



PATIENT EDUCATION

Caring for Your Newborn

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

Mayo Clinic Children's Center

For more than 100 years, teams of physicians have cared for children at Mayo Clinic.

T. DENNY SANFORD PEDIATRIC CENTER MAYO EUGENIO LITTA CHILDREN'S HOSPITAL

Pediatric Sub-Specialties in the following areas:

Allergy and Immunology	General Pediatric and Adolescent Medicine	Plastic and Reconstructive Surgery
Anesthesiology	Gynecology, Adolescent	Psychiatry and Psychology
Cardiology	Hematology and Oncology	Pulmonology
Cardiovascular Surgery	Infectious Diseases	Radiation Oncology
Child and Family Advocacy Program	Medical Genetics	Radiology
Community Pediatrics and Adolescent Medicine	Neonatal Medicine	Regional (Health System) Pediatrics
Critical Care	Nephrology	Research
Dermatology	Neurology	Rheumatology
Developmental and Behavioral Pediatrics	Neurosurgery	Sleep Medicine Center
Emergency Medicine	Ophthalmology	Speech Pathology
Endocrinology and Metabolism	Oral and Maxillofacial Surgery	Surgery
Gastroenterology and Hepatology	Orthopedic Surgery	Urology
	Otorhinolaryngology (ENT)	
	Physical Medicine and Rehabilitation	

Pediatric Specialty Clinics:

Adrenoleukodystrophy Clinic	Dana Child Developmental and Learning Disorders Program	Metabolic Bone Clinic
Aerodigestive Clinic	Dermatology Genetics Clinic	Mood Disorders Clinic
Anxiety Disorders Clinic and Intensive Therapy Program	Diabetes Clinic	Neonatal Follow-Up Clinic
Arrhythmia and Device Placement Clinic	Eating Disorders Clinic	Neuromuscular Clinic
Asthma Center	Eosinophilic Esophagitis Clinic	Pain Clinic
Attention Deficit Hyperactivity Disorders (ADHD) Clinic	Epilepsy Clinic	Pain Rehabilitation Center
Bariatric Surgery Clinic	Erythromelalgia Clinic	Pediatric Diagnostic Referral Clinic
Brain Injury Program	Facial Paralysis and Reanimation Clinic	Pediatric Level 1 Trauma Center
Brain Tumor Clinic	Feeding Program	Plagiocephaly Program
Cerebral Palsy Clinic	Fertility Preservation	Pulmonary Hypertension Program
Chemotherapy/Radiation Long-Term Effects Clinic	Fetal Surgery Program	Renal Stone Clinic
Child and Adolescent Intensive Mood Program (CAIMP)	Friedreich's Ataxia Clinic	Spina Bifida Clinic
Childhood Sarcoma Clinic	Functional Movement	Spinal Deformities Clinic
ComPASS (Palliative Care and Integrative Medicine)	Disorder Program	Sports Medicine Center
Congenital Heart Clinic	Heart Failure Clinic	Thyroid Nodule/Cancer Clinic
Constraint Induced Movement Therapy Program	Hemophilia/Coagulopathy Clinic	Transgender Clinic
Craniofacial Clinic	Hyperlipidemia Program	Transitions Program
Cystic Fibrosis Center	Immunodeficiency Disorders Clinic	Transplant Center
	Inflammatory Bowel Disease Clinic	Travel Clinic
	Learning Disorders	Vascular Malformations
	Assessment Clinic	Velo-Pharyngeal Insufficiency Clinic
	Long QT Syndrome Clinic	Voiding Clinic
	Marfan Syndrome Clinic	Weight Management Clinic

What's Inside

Introduction	2
Developmental Milestones	3
Mental and physical development.....	3
Your newborn's appearance	7
Growth	12
Nutrition	13
Breast milk.....	13
Formula	13
Feeding basics	14
Feeding cues.....	15
Burping and spitting up	15
Juice.....	15
Vitamin D and supplements	15
Health.....	16
Preventing illness	16
Immunizations.....	16
Cough and cold medicine.....	18
Fever	18
Taking your baby's temperature.....	19
Diapering and bowel movements.....	20
Jaundice.....	21
Umbilical cord care.....	21
Bathing	22
Skin care.....	22
Care of the penis	23
Sleep.....	27
Preventing Sudden Infant Death Syndrome (SIDS)	29
Safety Concerns	30
Child safety seats.....	30
Cribs	32
Preventing falls	32
Preventing burns	33
Taking your baby outdoors	33
Preventing non-accidental head trauma (Shaken Baby Syndrome)	33
Radon	34
Insects.....	34
Other safety issues.....	34
Interacting With Your Newborn.....	35
Importance of tummy time	35
Skin-to-skin holding.....	36
Being a new parent.....	37
Postpartum blues and postpartum depression	38
Returning to work	39
When to Call Your Baby's Health Care Provider	41
Questions to Ask Before You Leave the Hospital.....	42

Introduction

Congratulations on the birth of your baby. This is an exciting time for you and your family. It also can be a stressful time. At times you may feel overwhelmed. You may have many questions and concerns.

Use the following information to help you during the first two months of your baby's life. If you have questions about this information or your baby, ask a member of your baby's health care team. You and your baby are the most important members of the care team.



Developmental Milestones

Mental and physical development

For the first few days following birth, your newborn probably will spend a lot of time sleeping and eating. During the next few weeks, your baby spends less time asleep and more time awake.

Closer to two months, your baby begins to make gurgling and cooing sounds when happy and content. Your newborn may make eye contact and smile at familiar faces when being held, comforted and talked to.

At first, caring for your baby might feel like all you do is feed, diaper and soothe. But soon, you see signs of your baby's growth and development.

- **Motor skills.** Your newborn's head is wobbly at first and movements are jerky. **Be sure you always support your newborn's head and neck.**
- **Hearing.** Newborns are sensitive to noise levels. Expect your baby to begin to smile back and gurgle at the sound of your voice. Your newborn also will begin turning toward the direction of sounds.
- **Vision.** Your baby can probably focus on your face, particularly your eyes, during feedings. Your newborn's best vision range is at 12 to 18 inches. From birth, your baby likes to look at interactive, high-contrast patterns, especially faces. Newborns can follow, also known as tracking, a moving face or an object from birth. From birth, your baby will also try to copy your facial expressions when you are holding your baby and looking at each other. Soon your baby begins to recognize familiar objects and people at a distance.

This is an important time for your baby's brain to develop. Newborns need to feel safe and have positive experiences as their brains develop. See "Interacting with Your Newborn" for things you can do to help ensure healthy brain development.

Levels of awareness

While every baby is unique, six levels of awareness are common in all infants. These often are identified as states of awareness or consciousness. Infants move between these states throughout the day and night.

When you understand these states, you can better identify your baby's needs. When you respond to your baby's signals, your newborn feels safe and secure.

- **Deep or quiet sleep** — Eyes are closed with few or no eye movements. Body mostly shows no movement. But your baby may have an occasional startle reflex or sucking movements. Breathing is regular. Baby is not easily awakened. Newborns may spend up to 90 percent of the day and night going between deep and active sleep.
- **Light or active sleep** — Eyes are closed, but eye movement may be seen under the eyelid. Your baby may smile and make small cooing or crying sounds. Breathing is irregular. Baby can be easily awakened.
- **Drowsiness** — Eyes open and close and eyelids appear heavy. Baby may seem half asleep and half awake. Breathing is irregular. There is often slow movement of the arms and legs.
- **Quiet alert** — Eyes are bright and wide. Body movements are small. Breathing is regular. Baby is very responsive to the surroundings. Because your baby's energy seems to be focused on seeing and hearing, it is good to spend time now with your newborn.
- **Active awake** — Eyes are open and facial movements increase. Baby is very active. Breathing is irregular. You may notice periods of fussiness as your baby becomes more sensitive to the environment. This state may signal that your baby is hungry or tired. This is a better time to feed a hungry baby than to wait until the crying stage. Crying is a late signal that your baby is hungry.
- **Crying** — Eyes may be open or tightly closed. This ranges from mild fussiness to intense crying. Face and body may change color. Breathing is irregular. Baby is extremely responsive to his or her environment. Crying is usually a signal that your baby is hungry, uncomfortable or lonely. Crying often stops when you feed or comfort your baby.



