

## Newborn Tips

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### Bathing

It is important not to over-bathe your infant. Your baby's face and diaper area do need to be clean, but the rest of your infant's body does not require frequent bathing.

You may give your baby clear-water sponge baths 2-3 times per week until the cord has fallen off (usually within 10-21 days) and the navel is dry (an additional 3 days). Then, tub-bathe your infant with water and mild soap, such as Dove, 3 times per week. You should also wash your baby's hair and scrub the scalp with a washcloth or baby brush to prevent [cradle cap](#).

### Swollen Breasts

Due to the high circulating levels of maternal estrogen in your baby's bloodstream, you baby may have noticeable mounds of breast tissue present. This temporary breast enlargement will usually resolve by several weeks of age. Do call us if one breast seems more warm and tender than the other or the swelling lasts more than one month.

### Care Seat/Safety

The use of car seats is mandatory by law to protect your baby from serious injury in case of a car accident. The car seat is an essential investment in your baby's safety. It must be used on the first ride home and all subsequent rides. You arms or lap are not a substitute for a car seat. Only an approved and properly installed car seat can protect your baby. If you do not already own one, please ask for our recommendation.

## **Choking**

Choking is a common concern of parents but a rare occurrence for normal infants. Occasionally a baby will gag on milk or mucous, but generally he can clear this on his own.

If this is unsuccessful, you can help your baby by facing him in a head-down position and giving a firm blow with a cupped hand between the shoulder blades. This is especially helpful if solid foods are trapped.

We do not recommend using the Heimlich maneuver in children. Nor do we suggest blowing or throwing water in his face, etc. If all else fails and your child continues to choke and turn blue, call 911 immediately for emergency assistance.

## **Clothing/Room Temperature**

Overdressing you baby is a common tendency. Instead, dress your infant as you are dressed to be comfortable in cold or warm environments. In general, loose-fitting, cotton clothing is recommended. Wash clothing in a mild detergent before first wearing because your baby's skin is very sensitive. We suggest Cheer-Free™ or Dreft™ detergent, one extra rinse cycle, and avoiding the use of fabric softeners and perfumed anti-static sheets.

Room temperatures between 67° and 70° are most desirable. Try to keep the temperature steady and avoid placing your baby in drafts.

## **Cord Care**

The umbilical cord should be cleaned 4 times daily. Gently pull up on the cord to expose the yellow-colored or reddish cord base. Use alcohol on cotton balls or Q-tips to clean this area around the cord until it is free of yellow mucous or sticky matter. Cleaning the dark tip of the cord is not sufficient – you must clean up the base of the cord, too.

You cannot hurt your baby by pulling on the cord with gentle pressure. The cord will usually fall off after 1-2 weeks, but may take a full month to come off. Call us if the cord remains after a month.

There will also be some scant bleeding noted as the cord begins to detach from the stump. Large amounts of bleeding are unusual, and you should call if that happens. Also, call us if the cord area continues to ooze fluid/blood for more than one week after the cord falls off or foul odor occurs. You may begin regular sponge baths once the cord is gone.

## **Cradle Cap**

Excess secretions from oil glands in the scalp can lead to a buildup of a yellow, waxy material. This is cradle cap and is usually seen at or about one month of age. It is treated by shampooing those areas aggressively while bathing and scrubbing with a soft brush. Don't be afraid to work over the soft spot as well. If these measures fail, please call us for specific recommendations.

## **Crying**

All babies cry to communicate, though the amount varies greatly. You will soon come to know what your baby's different cries mean. He may be hungry, wet, tired, or ill. You may worry about spoiling a crying baby by frequently picking him up. Most pediatricians agree that this is not possible in the first six months of life. If your baby cries excessively or is difficult to console, you should call us.

## **Diapers**

Your choice of disposable or cloth diapers will depend on your own needs for cost and convenience. Both choices are effective in reducing diaper rash.

Disposable diapers should be non-powdered (for example, Huggies™). The fragrance may cause diaper-area irritation. We discourage the use of powders, cornstarch, etc., as your baby breathes these aerosolized substances with every change, which, in the long run may be harmful to your baby's lungs.

Cloth diapers should be washed in a mild detergent (for example, Dreft™). They should be rinsed twice to remove residual laundry soap that can irritate your baby's sensitive skin.

