



You and your baby

Answers to common questions
asked by new parents.



Important phone numbers

Your health care provider: _____

Name _____

Phone _____

Appointment date _____

Baby's health care provider: _____

Name _____

Phone _____

Appointment date _____

Congratulations on your new arrival!

The birth of a baby can be a very exciting time. Those first weeks at home, however, may be filled with concerns about your care and your baby's care. This booklet will help answer questions most new parents ask. It also reviews educational information given to you during your hospital stay.

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Baby's care

When should I call my baby's health care provider?

Your baby's health care provider (doctor, physician assistant, nurse practitioner) will want to see your baby one to three days after leaving the hospital. Call the provider's office before leaving the hospital to make an appointment.

The health care provider will check your baby's weight, help with feeding concerns, check for jaundice and answer your questions.

Call your baby's health care provider if your baby has any of the following:

- Fever over 100.4°F/38°C rectal temperature.
- Skin color that is yellow or pale.
- Any unusual rash (raised red bumps filled with fluid anywhere on the body).
- Green or yellow discharge, redness or bad smell at the cord site (belly button).
- Grunting, wheezing or rapid breathing.
- Noticeable changes in your baby's behavior, such as:
 - Sleeping more
 - Inconsolable crying (you are unable to soothe your baby)
 - Loss of muscle tone (floppy and/or weak cry or weak movements).
- Having three to four diarrhea bowel movements (green, watery, foamy, bad-smelling) within three hours.
- Red streaks in the stool or grayish, clay-like stools.
- Vomiting (most of the feeding coming up) that occurs with each feeding, or comes out with a lot of force.
- Fewer than six wet diapers a day by the end of the first week.
- If your baby is crying more than usual, something may be wrong that needs special care. If you are worried, call your baby's health care provider.
- Skips two feedings in a row.

If your baby's skin is blue, your baby loses consciousness (you cannot wake your baby) or your baby has a seizure (uncontrollable shaking) call

ss
,
911.





Bath time

You do not need to give your baby a bath every day. However, you should wash your baby's face, hands and bottom every day. Do not use baby powder, oil or perfumed soap.

Sponge baths

1. Lay your baby on a flat surface.
2. Wipe your baby's face using a washcloth and clear, clean water. Do not use soap. Carefully start with the area around the eyes, move to the ears and then move to the nose.
3. You may use a mild baby bath product to wash your baby's hair. Carefully rinse your baby's hair by using a washcloth or by pouring clean water over the head. Avoid pouring the water into your baby's eyes or ears.
4. Wash your baby's body, arms and legs. Pay attention to hard-to-reach creases like the ones under the arms, the neck folds and the groin.
5. Wash female genitals from front to back. Wash the male scrotum and penis gently. Do not force back the foreskin if your male baby was not circumcised.

Bath safety

1. Test the water temperature to be sure it is not too cold or too hot.
2. Stay with your baby at all times. Never leave your baby alone.
3. Keep your baby away from the faucets. Bumping the handle on accident could cause burns from hot water.
4. Gather all needed supplies before starting.

Remember: Never leave your baby alone in the tub.

Tub baths

1. Fill a pan, sink or tub with 2 to 3 inches of warm water. Test the temperature with your elbow or the inside of your wrist. The water should be lukewarm.
2. Hold your baby in the tub with the head lifted up. It is helpful to lay your baby on a bath sponge or towel inside the tub.
3. Follow steps 1 to 5 under “Sponge baths” at left.

Umbilical cord care

1. Keep the umbilical cord clean and dry. Fold the diaper down. Rubbing alcohol is not necessary.
2. Sponge baths until the cord falls off. Please don't immerse in a bathtub or soak.
3. The umbilical cord usually falls off within two weeks.