Crying

Crying is one way your baby communicates with you. **Crying is normal and not harmful for healthy, full-term babies.**

Babies cry for many reasons. You may recognize that your baby uses different cries. Your baby may have a hunger cry, a wet or dirty diaper cry, and a too hot or too cold cry. Other cries may signal you that your baby is tired, over-stimulated, afraid, or sick. Or your baby may cry when it is time to be held.

Respond quickly to your baby's crying. In doing so, you build your baby's trust in you. You cannot spoil a baby at this age.

There are many ways to calm and comfort your baby

- Determine whether your baby is hungry, needs a diaper change, or is too cold or too warm.
- Talk or sing to your baby in a soothing voice or using a soft shhhh sound.
- Hold your baby closely. Or hold your baby in different positions. Some babies like to be held like a football, lying on their stomach over a caregiver's arms.
- Rock or sway in a rhythmic motion while you hold your baby.
- Dim lights and reduce noise.
- Give your baby a warm bath.
- Take a walk or car ride with your baby.
- Use white noise, such as playing ocean sounds or running the vacuum cleaner, to calm your baby. Do not place the sound directly next to your baby.
- Nurse your baby for comfort or offer a pacifier. If you breastfeed, wait about a month before you offer a pacifier.

At times, you may not be able to comfort your baby. If other efforts have not worked, try swaddling your baby in a blanket. Then let your baby cry for 10 to 20 minutes while he or she lies in a crib.

While crying is normal, if your baby cries continuously for several hours or for long periods over days or weeks, talk to your baby's health care provider about any concerns you may have.

Some signs that your baby's crying may not be normal include:

- Changes in color or breathing.
- Changes in sleep patterns.
- Decreased interest in breastfeeding or bottle-feeding.
- Crying that does not stop.

It may be very frustrating when your baby cries for a long time. **If you start to feel tense and frustrated, stay calm and do the following:**

- Count to 10.
- Take deep breaths.
- Put your baby down in a safe place. Then give yourself a few minutes away from your baby to calm down.
- Talk to someone who can offer you guidance and support.
- Have someone else care for your baby so that you can take a break.

Remember: NEVER shake your baby.



Colic

If your baby cries about the same time each day and nothing you do seems to bring comfort, your baby may have colic. Colic is not a disease. It is a pattern of excessive crying with no apparent cause. Colic affects about 10 percent of infants. It is a frustrating and largely unexplained condition.

Colic usually starts by three weeks of age and peaks at about six weeks. It usually improves markedly by the baby's third to fifth month. A new onset of excessive crying that starts after three weeks is not likely to be colic. Talk to your baby's health care provider if you are worried about your baby's crying.

Try to find out what works best to ease your baby's colic. To calm and comfort your baby, try offering a pacifier. Rock your baby tummy-down on your knees and slowly rub their back. Give your baby a warm bath. Or gently massage your baby, especially around the tummy.

Caring for a baby who has colic can be exhausting and stressful. Try to stay positive. Colic will end. Seek out a good listener and talk about your feelings. Arrange for someone else to care for your baby sometimes so that you can have a break.

Your newborn's appearance

Most newborns have some distinct features. Some can come from the birthing process. Some are common among newborns. These are often temporary features that should not cause concern or pose a health risk to your baby. Your newborn's appearance may be different than you expected.



Skin conditions

It is common for newborns to have skin rashes or other skin conditions in the first few days, weeks or months of life. While most newborn rashes are harmless, none of the rashes should look like blisters. If your baby has a rash that looks like blisters, contact your baby's health care provider.

Some of the most common skin conditions are:

- **Milia** — About half of all babies are born with milia. Milia are white spots on the face that look like tiny pimples. Do not scratch or pop these tiny pimples. They disappear in a few weeks without treatment.
- **Newborn acne** — These small, red bumps usually appear on the face at about three to four weeks of age. They may last until your baby is four to six months old. These bumps disappear without treatment. Do not scratch or pop these bumps.
- **Blisters** — Newborns may have thick, whitish blisters over the center of their upper lips or on their fingers, thumbs or hands. These blisters are caused by the baby sucking while in the womb. They are not painful and gradually fade away.
- **Erythema toxicum** — This harmless rash affects about half of all full-term newborns. The rash usually appears on the body and diaper area one to three days after birth. It disappears within one week without treatment. The rash appears as tiny yellowish or white bumps that are surrounded by a ring of redness. Do not scratch this rash.
- **Heat rash** — This rash appears as small, red bumps on the face, neck, body, and under the arms. Heat rash is common in the summer. It may be caused by overdressing your baby. Dressing your baby in the same weight of clothing as you are comfortable in can help prevent heat rash. Do not scratch the rash or pop the small red bumps.
- **Cradle cap** — Cradle cap shows up as scaly white or yellow patches on the scalp. The patches may be oily or dry, and they are not easily removed. The cause of cradle cap is not known. It is not contagious and usually goes away on its own. It is not caused by poor hygiene. If your baby has cradle cap, gently massage a small amount of baby oil into your baby's scalp just before washing his or her hair. You may also use a gentle, ointment or cream that has no scent on your baby's scalp before you wash the hair. Wash with a mild non-soap shampoo. Do not leave baby oil, ointment, or creams on your baby's scalp or the cradle cap may get worse. Use a fine-toothed comb or a soft fingernail brush to comb the hair. The scaly patches gradually loosen and go away. Do not scratch cradle cap.

Your baby's head

Your newborn's head may not look like you expected. The following are things you may see when you look at your baby's head:

- **Molding.** It is common for a newborn's head have a slight cone shape that comes from passing through the birth canal. Even babies born by cesarean section can have molded heads depending on their position in the womb. The head rounds out during the first few days after birth.
- **Caput succedaneum.** This refers to swelling of the top of the head or anywhere on the scalp. This is commonly present at birth and disappears in a few days.
- **Cephalohematoma.** This is a collection of blood on the outer surface of a newborn's skull that forms a visible lump, usually on one side of the head. The lump may appear the day after your baby's birth. While the lump that forms can appear to be quite large, it is not a cause for concern. The lump is not painful. It gradually decreases in size and disappears by the time your baby is two to three months old.
- **Anterior fontanel.** This is often referred to as a baby's soft spot. It is found on the top front part of a newborn's skull. The soft spot is soft to touch and has a shape that looks like a diamond. It is common to see it pulsate with each beat of the newborn's heart. The soft spot accommodates your baby's rapidly growing brain. It normally closes with bone by the time your baby is 18 months old.
- **Hair.** Hair that is present on your baby's head at birth may be temporary. It usually begins to shed by one month of age. Permanent hair comes in later and may be a different color than newborn hair.

Body hair

Newborns commonly have fine, downy body hair called lanugo. Lanugo usually sheds in the first few weeks after birth. Premature babies tend to have more body hair than full-term babies.

Eyes

Babies commonly are born with swollen or puffy eyelids because of the pressure on the face during delivery. This lasts a day or two.

Many babies have watery eyes during the first few weeks after birth. If your baby has a watery eye and yellow matter, a blocked tear duct may be the cause. This is common and usually disappears by the time a baby reaches 12 months old. To clear away matter, gently clean the eye with warm water and a clean washcloth. Always start at the inner corner of the eye. Gently wipe toward the outer corner. Use a clean section of the washcloth for each eye.

If your baby's eyelids are red or swollen, contact your baby's health care provider. If the whites of the eyes are red or there is a lot of drainage, contact your baby's health care provider.

Ears

Babies are sometimes born with the outer part of the ears folded over. The outer part of the ear is very flexible. It usually gains its normal shape in a few weeks as the cartilage hardens. Sometimes the ear can be helped into its regular shape by using an ear splint in the first few weeks after your baby is born. Talk to your health care provider if you have concerns about your baby's ears.

Your baby has a hearing test before leaving the hospital.

Nose

It is common for a baby's nose to be flat or look misshapen due to the birthing process. This is normal. The nose gains its normal shape in two or three days after birth.

Newborns sneeze frequently to clear their noses. If your baby is not sick or congested, this is nothing to worry about.

Newborns prefer to breathe through their noses. That's why it is important to keep the nasal passages clear. Nasal congestion is common in newborns. If your baby is not sick and is feeding well, nasal congestion is no cause for worry. If necessary, you may gently clear your baby's nose. To do this, suction and add a few drops of saline to each nostril. You can buy saline in stores. Do not use tap water. It can irritate your baby's nose.