Frequent change of diapers will reduce direct skin contact with stool and urine. These waste products are largely responsible for diaper rash and irritation.

## **Eyes**

Your baby's eyelids may be puffy and closed much of the time during the first few days of life. The normal newborn can see, however. State law requires that a medication to prevent infection be instilled into your baby's eyes after birth.

It is common for babies to accumulate a clear eye drainage that can be cleaned with a wet cotton ball. If the drainage looks infectious (yellow-green discharge), please call us for specific information. Also, in many normal infants the eyes cross or wander, but proper alignment should be achieved by four months.

## **Fingernails/Toenails**

The fingernails and toenails of the newborn infant are sharp and thin. Trim the nails only after they grow beyond the nail bed, using dull baby scissors or a nail file to remove any rough edges. Cut the nails squarely. You may have the best success trimming the nails while your baby sleeps.

Ingrown nails, especially toenails, are very common. It may help to keep the nails closely trimmed. Soaking the skin near the nail and massaging the skin away from the nail may also help.

## **Genitalia**

**Females:** Your baby girl's labia may appear swollen 1-3 days after birth. It is normal to see a small amount of a milky, mucousy vaginal discharge as a result of the stimulation by the female hormone estrogen.

You may also see a small amount of vaginal bleeding from 1 to 4 weeks. This is usually normal, but please call us anyway to be sure. No vigorous cleaning of this area is necessary. Clean away urine and stool with clear water wiping toward the rectum.

**Males – Uncircumcised:** In the early months, use only clear water to cleanse the uncircumcised penis. **No foreskin retraction is required.**

**Males – Circumcised:** The circumcised penis usually appears red, with some yellow matter present as part of the healing process. Wash the area with water at least daily and let air dry. Apply Vaseline™ at each diaper change to prevent sticking to the diaper. Continue this for the first two weeks.

For infants circumcised with a plastic ring, care is the same. The ring will fall off spontaneously in about a week. Do not attempt to remove it, even though it appears to be attached in only one spot. Call us if there is increased swelling, redness or active bleeding, fever, or if the end of the penis appears deep blue while the ring is still in place. A pale bluish hue at the glans of the circumcised penis near the foreskin is normal.

## **Jaundice**

Jaundice (yellow color to skin) is a very common problem in newborns. Several factors may be involved, including differences between mother's and baby's blood types and inadequate fluid intake.

We will discuss with you how to deal with jaundice if it should become a problem for your baby. After you go home, if you notice your baby's skin becoming very yellow, or the whites of your baby's eyes becoming yellow, please call us.

## **Noise**

Babies sleep well in normal noise levels of the home. Don't let her sleep longer than 4 hours during the daytime. If you notice your baby developing "day-night confusion," that is, sleeping for longer spans during the daytime and waking for feedings more frequently at night, you may wish to do the following: during the day, place your baby's bassinet in an area where there will be plenty of stimulation (music, telephone, kitchen and/or sibling play activity). At night place her in the quieter part of the house, keeping the lighting and noises at a minimum. Over the course of 1-2 weeks she should alter her sleep cycle to coincide with yours.

## **Nose**

Sneezing is your baby's way of clearing his nose. It is very common and usually doesn't mean he has a cold. Because of our climate, infants often develop a stuffy nose. A cool-mist vaporizer often helps.

If there is no improvement and this stuffiness is bothering the baby, especially with feedings, you may use saltwater nose drops to loosen the secretions. Make this solution with  $\frac{1}{4}$  teaspoon of salt in 4 ounces of water. Put 1-2 drops in each nostril, wait one minute, then use the blue bulb syringe to suction out the mucous. Be careful – overuse of suction more than 4-5 times a day can lead to irritation of the nose and increase swelling. Do not use decongestants unless we so advise you.

## **Outdoors**

It is nearly always safe to bring your child outdoors, if she is properly clothed. Your baby may be taken outdoors soon after the first week of life. If the weather is particularly cold, your baby should be bundled warmly in a T-shirt and diaper, with a warm outfit, possibly a warm sleeper, and a receiving blanket. The head should be protected by a warm hat and the ears should be covered.