Getting to know my baby

Sleep and activity

Babies have different levels of awareness:

1. **Deep sleep**—When “sound asleep,” your baby usually does not move except for occasional startles.
2. **Light sleep**—You will notice your baby’s eyelids moving. This is a sign of brain activity, possibly dreaming. Your baby may also move a hand to the mouth. This is called “rooting.” It may mean that your baby is interested in feeding. In the deep and light sleep states, your baby can get used to repeated stimulation. Some noises will startle your baby. Some repeated sounds will drive your baby into a deeper sleep until your baby no longer startles.
3. **Drowsy**—Your baby is between sleep and wakefulness. Often the eyes roll up or cross (this is not a sign of eye problems). Your baby will respond to light and sound.
4. **Quiet alert**—Your baby’s face is “bright,” and your baby is alert and ready to play or eat. There is little movement in the arms and legs because all effort is directed toward working with the eyes. This is a good time to feed or play with your baby.
5. **Active alert**—Your baby’s eyes are open. There is increased movement of arms and legs, brow wrinkling, whimpering and sucking motions. You may also notice your baby breathing faster.

Reflexes

Babies have many reflexes at birth.

1. **Grasp**—Your baby will grasp anything placed in their hands, hold it for a short time and then let go. Although your baby cannot really hold onto anything with their feet, the toes will curl down when the ball of the foot is pressed.
2. **Head control**—When held against your shoulder, your baby may hold their head steady for a short time, and then it will fall forward. You will need to help support the head with your hand. Your baby can turn and lift their head from side to side while on the tummy or back, or while upright.
3. **Startle**—A sound, touch or flash of light may cause your baby to throw out their arms and open the fingers. If awake, your baby may cry suddenly from being surprised or upset.
4. **Rooting reflex**—When anything touches the cheek, your baby may start to suck or turn their head toward the side that was touched.

Please visit [healthychildren.org](https://www.healthychildren.org) for more information.

Sight

At birth, most babies can see eight to 12 inches away. This is about the length of a pencil. Your baby may follow a bright red, yellow or orange ball held within this distance.

Your baby likes to look at the human face. Hold your baby so they can see you. Move your face from side to side while talking. Watch as your baby follows you!

Babies enjoy designs in black and white or bright colors. You can draw your own black and white pictures, such as a simple face, a checkerboard or a bull’s-eye, for your baby to look at.

When alert, your baby may copy you if they see you stick out your tongue.



Hearing

Your baby's hearing is tested while in the hospital and you will be given the results. Babies can locate, follow and identify sound. Your baby will follow a rattle by sound as well as sight.

Babies like the human voice. Talk to your baby. Tell your baby what you are doing, or what they are doing. This will help to increase verbal skills. High-pitched, softly spoken words will hold your baby's interest.

Babies like music. Try different types. Singing also is a great activity.

Timeout signs

Your baby may get tired or lose focus and tune out stimulation for a short time. Your baby shows this with timeout signs.

Signs to watch for:

- Looking away—Allow your baby to look away, then come back to hold your gaze (some babies may do this five to six times a minute)
- Yawning
- Grimacing
- Hiccups
- Sneezing
- Crying (the last timeout sign)

Baby's cry

Your crying baby

It can be hard to take care of your baby. Listening to your baby cry can be frustrating and irritating, but crying is the only way your baby can let you know what they need.

Check your baby's basic needs

Your baby could be crying because they are:

- Hungry (feed slowly)
- Gassy (burp)
- Wet (change diaper)
- Tired (give a nap)
- Too hot or too cold (add or take off clothing)
- Lonely (pick up)

Check for signs of illness

Call your baby's doctor if you think your baby is sick.

Try different calming methods

- Take your baby for a walk outside.
- Take your baby for a car ride.
- Hold or rock your baby.
- Give your baby a warm (not hot) bath.
- Give your baby a soft massage.
- Sing or play music.
- Offer your baby a pacifier once breastfeeding is well established.
- Use white noise (background noise as loud as a shower) to drown out sounds. You can buy or stream white noise tracks or use sounds of recorded household appliances, like a vacuum cleaner, fan, dishwasher and clothes dryer. These are the safest options.

Stay calm and have a plan

If your baby keeps crying, stay in control and do not get upset. Remember, babies have bad days, too, and it will get better with time. Having a plan will help you stay calm during frustrating moments.

- Put your baby in a safe place, like a crib or playpen, and leave the room. Check on your baby every 10 to 15 minutes.
- Listen to music, watch television, exercise or relax.
- Call a friend or loved one.
- Eat regular, healthy meals.
- Get help from a friend or loved one and take a nap. Try to sleep whenever your baby sleeps.

