provider about which contraceptive may be best for you.

PERINATAL MOOD DISORDERS

What Are Perinatal Mood Disorders?

During pregnancy and after your baby is born, it's normal to experience a wide range of emotions. Pregnancy can be joyful and stressful, and so can caring for a newborn while recovering from birth. But if you have symptoms that are severe, worsening, or last longer than two weeks, it could be signs of a perinatal mood disorder. Perinatal mood disorders are treatable mental health conditions that can happen during pregnancy and up to a year after delivery. Talk to your healthcare provider if you are experiencing any change in your mood since pregnancy and/or childbirth.



Scan the QR
code for
more info!

Planning for your Delivery at UNC Wayne Hospital

Preregister for Your Delivery at UNC Health Wayne

Complete a preregistration form to save time when you come to the hospital in labor. Call **919-731-6438 to request a preregistration form to complete and mail back.**

Take a Tour

Call 919-731-6200 to schedule a tour of the labor and delivery and postpartum units at UNC Health Wayne

What to Pack in Your Hospital Bag

As you near your due date, we recommended you pack your hospital bag with:

- Baby book for obtaining footprints at birth
- Camera or video camera to use after delivery
- Clothes for you and your baby to wear home
- Change of clothes, toiletries, and snacks for your support person
- Diaper bag
- Massage aids for labor
- Music and other focal point items for labor
- Pajamas, robe, and slippers
- Toiletries

You don't need to pack a breast pump. If you need one while you're in the hospital, we'll supply it.

Where to Go When You're in Labor

When you arrive at Wayne UNC for labor and delivery during business hours (8 a.m. to 5 p.m.) use campus wayfinding signs or refer to our [parking map \[PDF\]](#) to:

- Park in Lot C
- Use the "Patient Entrance" to enter the hospital
- Check in at the Admitting desk

After hours, go directly to the emergency room at Wayne UNC for labor and delivery help.

Doulas, Midwives and Support During Childbirth

Support during labor and delivery can help you have a positive birth experience. While in labor, you may have three people at your bedside for support and encouragement. During delivery, you can have two support people present. We don't allow children under 13 years old on the labor and delivery unit.

You may choose a [doula, midwife and a partner or support person](#) to be with you during labor and delivery. Doulas give nonmedical support to you before, during and after childbirth. Your personal doula is welcome in the delivery room at Wayne UNC.

If your OB office offers midwifery services, you can have a midwife present during your delivery. Midwives offer maternity care for low-risk, vaginal births to women and newborns.

If you're a military family with a spouse or partner away, you can video chat after your baby's delivery.

Pain Management During Labor

Select one or more methods to ease your discomfort as you progress through labor, including:

- Nitrous oxide (laughing gas)
- Intravenous (IV) pain medication
- [Epidural anesthesia](#)

Helpful Labor Management Techniques

Find a range of techniques to relieve discomfort, manage contractions, and progress labor. You and your partner may choose:

- Birthing and peanut balls
- [Breathing techniques](#)
- Positioning
- Relaxation methods

Bond With Your Newborn

Connect with your newborn right after vaginal or Cesarean section birth. Our care team supports the American Academy of Pediatrics recommendations for [skin-to-skin care](#) during the first hours of life. Skin-to-skin care is contact and cuddling with your baby on your chest. It improves parental bonding and supports breastfeeding in pre- and full-term newborns.

Rooming In

You'll "room in" with your baby during your stay at Wayne UNC. That means you and your baby will share a room instead of sending your newborn to the nursery. Rooming in:

- Promotes mother-baby bonding
- Helps you become comfortable caring for your baby
- Allows you to get to know your newborn's feeding cues
- Makes breastfeeding easier

Delivery Recovery and Well Baby Care

While you receive recovery care from a labor and delivery nurse, a "stork nurse" tends to your newborn in your room. Expect your newborn to get routine screenings and blood tests. After labor and delivery recovery, you and your baby will move to the Mother-Baby Unit.

If your newborn needs special attention after birth, you'll have access to our neonatal care team in the [Level II NICU](#) at Wayne UNC.

Breastfeeding Support

Trust our certified lactation consultant to provide breastfeeding education and assistance. Look for a lactation nurse to visit you in your room during your stay. You can ask questions and get help so you feel comfortable breastfeeding your baby when you go home. Our lactation consultant or breastfeeding-trained nursing team is available 24/7 to assist you.

Ongoing Breastfeeding Help

Take advantage of handheld and electric breast pumps at Wayne UNC to learn how to use one. There's no need for you to bring a pump with you; find breastfeeding support for home and work from a nurse before you leave the hospital.