If your baby has nasal congestion that causes difficult breathing, use suction to remove secretions. Putting a few drops of saline in each nostril may help to clear secretions.

Talk to your baby's health care provider about how to use a suction device to clear secretions.

Mouth

Small, white raised spots are sometimes found on the roof or the gums of a newborn's mouth. These are painless, harmless cysts called Epstein pearls. These spots usually disappear on their own.

It is normal for a newborn's tongue to be connected to the bottom of the mouth by a short band of tissue called the frenulum. This band is very flexible and stretches as your baby grows. On occasion, this band may seem to be too tight. You may have heard that a tight frenulum can cause a baby to be "tongue-tied." Generally, this is not a problem and rarely cause for concern.

Sometimes new parents worry a tight frenulum may limit breastfeeding. Usually, this is not the case. However, if you have concerns about latching on or with breastfeeding in general, a lactation consultant along with your baby's physician can evaluate the need for any follow up or intervention. If you feel this is causing problems with feeding your baby, talk with your health care provider about your concerns.

Breast engorgement

Female and male babies may have swollen breasts for the first few days after birth. Swelling is caused by the passage of the mother's female hormones through the placenta to the baby during pregnancy. The swelling gradually disappears on its own. Do not squeeze tissue even if fluid is present.

If your baby develops redness, streaking or tenderness in a swollen breast, contact your baby's health care provider.

Female genitals

It is not unusual for the labia, the outer folds of skin that surround the opening of the vagina, to be quite swollen. This happens due to the passage of the mother's female hormones through the placenta. This swelling gradually disappears on its own, usually in about two to four weeks.

A clear or a white discharge from the baby's vagina is common during the first few weeks following birth. The discharge occasionally may be pink or tinged with blood. This is not a cause for concern and usually lasts for only two or three days.

Male genitals

Male babies may be born with a collection of clear fluid in the scrotum around one or both testicles. This painless collection of fluid is called a hydrocele. A hydrocele may take 6 to 12 months to disappear completely. If the swelling frequently changes in size, let your health care provider know. It could be a type of hydrocele called communication hydrocele or hernia that may need medical attention.

About 4 percent of newborn boys have a testicle that has not dropped down into the scrotum. This condition is called an undescended testicle. It usually will move into the normal position inside the scrotum within the first year after birth. If a testicle does not descend after the first year, your baby may need surgery to move it down.

Erections are common in newborn boys and often are caused by a full bladder.

For information on how to care for your baby's penis, see "Care of the penis."

Feet and legs

It is common for a baby's feet to be turned in, out, or up and for legs to look bowed. A newborn's cramped position in the womb causes this. As long as your baby's feet and legs are flexible and can easily be moved about, there is no need for concern.

Birthmarks

Birthmarks are common among newborns. Stork bites or angel kisses are common names given to flat, pink marks often located on the back of the neck or around the eyes. These marks become darker when the baby cries. These marks usually disappear in the first few months after birth. Another kind of spot, previously called a Mongolian spot, is now called dermal melanocytosis. This is a large, flat, bluish-gray mark. It often occurs over the buttocks area. This mark is seen in up to 90% of Asian, African-American, Hispanic, and Native-American babies. It usually disappears over time, but it may take several years.

Growth

Newborns come in a range of sizes. Newborns may lose up to 10 percent of their birth weight during the first five days after birth. This weight loss comes from excess fluid. By 2 weeks of age, babies should return to their birth weight.

From birth to six months, babies grow very fast. Usually they gain 2 to 4 pounds by their two-month well-child appointment. Full-term infants usually gain 1/2 to 1 ounce a day during their first six months. Then their rate of growth slows.

Your baby's health care provider keeps track of your baby's growth at regular well-baby exams.

Nutrition

You should not give your baby solid food before the age of 4 months.

Breast milk

It is recommended to breastfeed your baby up until 12 months. After that time, you may continue to breastfeed if you and your baby desire to do so.

For the first six months, breast milk is all your baby needs if you are breastfeeding. Wait until your baby is at least four months old to introduce solid foods while you continue to breastfeed.

From six to 12 months, continue to provide breast milk as you introduce age-appropriate solid foods. If you have questions or concerns about breastfeeding, call a lactation consultant or your baby's health care provider.



Formula

If you are not breastfeeding your baby, formula fortified with iron is the best substitute for breast milk. Because babies need iron for growth, typically you should not use low-iron formula.

As with breast milk, your baby needs no other foods or water during the first six months. Wait until your baby is at least four months old to introduce solid foods. Continue to give your baby iron-fortified formula.

From six to 12 months, continue to provide formula while you introduce age-appropriate solid foods.

Do not give cow's milk or honey until your baby is at least 12 months old.

- Giving cow's milk before 12 months can cause iron deficiency.
- Giving honey before your baby is 12 months old can cause botulism, a type of food poisoning.

Solid foods

The general recommendation for solid foods is to wait until close to six months of age before you start giving your baby solid foods. The absolute earliest to give your baby solid foods is at four months of age. Babies younger than this have difficulty swallowing and digesting anything other than breast milk or formula.

Starting solids earlier than four months can lower the amount of breast milk or formula your baby drinks. This may cause potential health complications.

Giving your baby anything other than breast milk or formula does not help your baby sleep through the night.

Feeding basics

Breast milk and iron-fortified formula contain almost everything your baby needs to thrive and grow well at this age. No other foods, water or juice are needed. Giving water, other than what is in formula, or juice to a baby lowers their appetite for breast milk or formula. Then your baby cannot get adequate nutrition. Talk to your baby's health care provider before giving your baby vitamin D drops or vitamin or mineral supplements.

Always hold your baby when you give a bottle. Propping a bottle to feed your baby or putting your baby to bed with a bottle can cause problems. Your baby can choke and drink too much. Tooth decay and an increase in the likelihood of ear infections can be a problem.

Warming breast milk or formula

If your baby prefers warm breast milk or formula, place the bottle in a container of warm water for a few minutes. Gently shake the bottle. Then test the temperature. To test, shake a few drops on the back of your hand or the inside of your wrist.

Do not warm formula or breast milk in a microwave. Liquids do not heat evenly, which can cause the liquid to burn your baby's mouth. Also, if breast milk gets too hot, it can lose its positive benefits.

Feeding cues

Each baby has somewhat different feeding needs. Follow your baby's cues. Try to learn the early feeding cues such as stirring and stretching, sucking motions, and lip movements. Babies tell you when it is time to eat. Offer your breast or a bottle when you recognize these feeding cues. Crying is a late sign of hunger, and crying babies may have a difficult time feeding.

You may begin to see feeding patterns. In general, newborn babies eat eight to 12 times in 24 hours. Most babies do not need more than 32 ounces of formula a day. Your baby's health care provider checks your baby's growth at well-child appointments.

Burping and spitting up

Your baby may swallow air while eating. To release this air, burp your baby after you feed from each breast. If you bottle feed, burp after you feed one to two ounces of formula.

To burp your baby:

- Pat or rub your baby's back gently while the baby is against your shoulder or sitting on your lap. Some babies will burp by simply putting baby against your shoulder without any patting or rubbing.
- Support your baby's head while you do this.
- Your baby may not need to burp every time.

Spitting up is common, but it usually is not a cause for concern. Babies may spit up during a feeding, right after a feeding, or up to an hour after a feeding. To lessen spitting up, give your baby smaller amounts of milk at a time. Follow this by burping. Whenever possible, hold your baby in an upright position for 30 minutes after a feeding.

Spitting up is different from vomiting. Vomiting is more forceful, and it causes a baby to appear uncomfortable. Contact your baby's health care provider if your baby vomits green liquid or blood.

Juice

Juice has little nutritional value for babies or children. Offering juice before you add solid foods can risk having juice replace breast milk or infant formula in the diet. Your baby then takes in less protein, fat, vitamins, and minerals such as iron, calcium and zinc.

Babies who drink juice are also at increased risk for dental cavities. Prolonged exposure of the gums and teeth to the sugars in juice is a major cause of dental cavities.

Vitamin D and supplements

Vitamin D helps develop strong bones. Talk to your baby's health care provider about giving a daily vitamin D supplement. To give your baby the correct dose, follow the instructions that come with the liquid supplement.