Being a parent is stressful. It is important to set aside time for yourself. If you take care of your needs, as well as your baby's needs, you will be able to handle even the most stressful situations.



What is shaken baby syndrome?

“Shaken baby syndrome” describes the serious injuries that can occur when an infant or toddler is shaken. Young children, especially babies, have weak neck muscles and do not yet have full support for their heads. If a child is shaken, the brain moves back and forth within their skull. This can cause serious injuries, such as:

- Death
- Brain damage
- Blindness and eye damage
- Delay in normal development
- Seizures (uncontrolled shaking)
- Cerebral palsy (inability to fully control muscles and body movements)
- Hearing loss
- Speech difficulties
- Learning difficulties
- Damage to the spinal cord
- Paralysis (inability to move)

Head trauma is the most frequent cause of permanent disability or death in infants.

For more information on crying babies, visit purplecrying.info

Never, ever shake a baby

Adults sometimes think that shaking is not dangerous and is an okay way to discipline a child. But shaking should **not** be used with children of any age.

It may be hard to talk about, but tell everyone you know—never, ever shake a baby.

For more information about shaken baby syndrome, call the National Center on Shaken Baby Syndrome* at **801.447.9360**.

*Information taken from the National Center on Shaken Baby Syndrome at dontshake.org and SBS Prevention Plus

Urination, bowel movements and circumcision care

Urination

1. Change wet diapers right away. Keep your baby's skin as clean and dry as possible.
 2. Gently clean the diaper area with an infant wipe.
 3. Watch skin for signs of irritation. If redness develops, leave the buttocks open to the air.
 4. Check the baby wipes you are using. Alcohol in baby wipes can be drying.
1. Change diapers often.
 2. To prevent sticking to the diaper, use copious amounts of petroleum jelly on the gauze and cover the tip of the penis.
 3. The penis typically heals in three to five days (the skin will no longer look red and raw).
 4. During healing, you may see a white/yellow color on the tip of the penis. This is normal.
 5. Call your baby's health care provider if the penis becomes swollen, feels warm, bleeds or becomes sticky with discharge. Also call if your baby develops a fever or is acting sick.

Bowel movements

1. Some babies have a bowel movement with each feeding.
2. Bowel movements change in color and texture (firmness).
 - First 24 hours: Bowel movements will be thick, greenish or black, and sticky (meconium). Meconium should be passed by the third day.
 - After the second day: Brown to greenish
 - By the fourth day: Light in color (greenish, beige or yellow depending on type of feeding)
3. Breastfed babies tend to have looser bowel movements than formula-fed babies. Babies will have fewer bowel movements after one month.
4. Babies who are constipated may have hard bowel movements. If your baby is constipated, call your baby's health care provider. Do not use a laxative or suppository without asking your baby's health care provider.
5. Babies who have diarrhea may have three to four green, watery, foamy or bad-smelling bowel movements within three hours. If your baby has diarrhea, call your baby's health care provider.

If your baby was not circumcised

1. Change diapers often to keep the penis clean and dry.
2. Do not pull the foreskin back.

Please see **[healthychildren.org](https://www.healthychildren.org)** for more information.

If your baby was circumcised

Safety

How do I keep my baby safe while sleeping?

You should use these tips when your baby is going to sleep.

1. Place your baby on their back. (Your health care provider may have special instructions about sleeping positions, depending on your baby's needs. Please check with your health care provider for more information.)
2. Your baby's face should be uncovered.
3. Your baby should sleep in a separate bed (crib or bassinet) to help avoid suffocation. It is recommended that your baby sleep near you in the same room for at least the first 6 months of life. Always putting your baby in his or her own sleep space will help signal to your baby that this is the place for sleep.
4. Keep stuffed animals, toys and other objects out of the crib.
5. After breastfeeding has been well established (usually around one month), offer a pacifier to your baby when placing them down for a nap or at bedtime. Current studies show that babies who use pacifiers for the first year of life have a lower risk of sudden unexplained infant death. Do not force your baby to use the pacifier if your baby refuses it or is asleep. If you are breastfeeding, the American Academy of Pediatrics suggests offering a pacifier after one month of age or when breastfeeding is well established.
6. Do not use a pillow, feather bed or fluffy comforter. Bumper pads should not be used because of the risk of suffocation. Use "sleep sacks" rather than blankets.
7. Do not smoke around your baby.
8. Do not overheat or overdress your baby.
9. Do not allow your baby to sleep in a car seat or bouncy seat. Do not prop your baby for sleep.



