

# A Guide to Newborn Care



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# Learning to Care for a Newborn

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Whether this is your first baby or your fourth, you'll be amazed at how much there is to do and to know when it comes to caring for your newborn. With the early discharge of mothers and their infants, most parent teaching is often shifted to the period before delivery. That is why the medical and nursing staff at The Christ Hospital have prepared this booklet for you.

*Your Guide to Newborn Care* covers most of the basics – from feeding to diapering.

If you're a first-time mom, you'll find this a useful learning tool. If you've been through it before, you'll find the booklet a quick refresher course.

If you have questions that aren't answered in the booklet, please feel free to ask our nursing staff or your baby's doctor.

## **Behavior Patterns and Infant Stimulation**

From the start, you'll marvel at the wonders of your newborn. And while each baby is unique, there are some common patterns you can look for.

Most newborn babies will sleep 18 to 20 hours a day and then gradually increase their awake time as they grow. When awake, your baby may be quiet and

alert or crying. In the quiet, alert state, your baby's eyes will be bright and curious. This is a good time to stimulate and play with your baby. Most infants enjoy looking at black and white objects and faces, hearing voices and music, and being touched or gently massaged.

At other times, your baby will cry, moving his or her arms and legs vigorously. When your baby is crying, it's important to respond to him or her promptly.

Crying is often your baby's way of telling you he or she needs to be fed, changed, held, or your baby may feel too cold or too warm.

Overstimulation or just being tired can cause your baby to cry. Unfortunately, every cry does not mean that your baby is unhappy or has a specific need.

There may be times when he or she will cry in spite of all of your efforts and you must be aware of your own frustration levels and respond appropriately both to your needs and those of your baby. Never shake your baby. There is nothing wrong with putting baby in a safe place and walking away for a few minutes if you need to regroup!

## **NEWBORN SOOTHING TECHNIQUES**

- Skin-to-skin time
- Gentle rhythmic rocking, swaying, or bouncing
- Baby-wearing in an approved baby carrier
- Sucking
- Creating a dark, quiet environment
- White noise
- Newborn massage
- Secure sleep sack for comfort



# Newborn Skin Characteristics

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As you are caring for your baby, you'll observe some of the following skin characteristics that are common among newborns:

## **Milia**

White or yellowish, pinpoint dots on the nose or chin caused by unopened or immature oil ducts. These will disappear within two to four months, and don't require any treatment.

## **"Storkbite"**

A flat, reddened area on the eyelids, bridge of the nose, or the nape of the neck. These areas fade as your child grows older and aren't significant.

## **Newborn Rash (Erythema Toxicum)**

Small, red blotches with slightly raised central areas that resemble mosquito bites. The rash can appear anywhere on your baby's body. There is no specific treatment. The rash should go away on its own by approximately two weeks of age.

## **Acrocyanosis**

It isn't unusual for your baby's hands and feet to be slightly blue in color from time to time, especially when it's cool or during bath time or when the affected limbs are in dependent positions.

## **Other Skin Discoloration**

There may be faint bluish-black areas appearing on the baby's back, buttocks and genital area. This discoloration normally disappears in about a year. Ask your nurse or baby's doctor for more information.

# Jaundice

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This is a condition that is characterized by a yellow appearance of the skin. It's caused by too much bilirubin in the blood. Bilirubin is produced by the body's red blood cells as they break down. It's processed by the liver and removed from the body through the gall bladder and intestines. Up to two-thirds of all full-term babies (including breastfed and bottle fed) will have what is known as "physiologic jaundice." This means that the bilirubin is only slightly elevated and is usually harmless.

Even when bilirubin is only mildly elevated, though, it can cause your baby to be sleepy and eat less.

Occasionally, the bilirubin level will rise to a point that requires treatment. High levels of bilirubin can be harmful to your baby. Your baby's maturity, general health and nutrition are important in determining what are safe levels of bilirubin.

Severe jaundice can be caused by or worsened by:

- prematurity
- blood incompatibilities (i.e. an Rh negative mother and an Rh positive baby or blood type O mother and an A, B or AB baby)
- infections
- significant stress
- bruising
- dehydration.

The level of bilirubin, not its cause, is the main thing to worry about in whether your baby needs to be evaluated and possibly treated.

