



Your Newborn Information for Parents

Congratulations on your new baby!

Name:	Date:
Height:	Weight:
Head Circumference:	Age:
YOUR NEXT VISIT IS ON:	

Development

Gross Motor (large muscle groups): Raises head slightly when lying on stomach, moves arms and legs simultaneously. Newborns have natural reflexes at birth that decrease over time, especially startling easily, sucking when hungry and grasping anything that touches their hands.

Language: Cries, makes some response to sound.

Vision: Sees objects best at 8 to 10 inches (the perfect distance to focus on the face of the person feeding the baby). Follows slow-moving objects. Looks at and responds to faces.

Social development: Recognizes familiar voices. Calms to high-pitched, soft voice; quiets to gentle touch, rocking and holding.

Feeding

Learning to breastfeed takes time for both mother and baby and sometimes additional support. Please see the extensive breastfeeding handouts in PAMF's newborn packets, usually given in the hospital after birth.

If using formula, use one that is iron fortified and offer as much as your baby will take. Feed whenever your baby signals hunger. Do not warm bottles in the microwave oven, because microwaves can heat bottles inconsistently, resulting in some areas of the milk becoming quite hot while others are still cool.

If planning to introduce a bottle in a breastfed baby, wait until breastfeeding is well established.

Pacifiers are generally unnecessary, especially for breastfed babies. Avoid offering a pacifier until breast-milk supply is well established.

If breastfeeding, do not use recreational drugs or cigarettes. Drinking alcohol in moderation (one drink or fewer each day) is fine. Consult with your doctor about any medicines you are planning to take.

If you do smoke, please ask for help in quitting. Don't let anyone smoke in the house or near the baby.

Do not give honey during your baby's first year, because it can contain harmful bacteria.

Bowel Movements (Stools): What's Normal?

Once a newborn has passed the initial meconium (sticky, tarry black stools), then the stools will change. Stools commonly are yellow, seedy and fairly runny and have a musty odor. Sometimes a healthy baby will produce a green stool, and this is not an indication of trouble. Bottlefed babies' stools may be pastier than those of breastfed babies. Babies may show dramatic facial expressions, pass gas, strain and draw their legs up when passing stools. This is normal as long as the stools are soft and there is no pain.

How often should my baby have bowel movements?

Once the meconium is passed, breastfed babies will have bowel movements with most feeds, or every few hours. The number of stools often declines after age one month. More important than the frequency of your baby's bowel movements is whether your baby is eating eagerly, seems comfortable and consolable and is gaining weight properly. Constipation rarely occurs in breastfed babies drinking adequate amounts of milk. If your breastfed baby is producing fewer than three stools a day, then the milk intake may not be sufficient and we should check the baby's weight gain.

Formula-fed babies sometimes have firmer and/or less-frequent stools. If your formula-fed newborn has hard, pebble-like stools or significant pain with stooling, or does not pass a stool in five days, then you may try to stimulate the baby to pass a stool by inserting an infant glycerin suppository into the baby's anus. Call your provider if the problem persists.

Skin Care

Newborn babies' skin often will peel or flake. This does not mean the skin is dry. This peeling is a natural process, part of the newborn's adjustment to life in open air outside the liquid in the womb. No special lotions or oils are needed.

Preventing/Managing Diaper Rash

Your newborn's skin is quite delicate. Clean thoroughly but gently after each bowel movement (as many as 12 times a day for a newborn!). Use a dabbing motion rather than rubbing. Clean a girl's diaper area with motion from front to back to avoid urinary tract infections. If your baby boy is uncircumcised, then no special attention is needed to clean the penis. The foreskin covers the head of the penis and is not retractable at birth. Do not force the foreskin back. It gradually becomes retractable, almost always by age 5-7 years. Cleaning the penis is the same as for the rest of the diaper area. If your baby boy is circumcised, please read the information you were given at the time the procedure was done regarding care for the penis.

If using commercial wipes, invert the container between use so that the top wipes are always very moist and therefore less abrasive. If the baby's bottom becomes irritated, you may want to use wet, soft paper towels or "cotton" balls (actually, it's often easier to find polyester balls) instead of the commercial wipes. Some parents keep a Thermos jug of warm water and a roll of soft paper towels or "cotton" balls on the diaper table. Pat bottom dry and then allow to air dry for a few minutes.

Irritated skin often heals more quickly if you dry the baby's bottom with a blow dryer on cool or low warm setting for just a minute and then expose the skin to air as long as is convenient. Make sure the diaper area is dry before covering with a soothing ointment such as A & D Ointment®, Vaseline Petroleum Jelly®, Desitin® or other similar cream. Contact us if irritation increases and if the skin looks "angry" and red.

Caring for the Umbilical Cord

Clean around the base of the umbilical cord where it attaches to the skin. Use a Q-tip moistened with isopropyl (rubbing) alcohol at least once daily or whenever soiled. There are few nerve endings in this area, so don't be squeamish. Let us know if the skin around the cord becomes red or if you notice a discharge or foul odor from the cord's base. Do not immerse the baby's belly in water until the cord has fallen off and the navel is dry.

Cleaning/Bathing

Newborns do not need and should not have full baths. Do not immerse the baby's belly in water until the umbilical cord has fallen off, usually by two to three weeks (and until penis is healed, if the baby has been circumcised). Until these areas have healed, use warm water and a soft washcloth to clean areas that become soiled, typically the face, hands and diaper area. Soap is usually not needed.