A safe crib has:

1. A firm, tight-fitting mattress. Do not use water beds or water mattresses.
2. No loose, missing or broken hardware or slats.
3. No more than 2 $\frac{3}{8}$ inches between slats (the width of a soda can).
4. No corner posts more than $\frac{1}{16}$ of an inch above the frame.
5. No cutout designs in the headboard or footboard.

Home safety tips

Do:

- Plug electrical outlets with safety caps.
- Place a horizontal (side-to-side) gate in front of stairs before your baby starts to crawl. The gate should be a good fit to the opening of the stairs. Do not use accordion-style gates.
- Turn down the thermostat on your water heater to 120°F to prevent burns.
- Keep the sides of playpens and cribs up and locked at all times.
- Keep small objects off the floor. Use the right toys for your baby's age, and watch for toys belonging to older children.

Do not:

- Leave your baby alone on top of the changing table or counter. Keep one hand on your baby at all times.
- Leave your baby alone in a bathtub. If the phone rings, take your baby with you.
- Use infant walkers. They are a major cause of accidents.
- Leave electrical cords across the floor where they can be tripped over.

How do I keep my baby safe in a car?

1. When used correctly, child car seats can prevent or reduce injuries and save lives.
2. Always read your car seat instruction manual and your car owner's manual to make sure the child car seat is placed and installed correctly.
3. Children should face toward the back of the car (rear-facing) until at least two years of age. Most rear-facing convertible car seats can hold a child who weighs up to 40 pounds.
4. Replace a child car seat that has been in a crash. Check your child car seat manual for replacement information. Also check with your insurance company for possible replacement or reimbursement.
5. Check your child's car seat for an expiration date. Do not use a car seat made more than six years ago.

Additional child safety information can be found on these websites:

National Highway Traffic Safety Administration
[nhtsa.gov](https://www.nhtsa.gov)

National Safe Kids
[safekids.org](https://www.safekids.org)

Personal care

When should I call my health care provider?

You should call your health care provider (doctor, nurse or certified nurse midwife) right away if you have any of the following:

- Urgency (sudden, strong need) to urinate or burning when urinating.
- Bad-smelling vaginal discharge.
- Red or tender areas on your breasts.
- Severe pain in your abdomen (belly) or the site of your episiotomy (vaginal incision).
- Cesarean birth incision that is red, warm, draining, swollen or painful.
- Depression or mood changes interfering with daily activities, or the care of your baby or yourself.

Call your health care provider if you have any questions, doubts or concerns.

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Learn these POST-BIRTH warning signs—knowing what to do can save your life!

**POST-BIRTH
WARNING
SIGNS**

Call 911
if you have:

- ☐ **Pain in chest**
- ☐ **O**bstructed breathing or shortness of breath
- ☐ **S**eizures
- ☐ **T**houghts of hurting yourself or someone else

Call your healthcare provider
if you have:

(If you can't reach your provider, go to urgent care, an emergency room, or call 911)

- ☐ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ☐ **I**ncision that is not healing
- ☐ **R**ed or swollen leg, that is painful or warm to touch
- ☐ **T**emperature of 100.4°F or higher
- ☐ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

"I gave birth on [*date*] and I am having [*specific warning signs*]."



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This program was funded by **Merck for Mothers**, Merck's 10-year, \$500 million initiative to help create a world where no woman dies giving life.

Caring for myself

The uterus

- The uterus can be found just below your belly button.
- Use both hands to gently feel for your uterus through your abdomen.
- Your uterus should feel like a firm ball.
- It will become smaller about 10 days after birth.
- It will return to its pre-pregnancy size at six weeks after birth.

