



For Parents™



Caring for Your
Newborn



Take great care of the patient®

Birth Notes

Baby's Name: _____

Baby's Doctor: _____

Mother's Doctor: _____

Date of Birth/Time of Birth: _____

APGAR 1 Min./5 Min.: _____ Weight: _____

Head Circumference: _____ Length: _____

Hepatitis B Vaccine Given: Yes No

Mother's Blood Type: _____

Baby's Blood Type (*if obtained*): _____

This information is for educational purposes only and is not intended to substitute for professional medical advice. Always consult with a health care professional if you have any questions about the health of your baby.



Congratulations on the birth of your baby.

During the next several days and weeks, new parents can experience a mixture and range of questions and emotions about their baby's transition to life outside the womb.

While in the hospital, your baby will be seen by a clinical professional who could be a neonatologist, pediatrician, nurse practitioner or physician assistant. They are all specially trained to understand the changes that your baby is going through.

When your baby is ready to go home, the doctor or health professional that will care for your baby after discharge should receive copies of hospital records and any information relevant to the care of your baby.

This booklet will provide you with a sense of what to expect as you begin to care for your new baby.

Newborn Exam: Taking a good look at your baby

Your baby will be examined on several occasions throughout the duration of his or her hospital stay. The first exam, soon after birth, is a quick observation at one minute and five minutes of age. These observations are known as an APGAR score, which reflects your baby's initial adjustment to life outside the womb.

A clinician will examine your baby to determine the overall health of your baby. The clinician will begin by checking your baby's general appearance and activity level and then examine muscle tone and reflexes such as sucking and grasping. Your baby's head, ears, nose, mouth, chest, abdomen, genitalia and spine will also be assessed.

Here are details that may help you to understand what the clinician is looking for:

Eyes

The clinician uses an *ophthalmoscope* [of-thal-muh-skohp] to determine that the retina of the eye can be seen. If a red light reflex appears in the eye, then *congenital* [kuhn-JEN-i-tl] cataracts can be ruled out. The clinician can expect to be able to see the normal "red reflex" of the light that he or she shines on the retina through the ophthalmoscope.

Heart

The clinician will evaluate your baby's heart sound. One common condition is called an innocent murmur, which is a soft heart sound that occurs in about 30 percent of newborns. The clinician will determine if further tests are needed to evaluate sounds that may be present as normal or may be suggestive of congenital heart conditions that can be detected in the newborn period. If so, additional studies of your baby's heart may be conducted, or your baby may be referred to a pediatric cardiologist for further evaluation and treatment.

Extremities

The clinician checks to see that the arms and legs are moving normally. In some babies the hip examination reveals dislocation or looseness of the joint or signs of dislocation. Your baby's doctor will continue to check the hips as your infant grows.

After your baby is examined at the hospital, the clinician will plan to visit with you to discuss his or her findings, answer your questions and talk to you about newborn care. You should schedule your baby's first physician office visit while you're still at the hospital. Let the clinician know the name of the physician or clinic that will be caring for your baby after discharge so we can communicate information about your baby's first days.



Physical Characteristics

Most babies are between 18 and 21 inches long, and weigh between six and nine pounds. Newborns may lose four to eight ounces or up to 10 percent of body weight during the first four to five days of life. Your baby should be back to his or her birth weight within two weeks of age and should be gaining about one ounce of body weight per day during the first several months.

Skin

A newborn's skin may appear to be red, blotchy, dry or scaly. The most commonly appearing rash looks like red blotches with white centers and is called *erythema toxicum*

[er-uh-thee-muh tok si-kem].

This can appear anywhere on the body, and is usually first apparent from birth to two weeks. Erythema toxicum disappears after several days without any treatment or changes in skin care.



Milia are white bumps that appear around the nose and cheeks and sometimes the chin and forehead. These go away on their own, so there's no need to apply lotion or squeeze the bumps.

Jaundice [JAWN-dis] is a term used to describe a yellow color in a baby's skin and in the white parts of the eyes. Jaundice sometimes appears when there is a high level of a substance called *bilirubin* [BIL-ee-roo-bin] in the baby's blood. A high level of bilirubin is called hyperbilirubinemia. Bilirubin is a waste product formed when red blood cells die. Too much bilirubin in the body can lead to a type of brain damage called *kernicterus* [ker-NIK-te-res]. Although kernicterus is very rare, it can lead to severe problems with speech, hearing or movement (called cerebral palsy). A blood test for the level of bilirubin can help guide treatment for affected babies. Treatment for jaundice may include placing the baby under phototherapy or bili light, which is placing the baby under a special light.