Safety

Place car seat for infant in the center of the second row of car, with infant facing the rear. Make sure baby is securely buckled, with the harness straps at or slightly below the baby's shoulder level. All passengers should use appropriate seats and seat belts in a moving car. Never remove the baby from a car seat when the vehicle is moving. For more information about car safety, call the Auto Safety Hotline at 1-800-424-9393, or check www.buckleupamerica.org.

Do not leave the baby unattended on bed, table, couch, etc. Never leave the baby alone in a car or house. Do not leave young siblings or pets alone with infant.

Do not jiggle or shake baby's head vigorously.

Do not place a string or necklace around the baby's neck. If you are using a pacifier and wish to attach it to the baby's clothing, keep the string shorter than three inches. Likewise, use strings shorter than 3 inches to hang objects from the crib.

Consider taking an infant CPR class through your local hospital or Red Cross.

Make sure your smoke detectors are installed properly. Check the detectors monthly; replace the batteries yearly. Carbon monoxide (CO) detectors should be installed throughout the house in at least every bedroom. These can be combination smoke/CO detectors. CO detectors should also be checked regularly and the batteries replaced yearly.

Set hot water heater temperature to lower than 120° F.

Do not drink hot liquids or cook over a stove while holding your baby.

If there are guns in your home, always lock them out of reach and unloaded. Lock ammunition separately from firearms. Use safety locks on guns. Make sure the people you and your children visit do the same.

Understanding and Responding to Baby's Cries

Crying increases over the first six to eight weeks, then begins to taper off. There may be no identifiable cause of crying (perhaps to release stress). In newborns, assume that crying means hunger and offer feedings. If feeding does not relieve crying, try swaddling and cuddling the baby. Call us if these measures don't work.

Allow yourself time to get out alone occasionally. Try to nap when the baby naps. Let others help with the baby while you get some rest. Consider joining a "New Mom and Baby" group. Getting together with other new parents can be very reassuring, educational and fun! Check your local newspapers and parenting magazines.

Sleep

Newborns typically have one four- to five-hour sleep period, often occurring during the day. Parents can gradually shift this from day to night by keeping stimulation to a minimum during normal sleep hours and lights low during nighttime feeds. Many newborns can sleep five consecutive hours once feeding is well established.

Preventing SIDS (Sudden Infant Death Syndrome)

We do not know what causes SIDS. But we do know that putting babies to sleep on their backs and avoiding overheating decrease the chance of SIDS. So we recommend "Back to Sleep": Place your baby to sleep on his/her back on a firm mattress. Don't use soft pillows, plush toys or water beds. Dress your baby in only one more layer of clothing than you would wear to be comfortable for the weather. Swaddle baby in one receiving blanket for sleep. For more information, contact the California SIDS Program: 1-800-369-7437.

Toys and Stimulation

For babies less than three months old, the most stimulating "object" is YOU! Getting to know your face, your smell, your voice and your touch is fascinating. Toys really aren't necessary.

Baby will stare at patterns of black and white or sharply contrasting colors, such as dark red and pale yellow.

Play music.

Hold your baby for fussy crying and carry your baby when he/she isn't crying, too! You cannot spoil your newborn! Feel comfortable responding to all your baby's signals for attention.

Postpartum Support for Parents

For informal parent-baby play groups, consult your local newspaper or parenting magazines.

Becoming a parent for the first time or adding a new member to your family is a challenge and huge change in your life. If you find yourself depressed or sad or overwhelmed, please let your doctor or your baby's doctor know. We can help.

For individual counseling, call your mental health provider (check the telephone number on the back of your insurance card), your obstetric provider or your baby's doctor.

Check your local hospital or your baby's doctor for a community postpartum support group.

Bay Area Postpartum Hotline and Health Alliance of Northern California: 1-888-773-7090.

Colds

Babies often sneeze, but this is not necessarily a sign of a cold. However, if your baby sounds congested, coughs and has some nasal drainage, a cold may have developed. Most colds are mild and don't interfere with normal feedings and sleep. Steps to make your baby more comfortable include:

Elevate the head of the crib – adjust the crib setting, place books under the head end of the mattress, or let baby sleep in the infant seat.

Run a cool-mist vaporizer.

Use an infant bulb syringe (aspirator) to gently suction mucus from the nose. Saline (salt water) drops may be helpful because they loosen the mucus. Add two to three drops in each nostril prior to suctioning. These drops may be purchased without a prescription or made at home by adding one teaspoon of salt to one cup of room temperature water.

Call us if your baby has a rectal temperature of 100.4° F (38° C) or higher, or is coughing frequently, refusing to eat, or otherwise appears ill.

Suggested Reading for Parents

Infants and Mothers: Differences in Development, T. Berry Brazelton, M.D.

The Baby Book: Everything You Need to Know About Your Baby From Birth to Age Two, William Sears, M.D., and Martha Sears.

Your Baby and Child: From Birth to Age Five, Penelope Leach.

Caring For Your Baby and Young Child: Birth to Age Five, American Academy of Pediatrics, Stephen Shelov, M.D.

Bestfeeding: Getting Breastfeeding Right for You, Mary Renfrew et al.

Child of Mine: Feeding With Love and Good Sense, Ellyn Satter.