

General Care of Your Newborn

Hospital Stay

You will gain your first experience with your newborn in the birth hospital. We encourage you to stay as long as you are allowed to maximize rest and recuperation. Keeping your newborn close by (in the room) is helpful in gaining knowledge about your baby's care and needs for the experienced hospital staff.

Once at Home

Once at home, continue to rest and recuperate. Use the pain medication offered to you by your obstetrician and continue your prenatal vitamins if you are breastfeeding. Visitors are okay from the beginning, as long as they do not have any ill symptoms. Your newborn will not need bathing, temperature measurements or any medical care prior to your first office visits, unless his/her condition changes. We would like to see your newborn in the office shortly after discharge, within the first 5 to 7 days. If you have any concerns or questions prior to the first appointment, do not hesitate to call. The following information is intended to address many common questions asked by new parents.

Call our office immediately if you notice any of these:

- Fever – over 100.4 rectal measurement in the first 12 weeks
- Absence of wet diapers for 12 hours
- Increasing jaundice (yellow skin)
- Excessive (unrelenting) irritability or crying
- Infant too sleepy to awaken for feedings at all

Infant Feeding

Hunger is the primary drive in the first weeks of life. We recommend “on demand” feedings in the beginning (NOT on a schedule). Most newborns will quickly fall into their own 2 to 4 hour schedule, depending on whether they are breast or bottle-fed. Newborn infants may require nighttime feedings until closer to 4-6 months of age. Remember that babies cry for many reasons, not just hunger. If your baby has been fed within the past 2 hours try other means of comforting him/her, other than feeding. Be aware that newborns suckle for enjoyment, and may continue this behavior after being fully fed. Therefore, limit a single feeding to a reasonable amount of time. Feeding your newborn can be frustrating initially, but it will soon become a pleasurable time for you and your baby.

Breastfeeding

We strongly encourage mothers to breastfeed their infants when possible. Advantages to the infant include protection from common viral illnesses including colds and stomach flu, excellent digestion

and optimal nutrition. Although breastfeeding is the natural way to feed a baby, this skill requires patience, practice and often hands-on help.

Breastfeeding begins immediately following birth in the hospital. Ask to feed your infant when possible in the delivery room. Frequent feedings are recommended in the first few days while your breasts are soft and staff is available to assist you. The frequency is on demand, but wake your newborn until feeding is well established if she/he sleeps over 3 to 4 hours in the daytime. Feeding duration should not exceed 10-15 minutes per breast to lessen nipple trauma. Early milk production is a thick liquid called colostrum, which is very beneficial to your baby. Expect your milk to come in by the end of day 3. Twenty-four hours later your baby should be making wet diapers and stools with nearly every feeding. If this is not the case, call your doctor. Breast milk stool, which follows the clearing of the meconium (thick, black stool), is yellow, watery and seedy.

Breastfeeding can occur anywhere in your home where you are comfortable sitting. We recommend the cross-cradle infant hold until you are experienced at latching your baby to the breast. Be sure the baby holds your nipple deep in his/her mouth to avoid nipple trauma. Limit feedings to 10-15 minutes per side, as most breast milk is removed within this time. Ideally, if breastfeeding is going well, your baby will not require any additional bottles of formula. Bottle feeding (or “supplementing”) a breastfed infant at this point is often confusing and counterproductive to the breastfeeding process. In most instances, it is usually best to not introduce a bottle until an infant is at least one month old. After the first month, there may be times when nursing is inconvenient. When bottle feeding is necessary, expressed (pumped) breast milk is best, but an iron-rich cow’s milk formula is a suitable alternative. There may be cases where your doctor recommends formula supplements for certain situations.

Breastfeeding can be a challenge to new mothers. In most cases, this quickly improves and becomes an enjoyable experience for both you and your baby. We encourage you to breastfeed as long as it remains enjoyable, with a goal of twelve months.

Bottle-feeding

On demand feedings are recommended for bottle-fed infants, initially. Most babies will take up to 2-4 ounces every 3-4 hours in the first weeks of life. We recommend an iron-rich cow’s milk formula as a first formula. Most infants will remain on the same formula for their first year. Please contact us before switching to a specialty formula. Refrain from using low-iron formulas as they are inadequate nutrition for growing infants, and may adversely affect neurologic development. Bottles require only dishwasher sterilization, and tap water (not from a well source) is safe without boiling. Formula can be warmed in a dish of water to room temperature or slightly warmer. Never microwave formula. Most babies will need to be burped once or twice during a feeding, and small amounts of regurgitation are normal. The addition of cereal to a bottle at night has proven NOT to be effective in helping infants sleep and is discouraged until discussed with the doctor.

Comfort Measures

Your own comfort should serve as a guide to room temperature, clothing and activities for your newborn. Newborns can overheat and should be dressed appropriately and kept out of direct sun in warm weather. Avoid crowded indoor spaces in public areas for the first 4-8 weeks of age.