“Storkbites” — clusters of small capillaries — can occur on the forehead, the bridge of the nose, on the eyelids or on the back of the neck. These marks usually disappear over time.

Head

The shape of your baby’s head may be oval or irregular, and may have palpable ridges. This is because most infants’ skulls mold somewhat to fit through the birth canal. This “molding” is temporary and should disappear within a week. Other types of swelling or bruising can result from the birth process. Your baby’s doctor can evaluate these and monitor their progress. Marks from forceps may be present on your baby’s cheeks, and redness or a sore may be present where an internal fetal monitor was attached. Most bruises and marks from birth disappear within several days.

A swollen area on the top of your baby’s head may indicate that pressure was present in a specific area during the process of birth. This too should resolve within several days. Contact your doctor if swelling persists or your baby’s behavior changes.

Eyes

Puffy eyes can be caused by pressure during birth or rarely, due to a local reaction to the antibiotic eye drops given right after birth. This swelling usually resolves within a few days. The baby’s eyes might remain closed a great deal of the time.

Nose

All babies sneeze and some will sound stuffy. Any dust or irritant is blown out by the sneeze. Babies in many high-altitude areas breathe dry air, so a humidifier may help. Saltwater nose drops may also be used. Mix one-half teaspoon of salt to one cup of boiled water, or purchase sterile saltwater at your local drugstore. Put two drops of cooled solution in each nostril. Then use the bulb syringe to suction out the fluid.

Physical Characteristics

Chest

Some babies, both girls and boys, have temporarily swollen breasts at birth. The nipples may ooze small amounts of milky white liquid. This is due to the mother's hormones and will go away by itself. Do not squeeze the nipples.

Abdomen

The abdomen may appear full. It should not be distended or firm. The umbilical cord should dry to a black, hard stick and fall off in one to three weeks. It is normal for babies to spit up. However, forceful or green stained vomiting are warning signs of serious conditions and the baby needs to be seen by his or her doctor quickly.

Genitals

Maternal hormones may cause swelling in the female genitals and possibly a white vaginal discharge. A small amount of blood may even appear.



All new parents must decide which type of feeding their infant will receive. Professional health care organizations, including the American Academy of Pediatrics and the National Association of Pediatric Nurse Associates and Practitioners, recommend breastfeeding for your baby's first year.

Breast milk is the best source of nutrition, particularly for the first six months of life. Human milk provides all the protein, sugar, fat and vitamins your baby needs to be healthy, and contains antibodies from the mother that can help the baby resist infections.

Experts agree that breastfeeding your baby for any length of time is of benefit to both the mom and baby. Research indicates that breastfed babies may have less-frequent occurrences of ear infections, allergies, vomiting, diarrhea, *pneumonia* [noo-mohn-yuh], *bronchitis* [brong-kahy-tis], *meningitis* [men-in-jahy-tis], many childhood cancers and Sudden Infant Death Syndrome (SIDS). Research also supports a reduced risk of obesity, high blood pressure and tooth decay later in life.

The decision to breastfeed or bottle feed will depend on many situations or circumstances. How and what your baby eats may ultimately depend on the infant's physical condition and the mother's health after childbirth.

Breastfeeding

Breast milk will come in about two to five days after the birth of your infant. The glands produce milk in response to the demand made by the baby's sucking. The more frequently you nurse, the more milk you will produce. Once your milk is in, your breasts will feel fuller and heavier at the start of a feed. As "let down" occurs, the breast will empty and will feel less pressured by the end of the feed.

Nutrition

When breastfeeding, it is best to let your baby eat until finished. When your baby is done, burp and switch breasts. Alternate the breast with which you start each breastfeeding session. A hungry infant can empty a breast in five to seven minutes. If you have concerns about your infant's feeding, contact your lactation consultant or the newborn nursery nurse. To avoid cracking and soreness, you may apply lanolin, petroleum jelly or vegetable oil to your nipples and areola after feedings. Your nipples may be tender the first few days of breastfeeding. Discomfort that persists more than a few minutes may be due to poor positioning. Often, your baby does not have enough of your nipple in its mouth; better positioning may help. Should you develop severe nipple pain or pain beyond the first week, consult your baby's doctor.