Cord Blood Banking

If you want to bank your baby's [umbilical cord blood](#) immediately after birth, you should obtain a cord blood collection kit. Bring your kit to Wayne UNC when you come for your delivery. We'll collect it for you.

Secure Care for You and Baby

Feel confident you and your baby will be safe at Wayne UNC. Security is in place on the locked labor and delivery and mother-baby units to provide a safe experience to you and your family. And your newborn receives an ankle identification band immediately after birth.

Mother-Baby Unit Visitors

During labor visitors are limited to no more than 3 in the labor and delivery room at one time. If you have a Cesarean section, you may have one person with you during the delivery. Enjoy overnight stays with one guest (your spouse, partner, or family member over age 18) in your room at Wayne UNC. You'll also appreciate our visiting policy that allows siblings (any age) to visit their new baby brother or sister. Other visiting children must be 12 years of age or older. However, there may be times—such as peak flu season—when we need to restrict visitors for health reasons.

General Rules for Visiting UNC Health Wayne Patients

- Visitors (e.g., family members, friends and significant others) are recognized as a supportive and integral part of patient care. UNC Health Wayne is happy to welcome visitors to our Goldsboro, NC hospital. For room numbers and directions, please stop by the information desk in the visitor entrance lobby. Visiting hours are from 8 a.m. to 8 p.m. for most patients.
- The needs of patients may dictate exceptions to the stated visiting times. Visitors may be asked to leave the patient's room and the Hospital at the request of the patient or under certain circumstances, such as special care needs, patient's acuity, visitor's inappropriate behavior, hospital emergency needs, or to maintain patient's privacy and confidentiality. Patients can request exceptions to regular visiting hours through their nursing staff.
- The patient may restrict his/her own visitors and/or telephone calls at any time.
- All visiting children are to be accompanied and supervised by an adult.
- Children who visit must be well and free of fever at the time of the visit.
- Patient should identify a "family spokesperson" to act as telephone liaison between the staff and other family members.
- Masks are encouraged for all visitors, but not required unless the visitor is experiencing respiratory symptoms or is visiting a patient that requires PPE to be worn when entering the room.
- At this time, children under the age of 12 are prohibited from visiting. If there is an extenuating circumstance please talk with the charge nurse.
- Children aged 12 and older may visit, but must be accompanied by an adult.

Obtained from <https://www.wayneunc.org/care-treatment/pregnancy-birth/labor-delivery/> on 6/6/2023

Birth Certificate Worksheet

1. CHILD'S LEGAL NAME (as it should appear on birth certificate)				
FIRST	MIDDLE	LAST	SUFFIX (Jr., III, etc.)	
2. DO YOU WANT SOCIAL SECURITY NUMBER ISSUED FOR YOUR BABY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTHER'S INFORMATION				
3. MOTHER'S CURRENT LEGAL NAME				
FIRST	MIDDLE	LAST	SUFFIX (Jr., III, etc.)	
4. MOTHER'S MARITAL STATUS				
<input type="checkbox"/> NEVER MARRIED				
If not married, do you and the baby's father intend to complete an Affidavit of Parentage (AOP) in which he acknowledges that he is the natural father and accepts legal responsibility for the child? Both parents must be in agreement and present to complete the form. If you are not married, and an Affidavit of Parentage is not completed, information about the father cannot be included on the birth certificate.				
<input type="checkbox"/> YES, I WOULD LIKE TO COMPLETE AN AFFIDAVIT OF PARENTAGE				
<input type="checkbox"/> NO, I DO NOT CHOOSE TO COMPLETE AN AFFIDAVIT OF PARENTAGE				
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED (DATE OF DIVORCE: _____) <input type="checkbox"/> WIDOWED (DATE WIDOWED: _____)				
5. MOTHER'S FULL NAME PRIOR TO FIRST MARRIAGE?				
FIRST	MIDDLE	LAST	SUFFIX (Jr., III, etc.)	
6. MOTHER'S DATE OF BIRTH (MM/DD/YY)		7. MOTHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY)	8. MOTHER'S SSN	
9. MOTHER'S EDUCATION LEVEL If you are currently enrolled, check the box that indicates the previous grade or highest degree received.				
<input type="checkbox"/> 8 TH GRADE OR LESS <input type="checkbox"/> 9 TH – 12 TH GRADE, NO DIPLOMA <input type="checkbox"/> HIGH SCHOOL GRADUATE OR GED				
<input type="checkbox"/> SOME COLLEGE CREDIT, BUT NO DEGREE <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE				
<input type="checkbox"/> DOCTORATE DEGREE				
10. MOTHER'S HOUSEHOLD RESIDENCE				
NUMBER & STREET	CITY/TOWN	COUNTY	STATE	ZIP CODE
IF NOT IN THE US, PLEASE LIST COUNTRY: _____				
11. Is HOUSEHOLD WITHIN CITY LIMITS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
12. MOTHER'S MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE				
NUMBER & STREET	CITY/TOWN	COUNTY	STATE	ZIP CODE
IF NOT IN THE US, PLEASE LIST COUNTRY: _____				
13. MOTHER'S ETHNICITY				
<input type="checkbox"/> NO, NOT SPANISH/HISPANIC/LATINA				
<input type="checkbox"/> YES, (MEXICAN, MEXICAN AMERICAN, CHICANA) <input type="checkbox"/> YES (PUERTO RICAN) <input type="checkbox"/> YES (CUBAN)				
<input type="checkbox"/> YES (OTHER: _____)				
14. MOTHER'S RACE				
<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE	<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> CHINESE
<input type="checkbox"/> FILIPINO	<input type="checkbox"/> JAPANESE	<input type="checkbox"/> KOREAN	<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> OTHER: _____
15. DATE OF LAST LIVE BIRTH (MM/DD/YY) (If applicable. Do not include this delivery)			16. DID MOTHER RECEIVE WIC DURING THIS PREGNANCY?	
			<input type="checkbox"/> YES <input type="checkbox"/> No	