You do not need to give other vitamin or mineral supplements unless your baby's health care provider tells you to do so.

Health

Preventing illness

Babies are especially susceptible to illness. To lower your baby's exposure to illness:

- Have people wash their hands before they hold or play with your baby.
- Whenever possible, keep your baby away from large crowds and people who have colds.
- If you breastfeed, continue to give your baby breast milk, which helps build up your baby's immunity to many illnesses.
- Create a smoke-free environment. Children who are exposed to smoke from cigarettes, pipes or cigars are at increased risk for serious health problems. Babies of parents who smoke are at greater risk for Sudden Infant Death Syndrome (SIDS). See the section titled "Preventing Sudden Infant Death Syndrome (SIDS)" for more information.



Immunizations

Immunizations, also called vaccinations, are an important part of your baby's care. They save lives and protect against the spread of disease. Not having your child immunized, or vaccinated, puts your child at risk to catch a dangerous or deadly disease.

Go to all scheduled well-child appointments. Keep your baby's immunizations, or vaccinations, up to date. Read the information that you get at the well-child appointments.

If you have questions about immunizations, or vaccinations, talk with your baby's health care provider.

All babies six months and older should get a yearly influenza (flu) vaccination. This helps to prevent the flu and flu-related complications that may develop. Those who have close contact with your baby also should get a yearly flu vaccination to help prevent passing this illness. There are ways you can hold your baby to make them feel more comfortable and safe while getting a vaccination. For infants who are getting a vaccine in a leg, you can:

1. Hold your baby on your lap.
2. Put your baby's arm under one of your arms. Put your arm around your baby's back to apply gentle pressure for a secure, hug-like hold.
3. Use your other arm or hand to hold your baby's other arm gently but securely.
4. Anchor your baby's feet firmly between your thighs.

Swaddling is another technique you can use to comfort your newborn while getting a vaccination.

1. Place a pillow underneath your baby to provide comfortable support.
2. Swaddle your baby. When possible, leave just the limb needed for the procedure free. See Figure 1. If you are not sure how to swaddle your baby, ask a nurse to show you how.



Figure 1. Swaddling as a comfort hold.

Cough and cold medicine

Over-the-counter cough and cold medicines are not recommended or safe for children younger than six years old. These medications have not been studied in children.

Options for care include nasal suction, saline rinse, cool humidified air, and drinking plenty of fluids.

If you are thinking of using natural remedies to soothe your baby, talk with your baby's health care provider first. Many natural remedies are thought to be safe but may in fact harm your baby.

Fever

A fever occurs when the body temperature rises above normal — above 100.4 degrees Fahrenheit (F) or 38 degrees Celsius (C).

A fever is a symptom. It is not an illness by itself. Fevers can have many causes. The most common cause of fever in children is viral illness. Fevers related to viral illness usually last about two to three days.

Fevers can be a sign of a more serious illness. Follow these guidelines for when to contact your baby's health care provider. But remember, these are general guidelines. **If you are worried about how your baby looks or acts, call your child's health care provider.**



Signs you should contact your child's health care provider right away

If these symptoms occur when a health care provider is not available to see your baby right away, take your baby to an emergency care facility:

- Rectal temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) in an infant under 2 months.
- Difficulty breathing.
- Disorientation, confusion, not responsive or difficult to awaken.
- Seizure.
- Signs of significant dehydration such as a dry mouth, sunken eyes or passing only a little urination for 8 to 12 hours.
- Intense abdominal pain.
- Acting very sick.
- Extreme irritability; difficult to comfort or calm for more than 1 hour.

Taking your baby's temperature

If you think your baby has a fever, use a digital rectal thermometer to check your baby's temperature, unless you have been told otherwise by your baby's health care provider.

Put a small amount of lubricant, such as KY™ Jelly, Vaseline™, or warm water, on the tip of the thermometer. Insert the tip of the thermometer about 1/2 inch to 1 inch into the rectum. Follow the instructions that come with the thermometer. Hold your baby's feet and legs securely when you take a rectal temperature. See Figure 2.



Figure 2. Taking your baby's temperature.

Most fevers are not harmful for children because they help the body fight infection. Although a fever may make your baby feel uncomfortable, it will not cause permanent harm.

Ask your baby's health care provider for more information about fevers and babies if you have questions or concerns.

To comfort your baby with a fever:

- Do not overdress or bundle your baby. Dress your baby in one light layer of clothing while indoors. Cover with one lightweight blanket when your baby sleeps.
- Sponge your baby with lukewarm, not cold, water. If your baby shivers or becomes cold, stop sponging or warm up the water temperature.

Diapering and bowel movements

Diapering and preventing diaper rash

For the first few months, change your baby's diaper every two or three hours. However, when your baby has a bowel movement, change the diaper right away. If your baby is sleeping, there is no need to wake your baby to change a diaper.

After your baby has a wet or soiled diaper, clean your baby's diaper area. Use a washcloth, warm water and a mild non-soap cleanser or diaper wipes, if needed. For girls, wipe from front to back. This avoids carrying bacteria to the vagina or bladder. Pat dry the diaper area with a soft cloth. Do not use baby powder. It can irritate your baby's lungs.

If your baby develops diaper rash, continue to change diapers frequently. Wash your baby's diaper area with plain warm water after each wet and dirty diaper. Do not use diaper wipes until the rash clears because they may be irritating. Allow time each day for your baby to be without a diaper, exposed to air. Apply over-the-counter diaper rash ointment after each diaper change. Examples include A and D OintmentTM and DesitinTM. Call your baby's health care provider if the rash does not improve in a few days.

Bowel movements

A baby's first bowel movements are called meconium. They are thick, sticky and greenish black. Meconium accumulates in a baby's bowel while the baby develops in the uterus. After a few days, bowel movements become green. They gradually progress to runny and yellow with seed-like particles for breastfed babies. And they become yellow or brown for formula-fed babies.

A baby who is being breastfed typically has three to four stools a day for the first few weeks. A baby who is formula fed typically has at least one to three bowel movements each day for the first three weeks of life.

After this time, some babies may continue to have several bowel movements a day while others have only one every two to four days. Babies commonly strain, grunt, turn red in the face, or pull up their knees when they have a bowel movement.

Talk with your baby's health care provider if your baby continues to pass meconium after five days. Also talk with your provider if your baby has more bowel movements than usual, is not having bowel movements, or has hard stools.

Jaundice

Jaundice is a common condition in newborns. It usually appears within the first few days of life. Jaundice happens when bilirubin, a substance produced naturally by the body, builds up faster than a newborn's liver can break it down and get rid of it in bowel movements. Too much bilirubin makes a baby's skin and the whites of the eyes look yellow.

Normal baby jaundice usually peaks three to five days after birth. Then it disappears without treatment in one to two weeks. Jaundice is usually not a cause for alarm, but it should be monitored by your baby's health care provider.

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

- Your baby's skin or eyes are becoming a deeper yellow.
- The yellow color has progressed from the face, chest and stomach to the legs.
- Your baby does not have a wet diaper in more than eight hours. Or your baby has fewer bowel movements than usual.
- Your baby is not feeding well.
- Your baby appears unusually sleepy or irritable.

Your baby's health care provider may recommend more frequent feedings and a special therapy that uses light to treat jaundice.

Umbilical cord care

In the days after your baby is born, the umbilical cord will dry up. Within one to three weeks, it will loosen and fall off. Sometimes this causes brief mild bleeding.

Do not use rubbing alcohol on or around the umbilical cord. Contact your baby's health care provider if redness develops on the skin around the umbilical cord or if there is discharge coming from or around the umbilical cord.

Do not pull on the umbilical cord. Keep your baby's diaper folded down to keep it from rubbing against the cord and from getting it dirty. If the cord gets soiled, clean it with mild, unscented cleanser and warm water and then dry the area.

Bathing

Bathe your baby two or three times a week. Use warm water and a soft cloth to wash your baby's face. Use warm water and a mild, unscented cleanser to wash the rest of the body. Use mild, unscented shampoo and a fine-toothed comb or soft brush to care for your baby's hair.

Your home's water heater temperature should be set at or below 120 degrees Fahrenheit (48.8 degrees Celsius) to prevent burns. Learn how to check the temperature your water heater is set at or change the setting. Use the water heater's instruction manual or go to the manufacturer's website.