Abdominal cramps

- Are normal.
- Occur the first few days after birth.
- Can be caused by breastfeeding.
- Slowly shrink the uterus back to its normal size.

Comfort measures you may want to try include:

1. Abdominal breathing.
2. Relaxation.
3. Urinating.
4. Diversion, such as watching a movie, talking with someone or listening to music.
5. Acetaminophen (Tylenol®) or ibuprofen (Motrin® or Advil®) as directed by your health care provider.

Lochia (vaginal flow)

- Vaginal flow is much heavier than normal menstrual flow.
- You may notice bright red bleeding at first.
- At three to five days after birth, the color of the flow will change from red, to pink, to brown, to white.
- The process of healing may last four to six weeks.

Caution:

1. Too much activity will increase the flow.
2. Do not use tampons, deodorant powders on your pads or douches until you have seen your health care provider for your six-week checkup.

Periods

If you do not maintain milk production: Regular menstrual periods may start within 4 to 8 weeks.

If you maintain milk production (no pacifier use or supplementation): Menstrual periods probably will not start until 4 to 5 months after giving birth or until after milk production stops. This does NOT eliminate the chance of pregnancy.

Perineal care

1. Rinse the area around your vagina using a plastic squeeze bottle filled with warm water after urinating or having a bowel movement. Pat dry.
2. Change your pad each time you urinate.

Episiotomy or perineal tear

You may have had an episiotomy or perineal tear during delivery in the area between the vagina and rectum. Healing after an episiotomy or perineal tear can be uncomfortable. The pain can affect sitting, walking, urinating and bowel movements for at least a week. The stitches used to fix this incision or perineal tear will dissolve in 10 to 15 days. They will not need to be removed. Keep the area clean to prevent infection. Medicated pads or sprays can also be used.

To reduce soreness and increase comfort, sit in a bathtub of clean, warm water.

Bowel movements

You can expect to have a bowel movement one to three days after giving birth. To prevent constipation, drink plenty of fluids. Prune juice, fresh fruits, fiber (such as bran muffins or bran flakes), hot beverages or a mild laxative (such as Colace®) also may be helpful. Call your health care provider if you become uncomfortable.

Urination

It is common to urinate more than usual. Your body is getting rid of extra fluid from pregnancy.

Hemorrhoids

Hemorrhoids (swollen, painful veins around the rectal opening) are common with pregnancy and will usually go away within six weeks.

If you have hemorrhoids:

1. Sit in a warm bath three to four times a day.
2. Use witch hazel or Tucks® pads to help relieve the swelling and discomfort of hemorrhoids.
3. Keep the rectum clean by carefully wiping from front to back after each bowel movement.
4. Use a stool softener and/or eat a high-fiber diet.
5. Do not sit on the toilet for long periods of time.
6. Call your health care provider about using creams or suppositories.

Personal care

1. Shower or bathe every day. You may sweat a lot. This is normal.
2. Rest several times a day. Rest when your baby rests.
3. Increase activity slowly, following your body's cues.
4. Focus on your baby's care and your recovery—not on cooking and cleaning.

Activity

People who move after birth tend to heal more quickly and feel better sooner. This means getting up and moving around your hospital room or in your home. You can begin to walk with help in just a few hours. The first few attempts may be painful, but the movement is important for your healing.



You can get pregnant when breastfeeding.

Sexual activity

It is usually safe to begin having sex:

- Three to six weeks after birth
- When bleeding has stopped
- When stitches have healed

Many people do not feel sexual for weeks or even months after giving birth. There is no “normal time” to begin to have sex. Begin slowly with intimacy and some sexual contact. You will know when the time is right. Trust your body. It will also help to talk about your feelings with your partner and your health care provider.

Birth control

You can get pregnant soon after delivery, even if you are breastfeeding. Talk with your health care provider about birth control methods. There are many options that are safe for you and your baby, even if you are breastfeeding.

Do my breasts need special care?

If you do not breastfeed

1. Whether you choose to breastfeed or not, your milk may “come in,” and you may feel full and tight. You can relieve some of this pressure by wearing a supportive bra for one to two weeks.
2. Bathe every day, washing your breasts first with a clean cloth and plain water. Do not let the hot water spray on your breasts, as this may cause the fullness to increase.