Mothers who breastfeed should not smoke. It is important to consult your physician or lactation consultant before taking any medications or drugs.

Vitamins

Breastfeeding moms should continue to take their prenatal vitamins as long as they are breastfeeding. Prepared formulas are fortified with vitamins, so there's no need for additional supplements.

Bottle Feeding

If you selected bottle feeding as the source for your baby's nutrition, here are some ideas on how to create a safe, nurturing and loving experience. Most experts recommend a demand schedule. In other words, your baby will let you know when it's time for a feeding. Some babies will prefer frequent (every two to three hours) small feeds while others will take larger amounts in fewer feeding sessions. During bottle feeding you are encouraged to cradle your baby close to your body. Even when your infant is old enough to hold a bottle, cuddle your baby during each feeding. Hold the baby in a sitting position in your arms so gravity helps the milk to flow into the stomach. Holding the bottle at an upright angle to keep the nipple completely covered by formula helps prevent your baby from swallowing air and developing gas. Burping midway through

feeding and after feeding can relieve swallowed air. Never prop the bottle with a pillow or blanket as the nipple could lodge in the back of the throat and interfere with breathing. If your baby falls asleep during feeding, don't force-feed any more nutrition. Their natural appetite control will tell him/her when to stop. Enjoy your bottle feedings as you begin to establish a foundation of love and trust to last a lifetime. If you give your baby formula, the American Academy of Pediatrics recommends formulas supplemented with iron. Iron-containing formulas do not cause constipation, colic or diarrhea. Iron is needed for rich blood and normal brain development. Since the stomach emptying time is longer for bottle fed babies, they often require less frequent feedings than their breastfed counterparts. It is important to mix the formula according to the manufacturer's specifications to achieve the correct concentration. A formula too dilute or too strong is dangerous to your baby. Keep formula refrigerated after opened. If some formula is left in the bottle after feeding, discard it. Formula that has been left out at room temperature over one hour will grow germs before the next feeding and should be discarded.

Day	Average Amount of Formula Taken
Day 1 and day 2	1/2 - 1 ounce every 4 hours
By day 5	1/2 - 2 ounces every 3 hours
By 2 week exam	2 - 3 ounces every 3 hours
1 - 2 months	3 - 4 ounces every 3 to 4 hours
3 - 4 months	4 - 5 ounces every 3 to 4 hours
5 - 6 months	5 - 6 ounces every 3 to 4 hours

Sleeping Habits

Infants usually sleep 15-19 hours a day. Some babies seem to need less sleep than others. All babies make irregular movements and noises in their sleep. Babies even get the hiccups.

The crib, bassinet or cradle should have a firm mattress and be covered with a waterproof covering meant for mattresses. Do not use lightweight plastic, dry cleaning bags, etc., which could cause the infant to suffocate. Babies should never be placed on waterbeds as their heads sink in the mattress and breathing can be difficult. Your baby should sleep on its back and never be placed face-down to fall asleep. There is an increased risk of Sudden Infant Death Syndrome (SIDS) for babies who are placed face-down to fall asleep. Do not over wrap your baby.

Fussiness

Some fussiness is expected in normal babies. At six weeks, the usual peak of fussiness, babies can spend an average of two and a half hours crying each day. Recent evidence suggests that responding to the crying baby by meeting its needs could lessen the time spent fussing.

Suggestions to follow:

1. In an attempt to discover why your infant is crying, consider these possibilities:
 - The baby is hungry and wants to be fed
 - The baby wants to be held (walk the baby around holding him/her close to you)
 - The baby is bored and wants stimulation
 - The baby is tired and wants to sleep
 - The baby's diaper is wet or dirty
 - The baby needs to burp

2. If the crying continues for more than five minutes with one response, then try another.
3. Decide on your own in what order to explore the above possibilities.
4. With breastfeeding, don't be concerned about overfeeding. For bottle feeding, you should contact your health professional for recommendations.
5. Don't be concerned about spoiling your baby.
6. NEVER, NEVER, NEVER shake your baby to calm him/her down. If you feel overwhelmed by a fussy or crying baby that has not responded to the simple hints above, call a friend, a relative or a neighbor. If your baby's fussiness is worse than usual or you are concerned that he/she is ill, call his/her doctor. If all else fails, put the baby in his/her crib making sure he/she is safe, close the door, and check on him/her every five minutes or so. For information on the dangers of a shaken baby visit: www.dontshake.org.