Never leave your baby alone in or near water.

Your baby's fingernails

Your baby's fingernails should be trimmed short to prevent your baby from scratching. Fingernails are easiest to trim after a bath or while your baby sleeps. An emery board, baby nail clippers or blunt-nosed toenail scissors work well to trim nails.

Skin care

As your baby grows, keep ointment or cream on your baby's skin. This can lower the risk of skin sensitivity, such as the development of eczema. The suggestions you see below explain how you can care for your baby's skin.

- Always use gentle, unscented ointments or creams.
 - Petroleum jelly (VaselineTM).
 - AquaphorTM.
 - VanicreamTM or VaniplyTM.
 - Medline Remedy Phytoplex Nourishing Skin CreamTM.
 - Similar products.
- Apply cream or ointment to your baby's clean skin two times each day for the first six months. Smooth on a thin layer. Do not rub the ointment or cream into your baby's skin.
- Do not put ointment or cream into your baby's eyes, nose, mouth, or inner ear.
- You may use ointment or cream on your baby's scalp for cradle cap. Don't pick or scratch at cradle cap.

Care of the penis

Uncircumcised penis

During each bath, wash your baby's penis with water and a mild cleanser that has no soap in it. Do not pull back, or retract, the foreskin to clean the penis. There is no need to clean beneath the foreskin until it pulls back on its own, usually around age 5.

Circumcised penis

Follow these instructions until healing is complete. Healing usually takes place in about 10 to 14 days.

The tip of the penis will look very red for a few days after circumcision. You may see yellow matter that does not easily wipe away on the tip of the penis. This is normal healing. Leave the matter alone. It will flake off on its own. See Figure 3.

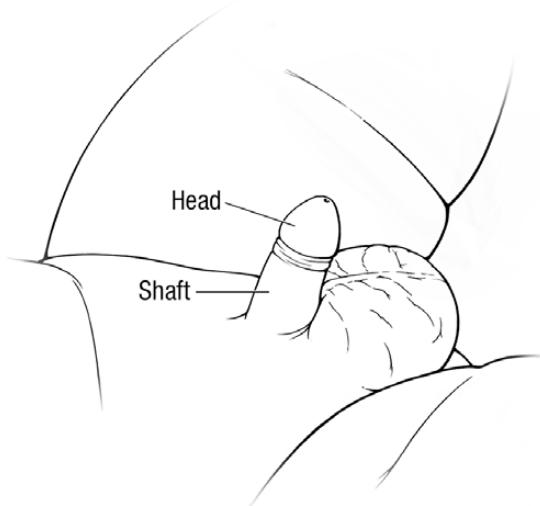


Figure 3. Newborn circumcised penis

If a dressing was used to cover the penis, your provider will tell you when it is all right to remove it.

Keep the area where your son was circumcised as clean as possible. Every time you change your baby's diaper, gently wash the penis with warm water and a soft cloth or use baby wipes. If your baby had a bowel movement, use warm water or baby wipes to remove the stool until the area is clean. You may put your baby in water to bathe him.

If your son was circumcised using the Plastibell technique, follow the instructions in "Care following the Plastibell technique." If the Plastibell technique was not used, continue following the instructions here.

After you wash the penis, use your finger to take a generous amount of petroleum jelly from its container. Gently cover the entire head of the penis with petroleum jelly. Use an amount about the size of a quarter. **Do this every time you change your baby's diaper until the penis is completely healed.**

Putting petroleum jelly on the tip of the penis stops it from sticking to the diaper or surrounding skin. This is an important part of your son's healing. Doing this helps to prevent an adhesion. An adhesion is a spot where the surrounding skin sticks to the head of the penis as it heals. Adhesions may go away on their own, or they may need medical attention.

Starting on the third day after circumcision, gently pull back, or retract, the skin on the shaft of the penis. Do this every day to prevent adhesions. To pull back the skin, gently push down on the skin at the base of the penis away from the head. Do this every day at bath time or when you change your baby's diaper. Doing this helps to prevent adhesions. See Figure 4.

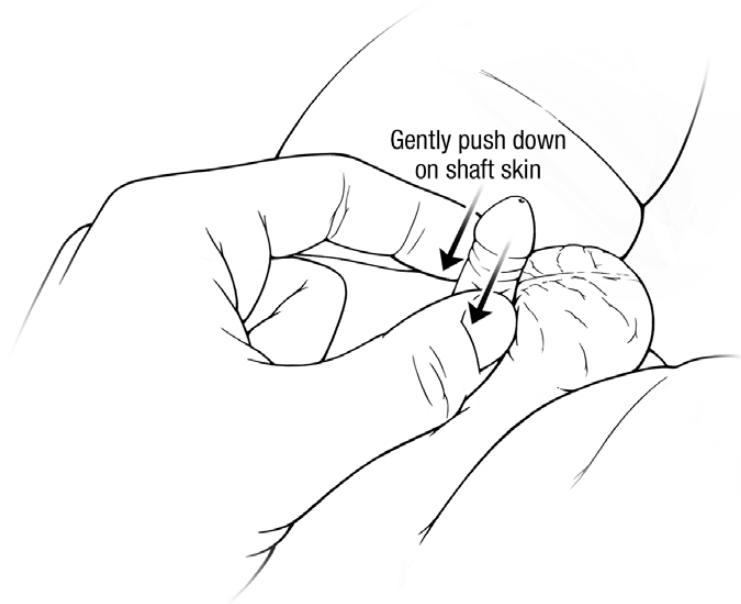


Figure 4. Retract the skin to prevent adhesions

v

Care following the Plastibell technique

Some surgeons use the Plastibell technique to perform circumcisions. You may see a plastic ring on the tip of the penis. See Figure 5. The plastic ring separates and falls off in 5 to 15 days. If it does not fall off in 15 days, contact your baby's health care provider.

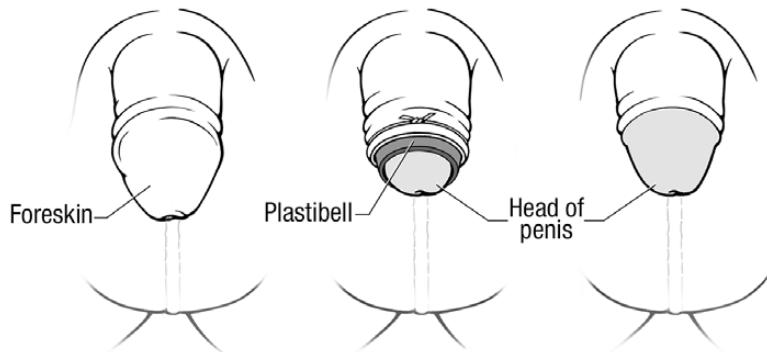


Figure 5. Plastibell technique

Leave the ring alone unless your baby has a bowel movement. When that happens, use warm water or baby wipes to remove stool around the ring until the area is clean. You don't need to apply petroleum jelly. You don't need to do anything more until the ring falls off.

After the plastic ring falls off, gently pull back, or retract, the skin on the shaft of the penis. Do this every day to prevent adhesions. To pull back the skin, gently push down on the skin at the base of the penis. You are gently pushing the skin away from the head of the penis. Do this every day at bath time or when you change your baby's diaper. Doing this helps to prevent adhesions. See Figure 4.

Preventing adhesions

No matter how your baby's circumcision was done, as your baby grows, you may notice a fat pad at the base of the penis. This fat pad may push the skin on the shaft of the penis so that it is over the head of the penis. See Figure 6. Gently push down on the fat pad or shaft skin every day. This pulls back the skin so that the rim of the head of the penis is visible. See Figure 7.

Do this until the skin no longer goes over the head of the penis. The age when you will stop doing this is different for each child. Ask your baby's health care provider about this at regular check-ups.