How do I exercise after delivery?

Certain muscles in your body lose some tone and strength during pregnancy, labor and delivery. It is important to recover your muscle tone and strength before you resume your regular workload. For long-term comfort and well-being, it is important for you to take time to exercise. Here are some points to remember as you proceed with an exercise program:

1. Breathe as you exercise. Do not hold your breath.
2. Do only what you can do without pain or getting tired.
3. Do not try to achieve your goal too quickly. Doing too much can be harmful and make your recovery longer.
4. Get enough rest as you recover.

For more information on exercise after pregnancy, visit the American College of Obstetricians and Gynecologists website at [acog.com](https://www.acog.com).



Nutrition after delivery

Getting the right nutrition in the months after you have your baby is very important. In the first six weeks after delivery, focus on eating foods that are good for you and do not try to diet. Healthy foods give you energy and help with healing after delivery. After six weeks, aim to lose weight slowly, about one pound per week. Try eating balanced meals at least three to four times a day with a variety of food groups. Stock your kitchen with healthy foods and snack on fruits, vegetables, lean proteins and whole grains. Remember to drink plenty of water.

Good nutrition is even more important if your body is working to produce milk. Your body needs vitamins and minerals from healthy foods.

Everyone needs a different number of calories. How many you need depends on your body size and your activity level. In general, if you choose to produce milk, you will need about an extra 400 to 500 calories each day.

Visit **myplate.gov** for diet, calories and serving recommendations





Fluid needs

You will need about 8 cups of fluid every day or enough fluid so that you are not thirsty. Avoid fluids that provide only calories. Soda pop has no vitamins or minerals. You should drink something each time you feed your baby.

Vitamin and mineral supplements

Talk with your health care provider or a dietitian if you think more supplements are needed. Continue taking prenatal vitamins until you see your health care provider.



Mood changes after your baby's birth

Changes in mood resulting in sadness and anxiety are called Perinatal Mood and Anxiety Disorders (PMAD). This is more commonly referred to as Postpartum Depression, but the mood changes after birth are often more than depression and “baby blues”.

Common signs and symptoms of PMAD:

- Feeling sad or hopeless most of the time.
- Lack of interest in things you used to enjoy.
- Less interest in caring for yourself (dressing, fixing hair).
- Trouble concentrating.
- Trouble coping with daily tasks.
- Constant worry about your baby.
- Sleeping or eating too much or too little.
- Feeling very anxious or nervous.
- Unexplained irritability or anger.
- Unwanted or scary thoughts.
- Feeling that you are not a good parent.
- Thoughts of hurting yourself or your baby.

One in seven people are affected by PMAD after they give birth. PMAD can happen to anyone and all are at risk. These feelings can make it difficult for you to care for yourself and your baby.

If you experience any of the signs/symptoms listed above call your health care provider.

Perinatal depression and anxiety are common health conditions that need to be treated. You are not alone, there are treatments and services that can help you through this difficult time.

National Maternal Mental
Health Hotline
1.833.TLC.MAMA
(1.833.852.6262)

Postpartum Support
International
postpartum.net
800.944.4773

Taken from MDHHS, 2019: Depression and
Anxiety During and After Pregnancy

What do I need to know about abuse in relationships?

Domestic violence/intimate partner violence is a pattern of behaviors used by one person in a close relationship to control another. These behaviors may include physical; sexual and/or emotional abuse; isolation; destruction of property; threats; stalking; and/or intimidation.

Abuse can happen to anyone. All backgrounds, ethnic groups, cultures, sexes and ages are affected. In many cases, pregnancy can trigger abuse. If you are in an abusive relationship, you are not alone. The abuse is not your fault. Help is available. There are services that can help you find a place to live and get food, child care, counseling, legal assistance and protection. If you would like to talk to someone about this, there is a 24-hour crisis center and support group, or leave a message:

National Domestic Violence Hotline
800.799.7233 or text "START" to **88788**.
thehotline.org



Questions for my next appointment

Notes

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