Bladder and Bowel Movements

Bowels

Babies have varying patterns for bowel movements. There is no standard for the number of bowel movements that a baby should have each day. Initial bowel movement called *meconium* [mi-koh-nee-uh-m] is black and sticky. Within a few days it should turn to light yellow-green and have a soft, pasty consistency. Breastfed babies may stool four to eight times per day. In the first few weeks, if the breastfed infant stools less frequently than two to four times a day, it may mean the baby is not getting enough milk. Bottle fed babies establish their own pattern in the first week of life. As long as the stool is soft, you should not be concerned. Sudden increases in frequency may indicate diarrhea.

Breastfed stools are often described as cottage cheese and mustard in a watery base. Call your baby's doctor if you are not confident that the feeding is improving.

Bladder

Your baby will wet several times a day. If urine is pale yellow in color and does not have a strong smell, the baby is wetting enough and receiving enough fluids. After the first 24-hours, breastfed infants wet two to five diapers a day before your milk comes in. Once your breast milk is established, your child should have six to eight wet diapers per day. Bottle fed infants wet six to eight diapers a day as well.

If your baby wets a diaper eight to 10 times a day and is gaining weight, the milk intake is adequate.

Bathing

Until the umbilical cord has been off for 48-hours sponge bathe only. Be careful, since a wet baby is slippery. Bathe two to three times a week with minimal amounts of a mild, fragrance-free soap. To prevent scalding set the temperature of your household water heater at less than 120° Fahrenheit.

Skin Care

Your infant's skin may be dry and flaky. This condition will usually remedy itself. You may try a small amount of Alpha Keri™ lotion, Aveeno® baby lotion, or Eucerin™ cream. Scented or colored creams, lotions or powders are not recommended. These may create skin irritations. Baby oil on the scalp or skin should be avoided. These preparations tend to clog the skin's pores and may cause "cradle cap."

Wash your baby's hair with a mild baby shampoo. Use firm finger pressure over the entire scalp (including the soft spot) and rinse. If you choose to use oil, apply it right before the baby's bath, comb hair with a fine baby comb, and wash within one hour. Trimming nails takes special care. The cuticle comes out on the underside of the nail and is easily cut. Softening in water and then using an emery board is safe.

Cord Care

The umbilical cord will dry and fall off in one to three weeks. The cord should be kept clean and dry. If the area becomes soiled, cleaning with water is recommended. Try to keep the diaper away from the cord area to allow air drying. There may be a small amount of bleeding when the cord comes off. Continue treating the cord area for several days after the separation to allow complete healing. Watch for any redness around the navel or any yellow-green drainage. This may indicate a serious infection. Wash your hands often and do not use belly button bands, coins or tape to "hold the belly button in." This may cause infection in your infant.

Tests, Procedures and Illness

Routine Tests and Screens

While your infant is in the hospital, a small blood specimen will be drawn for genetic screening. The genetic screening is required by state law to rule out certain metabolic conditions and disorders. Screening is important because babies may not show obvious signs that they have one of these disorders until after health complications have developed.

Every state currently manages a program to screen newborns for inherited disorders. While more than 50 disorders exist, the number of disorders included in state programs varies.

During your hospital stay, your baby's hearing will be screened. Hearing loss is one of the most common birth defects, occurring in approximately three out of every 1,000 babies born today. It can easily be overlooked because infants and toddlers cannot tell us they are unable to hear. The most critical years for speech and language development are from birth to three years of age. Early detection of hearing loss enables parents to obtain the special attention their child will need for language development as well as social, emotional and academic development.

Your baby's hearing will be tested using appropriate hearing screen equipment. Soft sounds will be presented to your baby's ear through earphones. Your infant will feel no discomfort or pain. In fact, the screening can be given while your baby is asleep. It will show whether your newborn's hearing may need additional diagnostic testing.

Vaccinations

Regular checkups at your baby's doctor's office are an important way to keep children healthy. The American Academy of Pediatrics recommends that all infants receive the proper immunizations before two years of age. Immunizations protect children against: hepatitis B, polio, measles, mumps, rubella, pertussis (whooping cough), diphtheria, tetanus, haemophilus influenzae type B, pneumococcal infections and chickenpox.