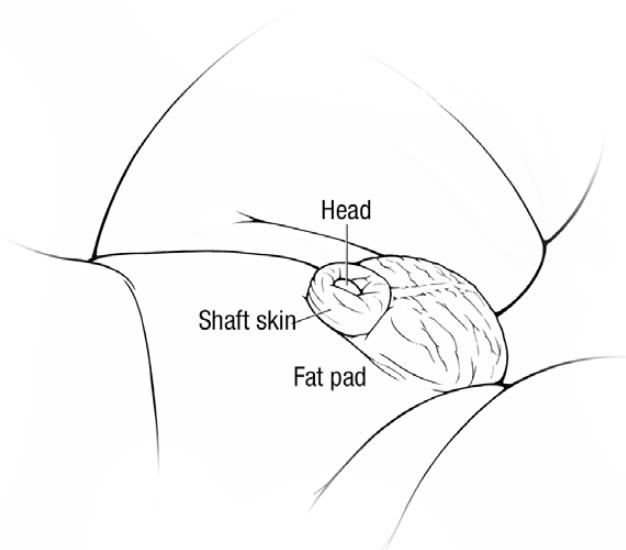


Figure 6. Shaft skin pushed forward by pubic fat pad

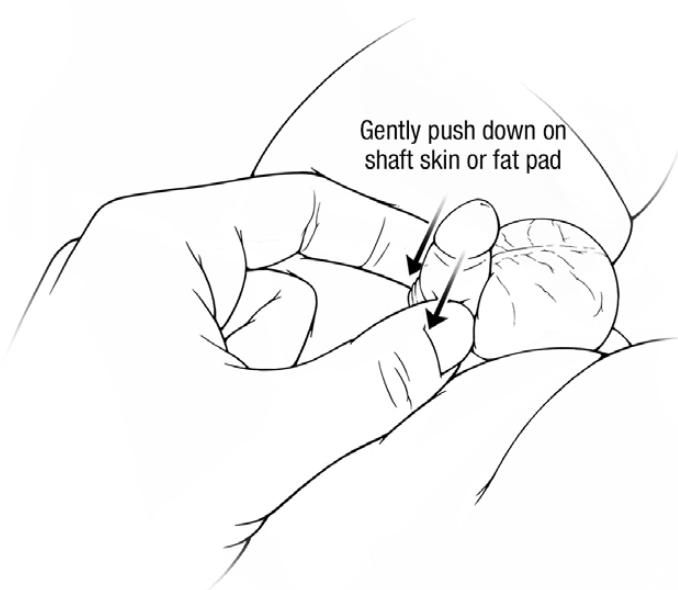


Figure 7. Continue to retract the skin every day

Call your baby's health care provider right away if:

- Your son does not urinate within 24 hours after the circumcision.
- Your son is crying and you are not able to comfort him.
- You see a spot of blood bigger than a quarter on your son's diaper. Or the incision bleeds more than a few drops even though you have put pressure on the penis. Put pressure on for 5 minutes with a warm washcloth or wet wipe.
- The circumcision site looks infected. Signs of infections include:
 - Redness that extends up the penis.
 - Swelling that gets worse after the second day.
 - A yellow coating on your son's penis that lasts longer than 10 days.
 - A rectal temperature higher than 100.4 degrees Fahrenheit (38 degrees Celsius).
 - Crying that doesn't stop with comforting.

Sleep

Newborns may sleep 16 hours or more a day during the first few weeks.

Newborns may have many sleep and awake patterns. They may not develop a routine schedule until they are several weeks or months old.



The American Academy of Pediatrics recommends that your baby sleep in your room, close to your bed but not in your bed, for the first year of life. Talk to your child's primary care provider about when it may be best to move your child into his or her own room or a different sleeping area.

It is important to be able to hear when your baby is in need. But it is also important for parents to have a healthy sleeping environment. Wherever your child sleeps, he or she should sleep on a firm surface, one that is made for newborns and young babies.

To help your baby sleep

- Promote good sleeping habits as your baby starts to set patterns.
- Keep a regular bedtime and make bedtime quiet and relaxing.
- Provide a safe sleeping environment, such as a crib or a bassinet. This helps prevent accidental suffocation and falls. You can place the crib or bassinet close to you to make nighttime feedings easier.
- Put your baby in the crib or bassinet when drowsy but still awake. This helps your baby fall asleep while alone.
- Babies sleep better after they have been fed. But giving your baby anything other than breast milk or formula does not help your baby sleep through the night.
- During the night, newborns may wake up for feedings every 2 to 3 hours or even more frequently. By around 2 months of age, most babies wake up only 1 to 2 times per night.
- If your bottle-fed baby wakes up for more than one or two feedings during the night, it may not be because of hunger. Before feeding, hold your baby briefly to see if that will satisfy.
- Breast milk is more quickly and fully digested than formula. Because of this, breastfed babies eat more often than babies given formula. Breastfed babies usually eat every 2 to 2½ hours during the day and every 2½ to 3 hours during the night. Some breastfed babies cluster or group feedings together in the evening or the night.
- As your baby grows and stomach size increases, your baby will eat more at each feeding and eat fewer times during the day and night.
- Do not wake your baby for nighttime feeding unless your baby's health care provider tells you to do so.
- When you and your baby are ready, move your baby to a separate room. This can help everyone sleep better.
- **To lower the risk of SIDS, always place your baby on his or her back to sleep for naps and at night.** See the section titled "Sudden Infant Death Syndrome (SIDS)" for more information about SIDS.

To lower the chance that flat spots may develop on your baby's head from sleeping on his or her back:

- Give your baby "tummy time" when your baby is awake and being watched.
- From one week to the next, change the direction your baby lies in the crib.
- Keep your baby from spending too much time in car seats, carriers, infant seats, or swings.

Preventing Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome is a sudden and unexplained death of a baby under one year old. The cause is not known. Research studies show that certain precautions can lower the risk of SIDS:

- **Always place your baby on his or her back for naps and at night.**
- Place your baby on a firm sleep surface, such as on a safety-approved crib mattress covered by a fitted sheet.
- Keep soft objects toys, and loose bedding out of your baby's sleep area.
- Keep your baby's sleep area close to, but separate from, where you and others sleep.
- Think about using a clean, dry pacifier when you place your baby down to sleep, but do not force your baby to take it. If you are breastfeeding, wait until your baby is about a month old to try this.
- Dress your baby in light sleep clothing. Keep the room at a temperature that is comfortable for adults. Too many layers of clothing or blankets can overheat your baby.
- Do not use car seats except for travel. Do not allow your baby to continue to sleep in a device such as a carrier, infant seat, or swing. Move your baby out of the device and into their bed for sleep as soon as possible if they fall asleep in a car seat, infant seat, carrier or swing.
- Avoid products that claim to lower the risk of SIDS, such as positioning devices. Most have not been tested for effectiveness or safety.
- Do not rely on a home monitor to lower the risk.
- Do not allow smoking around your baby.

Talk to anyone who cares for your baby about the risk of SIDS. Talk to grandparents, babysitters and daycare providers. Ask them to follow the guidelines explained in this resource.

Safety Concerns

Child safety seats

Your baby must be in an approved, rear-facing car seat at all times when in a vehicle.

Babies are safest if they continue to ride facing the rear of the car until they reach the highest weight or height allowed by the car seat's manufacturer. Generally, these are 30 to 40 pounds and 26 to 32 inches. Babies should ride rear-facing until they are at least 2 years old.

In a vehicle, the safest place for your baby is in the back seat, in the middle if possible. **Never put your baby in the front seat.** It is even more dangerous if your car has airbags. Airbags can cause serious harm or death to children.