If the weather is particularly warm, a T-shirt and light top plus diaper and light pants or shorts are appropriate. Be sure to keep the baby out of direct sunlight. We do not recommend the use of sunscreens for babies less than 6 months old.

Large crowds should be avoided (for example, malls and churches) where well-meaning adults and children curiously poke around your baby with offers to hold her. This can be especially dangerous during epidemics of winter respiratory viruses or summer flu viruses, which may be passed to your baby through direct hand contamination contact.

If necessary, your newborn may travel on an airplane within the first weeks of life; however, it would certainly be best to wait until after the first month, if at all possible. Travel in cars, buses and trains is fine within the first few weeks.

We generally recommend that you keep your child below an altitude of 12,000 feet for the first month. Brief rides over passes of greater than 12,000 feet are generally no problem. Children through age 12 months should not be allowed to ride on bicycles with adults, and after 12 months, only if they wear an appropriately fitting bicycle helmet.

### **Pacifiers**

Newborns have a tremendous sucking urge. Most infants enjoy sucking a pacifier, thumb, or finger. We do not discourage the use of a pacifier at this time. As babies grow and develop other interests in the environment, the interest in pacifiers generally diminishes by around 4-6 months of age, making it an appropriate time for weaning. Do not make a "home-made" pacifier from a bottle nipple stuffed with cotton, as the rubber can break into small pieces and cause the infant to choke.

### **Pets**

Infants and household pets may share a unique relationship. Introduce the newborn to your pet gradually. Always keep a close eye on their activities together. Both cats and dogs can accidentally injure a small baby, so babies must never be left unattended in the presence of an animal. Don't assume that your old, docile pet won't be a problem. Assume that they are all capable of major mischief.

### **Rashes**

Serious rashes are very uncommon in the newborn period. There are, however, very common and benign skin conditions that are seen with some frequency in the newborn.

The first is peeling, flaky skin. This is commonly confused with "dry skin." The flaky skin of the newborn is a layer of fetal skin which must be shed. The shedding process takes several weeks to be completed. The use of lotions generally slows this process down and is not recommended. The rash is not uncomfortable and requires no therapy.

Another rash seen only in newborns is called "erythema toxicum." This rash may appear in the first week and will fade within several days to a week. The rash appears like medium-sized mosquito bites, often predominantly on the trunk and face. This rash also is not associated with discomfort and requires no intervention.

Diaper rash can also be seen in the immediate newborn period, though it is not very common. The rash is due to irritants against the skin. These irritants cannot be completely removed with wipes or washcloths. If a diaper rash appears, the baby's bottom should be soaked in a basin of warm water for 2 to 3 minutes at each diaper change. After the soak, a commercial diaper cream of your choice may be used. Generally, the rash will disappear in several days with this therapy. If the diaper rash persists or worsens, please call us.

## **Siblings**

Many of you already have other children at home and wonder how best to handle the older sibling. The proper course of action in part depends on the age of the older child and her understanding of the new arrival.

In general, we feel that children of all ages should be allowed to see the sibling and the mother soon after delivery. Younger children will be confused by all the commotion and are probably best supervised and distracted by a relative or neighbor during the delivery itself. Older children may insist on being directly involved from the actual birth on, and may need the visible reinforcement that everything is all right with mommy.

When an older child arrives to see the new baby for the first time, it is best that he go to mother's room first and see mother without the new baby present. Once the child has established that mom is fine, dad may bring in the baby for viewing.

If the older child is well, he should be allowed to hold the new baby, possibly assist in feeding, and become directly involved only as much as he or she wants. Some older children react with detachment, resentment, and even anger – toward the mother in particular. Others take to the new baby immediately and warmly. You'll just have to wait and discover your own child's reaction.

It may also help to present the older child with a gift from the new baby. At home, the older child should be afforded time alone with both parents without the new baby as a distraction.

Enlisting the older child's help in all aspects of the new baby's care will make the older sibling more comfortable with the baby, improve bonding, promote a sense of protection, and minimize anger. If a resentful and withdrawn behavior pattern persists, please contact us for our advice.

## **Solid Foods**

A healthy child can sufficiently thrive on breast milk and/or formula for the first six months of life. Pediatricians, allergists and nutritionists agree that solids are best introduced at 4-6 months of age. We will discuss the introduction and type of

solid foods for your baby in detail at the four or six-month visit. If you are feeling strongly pushed to start solid foods earlier, please call us for support and recommendations.