PATIENT LABEL

Birth Certificate Worksheet

17. HEIGHT FEET _____ INCHES _____	18. PRE-PREGNANCY WEIGHT POUNDS _____			
19. HOW MANY CIGARETTES/PACKS DID THE MOTHER SMOKE ON AN AVERAGE DAY? PLEASE SPECIFY IF IT IS THE NUMBER OF CIGARETTES OR PACKS PER DAY DURING THAT TIME FRAME				
THREE MONTHS BEFORE PREGNANCY _____	FIRST THREE MONTHS OF PREGNANCY _____			
SECOND THREE MONTHS OF PREGNANCY _____	THIRD TRIMESTER OF PREGNANCY _____			
FATHER'S INFORMATION				
20. FATHER'S CURRENT LEGALNAME FIRST _____ MIDDLE _____ LAST _____ SUFFIX (Jr., III, etc.) _____				
Is YOUR BABY'S FATHER YOUR HUSBAND? <input type="checkbox"/> YES <input type="checkbox"/> No				
21. FATHER'S DATE OF BIRTH	22. FATHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY)	23. FATHER'S SSN (If NOT MARRIED, AND AN AFFIDAVIT OF PARENTAGE HAS NOT BEEN COMPLETED, LEAVE BLANK)		
24. FATHER'S EDUCATION LEVEL If you are currently enrolled, check the box that indicates the previous grade or highest degree received.				
<input type="checkbox"/> 8 TH GRADE OR LESS <input type="checkbox"/> 9 TH – 12 TH GRADE, NO DIPLOMA <input type="checkbox"/> HIGH SCHOOL GRADUATE OR GED <input type="checkbox"/> SOME COLLEGE CREDIT, BUT NO DEGREE <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE DEGREE				
25. FATHER'S HOUSEHOLD RESIDENCE				
NUMBER & STREET	CITY/TOWN	COUNTY	STATE	ZIP CODE
If NOT IN THE US, PLEASE LIST COUNTRY: _____				
26. FATHER'S ETHNICITY				
<input type="checkbox"/> NO, NOT SPANISH/HISPANIC/LATINA <input type="checkbox"/> YES, (MEXICAN, MEXICAN AMERICAN, CHICANA) <input type="checkbox"/> YES (PUERTO RICAN) <input type="checkbox"/> YES (CUBAN) <input type="checkbox"/> YES (OTHER: _____)				
27. FATHER'S RACE				
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE	<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> CHINESE <input type="checkbox"/> OTHER: _____		
IF YOU ARE THE MOTHER STOP HERE. IF OTHER THAN THE MOTHER, PLEASE ANSWER THE FOLLOWING QUESTIONS:				
28A. NAME OF PERSON PROVIDING INFORMATION FIRST _____ MIDDLE _____		LAST _____	SUFFIX (Jr., III, etc.) _____	
28B. RELATIONSHIP TO BABY'S MOTHER				
<input type="checkbox"/> FATHER OF BABY <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> OTHER, PLEASE SPECIFY _____		<input type="checkbox"/> HOSPITAL EMPLOYEE		