- **Always read and follow the manufacturer's instructions for your car seat.** If you do not have instructions, contact the manufacturer. The address and phone number are on a label on the seat.
- Follow the instructions in your vehicle owner's manual about using car seats. Some manufacturers' instructions may be available on their websites. See Figure 8.
- Do not use child safety seats that have been in a crash or that you do not know the history of.
- Most car seats expire after 6 years from the date of manufacture. An expiration date should be printed somewhere on the seat. When in doubt, call the manufacturer and ask for this date.
- Secure the harness straps when your baby is in the car seat. This includes when you carry the car seat or place it in a shopping cart. The harness chest clip should come across your baby's chest. See Figure 9.
- Do not wrap your baby in snowsuits, clothing that looks like sleeping bags, or in thick clothing. Dress your baby in regular clothes to ride in the car. If your baby needs more warmth, you may tuck blankets around your baby.
- When you put your baby in a car seat, be sure back and buttocks are against the back of the seat.
- If your baby needs support in the car seat, you can use firmly rolled towels around your baby's body, but not between your baby and the seat. You can use a washcloth between your baby's legs. See Figure 9. Be sure towel rolls are not above or behind your baby's shoulders. **Do not buy inserts to add support. Shop for a car seat that fits your baby.**



Figure 8. Car seat reclined at an angle suggested by the manufacturer's instructions

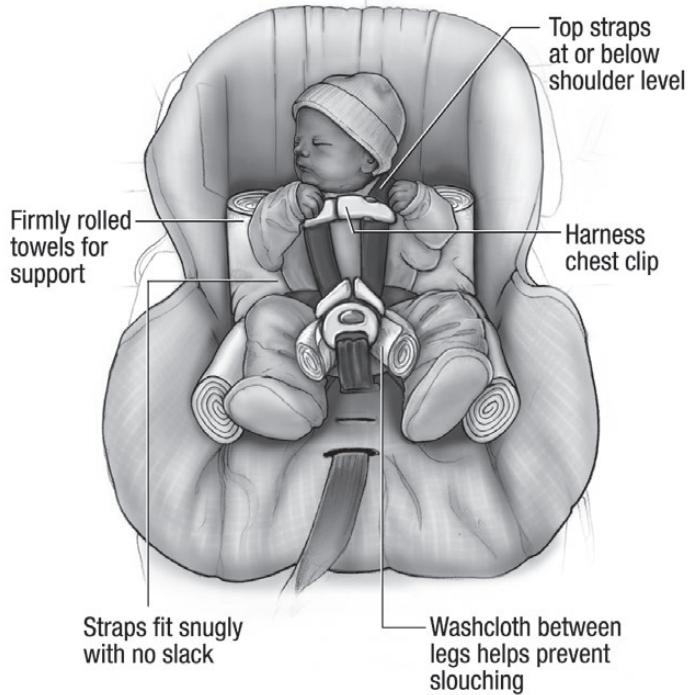


Figure 9. Baby in car seat

Car seat instructions can be confusing. On average, four out of five car seats are not installed correctly. If you have questions or would like more information about the use of your baby's car seat, ask your baby's health care provider. Find out who you can contact in your community to get more information. You also can seek out a public agency in your area that inspects child safety seats or you can attend an infant passenger safety class.

Never put a child safety seat in the front seat.

Never leave your child alone in a vehicle.

Be a good role model and always wear your seat belt.

Crib

Your baby's crib should meet current crib safety standards established by the Juvenile Product Manufacturer's Association. Read the directions that come with the crib to ensure safe setup, use and care. All joints and parts of the crib should fit tightly. If the crib is made of wood, it should be smooth and free of splinters. If the crib is painted, the paint should be lead-free and should not be cracked or peeling.

For your child's safety, use a crib that does not have drop sides. The crib sides should be at least 26 inches above the top of the mattress in its lowest position. Crib slats should be no more than 2 $\frac{1}{2}$ inches apart from each other. If they are wider, your baby's head may get stuck between them.

The mattress should be firm and fit tightly inside the crib with no gaps. Hang crib toys, such as mobiles and crib gyms, so they are out of your baby's reach. Crib toys and mobiles should be removed once your baby can reach them, as your baby may pull them down leading to injury. Do not keep stuffed toys, comforters, pillows, or other soft products in the crib when your baby sleeps in it. Do not use bumper pads. Make sure your baby's head remains uncovered during sleep.

Your crib should not be near cords from a hanging window blind or drapery. Children can get caught in the cords and strangle.

Preventing falls

Even at this age, your baby is at risk for falls. Babies wiggle and push against things with their feet.

- Do not leave your baby alone on a changing table, bed, sofa, or chair.
- If you put your baby in an infant seat, keep it on the floor when your baby is in it. Do not set it on a table or counter.
- Use a car seat only for travel. When placing your baby in a car seat preparing for travel, do not set the seat on a table or counter.
- Always secure the harness straps when your baby is in the infant or car seat.
- Put your baby in a safe place such as the crib or safe playpen when you cannot hold your baby.

Preventing burns

To prevent burns and scalds, keep your home's water heater temperature set at or below 120 degrees Fahrenheit or (48.8 degrees Celsius). Use the water heater's instruction manual or go to the manufacturer's website. There you can find out how to check the temperature your water heater is set at and how to change the setting. Never leave your baby alone in or near water.

Frequently check that your smoke and carbon monoxide detectors work. Have a working fire extinguisher in your home.

Make sure your baby's sleepwear is not flammable, which means it cannot easily catch fire.

Taking your baby outdoors

When you take your baby outside, dress him or her in as many layers of clothing as you would wear for the temperature. Babies can both overheat and get cold. Do not overdress your baby in warm or cold weather. Put a hat on your baby when the temperature is cold to help your baby stay warm. Cold air and wind do not cause ear infections or pneumonia.

Sun safety

Keep your baby out of direct sunlight. Find shade under a tree, umbrella or stroller canopy. Protect your baby from sunburn with clothing and a hat. Keep your baby's eyes away from direct sunlight. Do not use sunscreen before 6 months of age.

Preventing non-accidental head trauma (Shaken Baby Syndrome)

Shaken Baby Syndrome is a medical term for the injuries caused by shaking or throwing a baby. These are injuries that are not an accident.

Never shake or throw your baby. Shaking or throwing a baby, even for a few seconds, can cause bleeding inside the head and pressure on the brain. This may cause blindness, deafness, internal bleeding, paralysis, brain damage, or death.

Shaking a baby generally happens when a person is angry or frustrated and loses control. Do not hold your baby during an argument or fight. If you find yourself becoming annoyed or angry, put your baby in the crib and leave the room. Take a time-out. Call someone for support.

Tell anyone who cares for or spends time with your baby about the dangers of shaking or throwing a baby. Do not leave your baby with someone who seems violent, is angry, is drinking alcohol, or is using drugs.

Some symptoms of Shaken Baby Syndrome include sleepiness, fussiness, poor eating, vomiting, seizures, not breathing, or unconsciousness.

Seek medical care for your baby right away if you suspect an injury.

Radon

Radon is a gas that occurs naturally from the breakdown of uranium in soil, rock and water. It has no odor or color. Radon can enter homes through cracks or openings in walls or foundations and become part of the air you breathe. It is the leading cause of lung cancer among people who do not smoke.

The only way to know whether your home has high levels of radon is to test for it. You can get test kits at city and county health departments, home improvement stores, and hardware stores.

If you find you have levels of radon that are not safe, there are ways that your risk can be changed for the better.

For information about radon testing, contact your local department of public health or a local chapter of the American Lung Association.

Insects

Keep your baby out of areas where there are mosquitoes. If that is not possible, use screens and clothing to protect your baby. Do not use insect repellent on a baby younger than 2 months.

Other safety issues

- Keep plastic bags, balloons, string, and small objects out of your baby's reach.
- Closely supervise pets and children around your baby.
- Avoid or limit the use of baby powder. It can irritate your baby's lungs.
- Make sure there are no strings or ribbons on bedding and clothing. They can cause strangulation of the neck, fingers or toes.
- Regularly check toys and other objects within your baby's reach for loose or cracked pieces that are small enough for your baby to swallow. Remove the objects from use.

Interacting With Your Newborn

The early days with your newborn are a wonderful time for you and your baby to get to know each other. Hold, rock, caress, snuggle, kiss, pat, stroke, massage, and carry your baby. Sing, hum and talk to your baby. Allow your baby to study your face. Give your baby an opportunity to imitate you by making a simple facial movement, such as opening your mouth and sticking out your tongue. Put your little finger or a small rattle in your baby's hand to grasp. This is just the beginning of your developing relationship.

As your baby grows and develops, a safe environment and activities like cuddling, reading, talking, and singing are important for your baby's growing brain and physical development.

Remove any dangers from your household and respond when your baby cries. Follow a daily routine so your baby can learn what to expect. Simple activities are important to your baby's development.

Importance of tummy time

Although babies should be placed on their back to sleep, they need to spend time on their stomach when they are awake. This is called tummy time. It helps strengthen the upper back, shoulder and neck muscles that your baby needs to roll, sit and crawl. This time also helps prevent flattening of the back of the head.

Your baby should always be watched during tummy time. If your baby does not like tummy time, talk with a member of your baby's health care team about ways to help your baby be more comfortable with the tummy position.

Tummy time position for newborn to 3 months

Lie on your back and hold your baby on his or her tummy on your chest. This activity encourages your baby to raise his or her head and look at you. See Figure 10.