Hepatitis B virus can be passed on to newborn babies at the time of delivery. Therefore, the first vaccine dose may be given before the infant is discharged from the hospital or at your doctor's office during a routine visit. The most common side effect of the vaccine is soreness at the injection site. No serious side effects have been linked to giving hepatitis B vaccines to children. If you are hepatitis B positive, your baby will have received hepatitis B vaccine and HBIG (*Hepatitis* [hep-uh-tahy-tis] B *Immunoglobulin* [im-yuh-noh-glob-yuh-lin]). It is extremely important that your baby receive a hepatitis vaccine at one and six months of age.

Remember to keep track of your child's immunizations. Refer to the American Academy of Pediatrics' recommended immunization schedule for persons aged 0 through 6 years. If you have any questions or concerns about immunizations, discuss it with your baby's doctor during your office visit or call your local health department. For more information visit: www.cdc.gov/vaccines/schedules/easy-to-read/child.html.

Circumcision Care

Circumcision is the removal of foreskin from the end of the penis. This is an optional procedure that can be performed using different methods. The Plastibell Technique leaves a plastic ring tied to the tip of the penis with string. The ring will fall off in five to seven days. Routine washing is all that should be done. The Gomco or Mogen techniques expose the glans or head of the penis. Following the procedure, the glans may become covered with a crusty yellowish coating. This is normal and is no cause for concern. Petroleum jelly may be applied lightly to the glans after diaper changes for three days to prevent the area from sticking to the baby's diaper. Watch for redness or swelling of the shaft, as this may be an indicator of infection. If your infant is uncircumcised, do not attempt to retract the foreskin. You need only to cleanse the external area with soap and water. The foreskin will naturally retract by three to four years of age.

Tests, Procedures and Illness

Signs and Symptoms of Illness

The following are indicators that your baby may be getting ill:

- Poor feeding — the most reliable sign of significant illness is poor feeding. Minor illness does not greatly affect the feeding pattern. Urine output (frequency of wet diapers) is maintained with continued reasonable intake. Decreased vigor of feeding or decreased intake and output should be cause for concern.
- Vomiting — not keeping down any formula or breast milk. This is different from just “spitting” which is common for many babies.
- Diarrhea — stools become liquid, green and more frequent than six times a day. Often, there will be lumps of mucus or even streaks of blood in the diaper.
- Fever — an axillary or under arm temperature of 100° Fahrenheit is considered significant in infants less than two months. Notify your doctor of fevers documented during this period. If your baby is not feeding well, has increased fussiness or other symptoms of infection, the temperature should be taken. If you need to review how to take a temperature, ask your nurse.
- Activity — increased fussiness or marked increase in sleeping hours may indicate illness.

If your baby shows any of these signs of illnesses, consult your baby’s doctor immediately.

Auto Safety

It is very important to always use a car safety seat, starting with your baby's first ride home from the hospital. Be sure to have an infant car seat with you for your baby's discharge. There are lots of different kinds of child safety seats. The car seat should be less than five years old and not used beyond its expiration date. For more information on car seats visit: www.healthychildren.org/English/safety-prevention/on-the-go/pages/Car-Safety-Seats-Information-for-Families.aspx.

Smoking

In recent years there have been many studies about the bad effects of smoking, both to the smoker and others inhaling the smoke. For some time, it has been recognized that smoking during pregnancy contributes to an increased risk for growth retardation of the fetus, prematurity, perinatal mortality and cancer in childhood.

There is good evidence that growth after birth is also affected by exposure to cigarette smoke. There is higher incidence of respiratory, throat and ear infections, and wheezing in infants and children who are exposed to smoke. These problems tend to be more severe when more than one member of the household smokes.

Sudden Infant Death Syndrome (SIDS) or Crib Death is feared by all parents. Although there is no single known cause for SIDS, there are several known contributing factors, one of which is cigarette smoking.

If you or anyone in your family smokes, please consider the risks passive smoke presents to your baby. Make your baby's home a smoke-free environment.



About Pediatrix Medical Group

Your newborn was cared for by a Pediatrix Medical Group clinician. Pediatrix Medical Group is the nation's leading provider of maternal-fetal, newborn and pediatric subspecialty physician services. Pediatrix Medical Group partners with hospitals across the country to provide care to newborns.

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