## **Stools**

Your baby's stooling is a big concern for parents. Babies have a wide variety of normal bowel movement patterns. Your own baby's stooling pattern may be very different from another baby's. Your own baby's normal stooling pattern will become obvious to you. You will notice changes in this typical baseline pattern from time to time. This may include changes in stool consistency, smell, color, and frequency.

During the first 1-3 days, the stool is usually dark and sticky in consistency (meconium stool). Once feeding is well established, the stool frequency may vary from one stool at each feeding to one stool as infrequently as every 4-5 days.

In general, bottle-fed babies have 2-3 yellow-brown, somewhat foul-smelling, pasty stools per day. Breast-fed babies may have 6-8 yellow, loose, watery, curd-like stools per day. There are always exceptions to these generalizations. As the breast-fed baby gets older, some may stool quite infrequently (even up to once every 9-10 days).

During the act of stooling, babies may grunt, turn red, tighten their stomach muscles, cry, and expel gas. Stools may be expelled explosively.

We should be called if the stools contain blood, are excessively watery, are repeatedly hard, are very difficult or painful to pass, are infrequent passed five days (or sooner if your child is obviously uncomfortable because of no stool passage), are persistently green past a full day, or if stool changes are accompanied by a fever greater than 101°F rectally (if your child is less than two months).

If you are breast-feeding, your baby's stools may be affected by the foods that you eat; the baby's stools may also have allergies to milk or soy or to medications that you may be taking which pass into the breast milk (for example, antibiotics).

## **Taking Your Baby's Temperature**

It is not necessary for you to check your baby's temperature on a regular basis unless special circumstances exist (home phototherapy) or your baby's behavior becomes worrisome (poor feeding, lethargy). You should have a rectal thermometer on hand at home in case you need to check the temperature of your baby. Two methods for taking an infant's temperature are described below:



**Axillary Method:** (Easier and usually quite satisfactory). Place the metal tip of the thermometer between the baby's arm and the side of her chest so that the tip lies in the armpit. Hold in place three minutes. An axillary temperature of 100°F or greater may indicate the presence of illness but could also be a result of over-bundling, so if dressed, undress you baby, wait 10-15 minutes and check a more accurate "core" temperature as described below.

**Rectal Method:** (More accurate). Place infant on stomach, spread buttocks apart with fingers of one hand and insert lightly lubricated (Vaseline™) metal tip of thermometer into the rectum, no farther than on-half inch. Hold thermometer and baby in place for 3 minutes and check temperature. It should be between 98° and 100° F. If it is still more than 100°, please call one of us.

If you feel uncomfortable with these instructions, please ask one of the nurses to show you how to check your baby's temperature before you leave the hospital. You will feel much better prepared to deal with your infant's first illness.

## **Tests**

Before discharge, your infant will have a small amount of blood taken from his heel. These blood tests will screen for several rare metabolic disorders, including PKU and thyroid function. These disorders are rare but treatable genetic diseases, especially if detected in the first several weeks of life. If any test is abnormal, the state laboratory contacts our office and you will be notified immediately.

## **Vitamins/Fluoride**

As a general rule, infants do not need extra vitamins. All formulas are vitamin-fortified, and breast milk contains vitamins from mother. Breast-feeding mothers are strongly encouraged to continue taking their prenatal vitamins to improve the vitamin content of their breast milk.

Fluoride supplements are usually not necessary. Fluoride may be necessary, depending on your water supply, after your baby reaches six months of age.

## **Weight**

The birth weight is not a good indicator of how large or how small your infant will be later in life.

After your infant is born there will be a gradual weight loss of up to 10% of the initial birth weight. Your infant loses excess fluid during the first 3-4 days of life. This is a normal physiologic process and only requires observation. In fact, breast-fed infants will not receive breast milk, but colostrums, for the first 2-3

days of life. The time of concern comes if your infant takes only small amounts of formula or nurses only for a short time. If you are concerned about your baby's weight gain, please call our office and make an appointment for a weight check. This may be done before your regularly scheduled two-week visit.

Genetic family size will help to better suggest future size and weight.