Sleep

Newborn infants sleep an average of 16-22 hours per day. Your baby should **ALWAYS** be placed on her back to sleep. This has been shown to lessen the risk of Sudden Infant Death Syndrome (SIDS). Use a firm mattress and do not place a pillow or any other objects in the crib. Dress your infant appropriately for sleep so that nothing more than a thin cotton blanket is needed. Never place a comforter or heavy blanket over your baby. Co-sleeping (placing your infant in your own bed) increases the risk of SIDS and IS NOT recommended.

Bathing

It is only necessary to bathe your infant once or twice a week. The first bath must wait until the umbilical cord has fallen off; sponge bathe your infant until this occurs. Once the cord is gone, bathe your baby head to toe in a warm room with minimal drafts. Make sure that all of the necessary equipment (soft cloth, hair brush, gentle soap) is nearby. A special basin is not required but always hold your baby at all times while in the water. Never turn away or leave your infant during bath time. A mild, unscented soap is all that is necessary. Gently wash your infant from head to toe. No additional scrubbing is needed in the diaper area. Wash only the outside of the ears with a washcloth. Never use cotton swabs (Q-tips), as they can injure the ear and push wax in deeper. Infants do not usually require any lotions. If you feel that your baby's skin is dry, use an unscented lotion. Oils are discouraged because they can actually clog the pores and powder should not be used because it is very easy for your baby to inhale.

Umbilical Cord Care

Keep your infant's umbilical cord clean and dry. Keep the front of the diaper folded down so that the cord is exposed. We do not recommend applying rubbing alcohol to the umbilical stump. The umbilical cord will fall off in the first several weeks of life, and there may be a small amount of blood when this occurs. This is normal. Call your doctor if you notice a redness of the skin around the cord, any unusual drainage or foul odor.

Baby Boys

If your baby boy was circumcised, apply Vaseline or Neosporin ointment to the penis until it is healed, usually 5-7 days. This will prevent the healing skin from sticking to the diaper. As the circumcision heals you may notice a soft yellow covering develop; this is a normal part of the healing process. If you notice redness of the surrounding skin, bleeding or pus, please call the office.

Baby Girls

When bathing your baby girl it is important to gently separate the labial folds to prevent the formation of adhesions that may later be difficult to separate. Gentle wiping with soap and water is all that is necessary in this area as additional scrubbing may cause irritation. When cleaning your baby girl after a bowel movement, always wipe from front to back.

The hormones that are passed from mother to infant before birth can cause a small amount of white, mucous discharge from the vagina; in some girls a small amount of blood may also be seen. This is normal and will resolve as the hormones leave the body. These same hormones may cause your baby's breasts to be swollen at birth. The swelling will disappear within the first several months of life.

Jaundice

Jaundice is a yellow coloring to the skin that is common in all newborns. Parents may notice this color change in the first several days after hospital discharge. Jaundice usually peaks on the fourth to fifth day of life and disappears over the next week. If your baby appears quite yellow to you, if the yellow color reaches the legs, if your infant is increasingly sleepy, or not eating well, please call your doctor. A blood test may be necessary to determine the severity of the jaundice. Treatment for jaundice, if necessary, is simple and can often be handled at home.

Diapering

Newborn stools are yellow-brown/green and may be watery. They may look like diarrhea, especially in a breastfed infant. Bottle-fed infants may have firmer stools, and may only pass stool every 1-3 days. This is normal. It is common for infants to grunt and make other noises when passing a stool; this does not mean your infant is constipated. Newborns may produce urine with a salmon (pink-orange) color in the first few days of life. This is caused by urate crystals in the urine and is completely normal.

No particular brands of diapers or baby wipes are recommended. We do recommend frequent changing to keep the skin in the diaper area healthy. If your newborn shows any sign of irritation in the diaper area, consider using cotton balls with warm water instead of baby wipes for changing. Allow brief air drying of the area before replacing a clean diaper. If a rash develops in the diaper area keep the skin covered with a zinc oxide cream (Desitin, A+D), Vaseline, or Aquaphor. Do not use powder, as it is less protective and can be harmful if inhaled by your baby. If the rash has not improved in 2-3 days, call your doctor.

Safety for Your Newborn

Your infant should be in a rear-facing car seat placed in the center of the backseat of your car. Never place your infant in the front seat. Check your hot water heater and turn down the temperature to 120 degrees or less. Temperatures higher than this can scald your infant very

quickly. Make sure that you have working smoke detectors on every level of your home. Remember to check them each month.

It is best for your baby never to be exposed to cigarette smoke. Second hand smoke has been shown to increase the risk of SIDS (sudden infant death syndrome). In addition, infants exposed to second hand smoke may have more ear infections and be at increased risk for breathing difficulty. Our strong recommendation is that you never smoke inside of your home or in the car. Smoke remains in the fibers present in clothing, carpet, and furniture for days and continues to affect your baby long after the cigarette has been put out. Quitting is best for you and your baby, but if you cannot quit, we encourage you to smoke only outside.

Published to www.smallworldgahanna.com for patients of Small World Pediatrics.

Reprinted from Central Ohio Primary Care's *A Guide to Your Child's Health*.

Questions? Contact:

Small World Pediatrics
Office of Dr. Kathleen C. Stiles and Dr. Sean M. Vellucci
5175 Morse Road, Suite 400
Gahanna, OH 43230
(614)741-4411



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