Figure 10. Tummy time

As babies grow and get stronger, they can change their position during sleep, which allows their head to be in different positions.

Skin-to-skin holding

Skin-to-skin holding, sometimes called kangaroo care, is a method where you hold your baby in an upright position on your bare chest. Your baby wears only a diaper, and your clothing or a soft blanket cover baby's back. Sometimes babies also wear a hat during skin-to-skin holding. Your body heat helps keep baby warm. See Figure 11.



Figure 11. Skin-to-skin holding

Research studies show that skin-to-skin holding offers many physical and emotional benefits to the baby and parents. One important benefit is that it promotes bonding between baby and parents.



Being a new parent

As a new parent, you may feel overwhelmed and exhausted. Taking care of a new baby creates a lot more to do every day.

- Ask for help when you need it. If friends and family offer to help, don't refuse. Instead, suggest how they can help you.
- Take time for yourself.
- Make sure you get enough rest and eat well.
- When possible, sleep when your baby sleeps.

Relationships

If you have a partner or spouse, allow time to adjust to your new roles as parents. Talk openly and honestly about your expectations and what help you need. Be flexible and open to compromise. Take time for each other. Ask a family member or friend to care for your baby while you and your partner go to dinner or for a walk.

Sisters and brothers

If you already have a child or children and you bring home a new baby, it can be a big adjustment for your older children.

- Try to keep home routines as normal as possible.
- Be sure to give each child some individual attention and let all your children know they are unique and special to you.
- Encourage children to talk about their feelings with you.
- Try to include older children in helping you with the care of the baby. Ask older children to help you dry the baby after a bath or pat the baby's back after feeding.
- Sometimes, older children may show signs of jealousy by acting badly or wetting the bed even after they are potty trained. These are normal reactions to a new baby in the house. Talk to your child about how he or she is feeling. Remind your child he or she is loved and important to you.
- Supervise young children when they are around a baby.

Grandparents

Grandparents can often be very excited about a new baby. They may want to help or offer advice. Be patient. Accept help from them when you can. Their advice often comes from years of practice.

If you are not sure something a grandparent is telling you is the current recommended practice, ask your health care provider. If the grandparents are doing or saying things that bother you, tell them so openly. Set boundaries. Let them know you need them to provide care to your child in the same way you provide care.

Pets

Your pet is part of your family. Your dog or cat may be used to having your full attention, especially if this is your first baby. Adjusting to a baby can be difficult for a pet at first, but most likely your pet will accept your baby as part of its family.

Adding a baby to your family doesn't mean you have to give up your pet. However, you need to spend time preparing your pet for baby's arrival, introducing baby and pet in a positive and pleasing way, and helping your pet adjust to having a baby inside the house and as a member of your family.

Talk to your veterinarian or your local animal humane society if you would like more information about introducing your pet to your new baby.

For the safety of your baby and your pet, never leave your baby and pet alone together. An adult should always be with your baby when he or she spends time with a pet.

Postpartum blues and postpartum depression

The birth of a baby triggers many powerful emotions, from excitement and joy to fear and anxiety. But your baby's birth also might result in something you might not expect — depression.

Many moms experience postpartum blues soon after childbirth. These also are called maternity blues or baby blues. They commonly include mood swings, tearfulness, anxiety, and difficulty sleeping. These symptoms usually require no treatment and go away within two weeks.

It is very common to have postpartum blues. However, if symptoms last longer than two weeks or interfere with your everyday activities, including care for your baby, you may have postpartum depression.



Postpartum depression

Postpartum depression is a common, serious and treatable complication of childbirth. It can happen any time up to a year after your baby is born.

If you're concerned about postpartum depression, make an appointment with your health care provider right away. Taking care of yourself is the best thing you can do for your baby.

Don't feel ashamed or guilty. Many factors contribute to postpartum depression. They include changes in your brain chemistry, hormone levels and your style of living. And none of them are your fault.

Work with your health care provider to develop a treatment plan that works for you. Treatment may include counseling, medication or both. If it is not treated, postpartum depression may last for a year or even longer.

Returning to work

Returning to work requires decision-making. You have to plan and prepare for things like child care and breastfeeding, if you have chosen to breastfeed. Advanced planning can help the transition go as well as possible for everyone involved.

Breastfeeding after you return to work

You may want to continue to provide breast milk for your baby after you return to work. If so, you need to learn how to express and store your breast milk. You can express breast milk manually or with a breast pump. Ask your health care provider for materials meant to help with these and other return-to-work issues.

This time of transition can be a challenge. But you can do it.

Child care

If you have not done so already, find out about child care options for your baby. Child care options include care in a center, care in your home and care in a day care home.

Factors to consider when you make decisions about child care include:

- Safety and health standards.
- Hours needed for care.
- Licensing, accreditation and qualifications.
- Child-to-staff ratios.
- Care provider policies including visiting policy.
- Your expectations.
- Cost.
- Backup plan.



Housework

You may need to change what housework you expect to get done during the first months of your transition back to work. There are helpful tips you can try.

- Decide what household chores are most important. Ask for help from your partner, older children, family members, and friends.
- When you do not have time to actually clean, just pick up clutter.
- Focus on areas that people see from the front door and the rooms where your family spends the most time.
- Spend a few minutes a day picking up or organizing the rooms that matter most to you.
- When you leave a room, take one thing with you that belongs in another room.
- Put a basket near the bottom or top of the stairs. Place items in the basket that need to be taken from one floor to the other. Take them with you when you go up or down the stairs.

If you feel overwhelmed, seek help

If you have trouble caring for your newborn, talk to your health care provider about community resources such as crisis nurseries, public health nurse referrals and social services.

When to Call Your Baby's Health Care Provider

You may contact your baby's health care provider whenever you have questions or concerns about your baby. However, if your baby has any of the following, call your baby's health care provider right away:

- Difficulty breathing.
- A rectal temperature higher than 100.4 degrees Fahrenheit (38 degrees Celsius) during the first two months of life.
- Repeated vomiting.
- Poor feeding for two to three feedings.
- Less than one wet diaper for every day of age up to 1 week old. For example, fewer than five wet diapers when baby is 5 days old. After the first week of age, your baby should have six to eight wet diapers a day.
- Less than one bowel movement a day during the first three weeks.
- Severe crying that doesn't stop over a long period of time.
- Swelling or drainage of the circumcision site.
- Redness, swelling or drainage of the umbilical cord site.
- Jaundice (yellow-colored skin and eyes) that appears to be getting worse.
- Difficulty waking up.
- Movements that are not normal for your baby.

Trust your instincts. If something doesn't feel right, call your baby's health care provider.



Questions to Ask Before You Leave the Hospital

During your stay, your health care team works with you and your partner to get you ready to leave the hospital with your baby. Both you and your partner are important to what happens next. As you think ahead about leaving the hospital, ask your health care team the questions below.

How do I feed my baby?

How do I diaper my baby?

How do I bathe my baby?

How do I dress my baby?

How do I clear my baby's nose using suction?

How do I care for my baby's umbilical cord?

How do I care for my baby's penis if circumcision was done?

In what ways should I comfort my baby when he or she is crying?

How do I create a safe sleeping environment for my baby?

How do I secure my baby in a car seat and secure the car seat into my vehicle?

How will I know my baby is having enough wet diapers and bowel movements?

What are signs of jaundice?

How do I take my baby's temperature?

How will I know my baby is sick? What do I do if my baby is sick?

Who do I call if I have questions or concerns about my baby?

When is my baby's first follow-up well-child appointment?

Medications

If your baby's health care provider prescribes medication for your baby to take after you leave the hospital, be sure you know:

- The name and dose of the medication.
- The purpose of the medication.
- When to give the medication.
- How to give the medication.
- Any side effects of the medication and what to do if any should happen.

Other questions to ask

If you have questions about taking care of your newborn, contact your baby's health care provider. The team wants to answer your questions. You and your baby are the most important members of the team.

Notes

Notes

Notes



BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

MAYO CLINIC | 200 First Street SW | Rochester, MN 55905 | mayoclinic.org

©2019 Mayo Foundation for Medical Education and Research. All rights reserved. MAYO, MAYO CLINIC and the triple-shield Mayo logo are trademarks and service marks of MFMER.

MC5354rev0519