Most infants need one or more treatments if they have high levels of bilirubin. They include:

- maintaining good growth and nutrition
- phototherapy, which consists of exposing the infant to a special light, which activates the bilirubin, causing it to be more rapidly removed from the body

When simpler methods don't work and/or the level of jaundice is very high, more extensive treatment is needed. To help minimize jaundice, babies should eat frequently – every two to three hours. Your baby needs the breast milk or formula to "flush out" the bilirubin in his or her system. You should feed your baby as often as he or she wants.

Jaundice is usually first noticed on your baby's face. Continue to check your baby's skin in the chest, abdomen, groin and leg areas for one week. If he or she is as yellow in the groin and leg area as the face, notify your baby's doctor. Also, notify your baby's doctor if he or she is sluggish, tired, weary, feeding poorly or is not having the number of wet and dirty diapers that were reviewed prior to discharge.

Please contact lactation for concerns regarding infant's output at [lactation@TheChristHospital.com](mailto:lactation@TheChristHospital.com) or **The Christ Hospital - Mt. Auburn 513-585-0597** or **The Christ Hospital Medical Center - Liberty Township 513-648-7671**.

In most cases, jaundice resolves on its own without any treatment. It may take a few weeks for the "yellow color" to go away completely. If problems persist or get worse, call your baby's doctor right away.

## JAUNDICE AFTER DISCHARGE

Jaundiced babies being discharged still may need to be observed at home. It is important to keep an eye on

- your baby's color – how yellow your baby looks as well as how much of the body is affected
- how alert your baby is
- how well your baby eats

## Common Newborn Behaviors

### Hiccups

Hiccups are little spasms of your baby's diaphragm. You may have felt your baby hiccup while still in your womb. Most hiccups stop on their own in 5 to 10 minutes.

### Coughing and Sneezing

Coughing and sneezing are your baby's only way of cleaning out the nose and mouth. They don't necessarily mean that your baby has a cold. No treatment is needed unless the baby seems uncomfortable or runs a fever.

### Startling and Quivering

An occasional, sudden startle or brief, gentle quivering of an arm or leg is normal during the baby's early months. This is especially so during sleep. It shouldn't be associated with any change in color or activity.

### Breathing Patterns

Your baby will breathe through his or her nose at a rate of 30 to 60 breaths per minute, almost double that of an adult.

## OTHER COMMON NEWBORN PROCEDURES

Many of the following newborn procedures may be able to be done while your baby is skin-to-skin, or at the bedside. Your nurse and care provider are both available to answer questions you may have.

- APGAR
- Weight & length
- Metabolic screening
- Pulse oximeter reading
- Erythromycin eye ointment
- Vitamin K
- Hepatitis B
- Hearing screening
- Glucose screening

Because your baby breathes through his or her nose, the respirations may be noisy. Also, he or she is using abdominal muscles to breathe, so you will see the abdomen moving up and down with each breath.

It isn't uncommon for your baby to breathe irregularly. From time to time, his or her breathing may stop for several seconds and then start again. Babies with breathing difficulties usually act uncomfortable, may make grunting noises while breathing, may have trouble eating or sleeping, and/or their skin may appear blue-tinged, especially around the lips. If you feel any concern over your baby's breathing patterns, notify your baby's doctor immediately, or take them to the ER.

### Elimination

#### Stools

There is a great variation in the color, frequency and consistency of stools in newborns. Your baby's first stools will be thick, with a greenish-black color. Then, as the first feedings are digested, the bowel movements will change from green to brown to yellow. When feedings are well established, most babies' stools will be yellow or occasionally yellow-green.

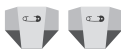
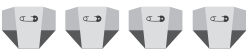
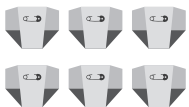



#### Urination

You should also check the number of wet diapers your baby has per day. When he or she is getting enough fluid. Please remember that your baby only needs breastmilk or formula until six months of age. Please do not give your baby water.

The hospital will provide you with a form to record your baby's feedings, urines and stools so it will be easier to tell if there is a problem. Here is a chart that may be helpful to refer to as well.

# Breastfeeding Guidelines

Hunger Cues	Milk Expression	Cluster Feeding	Skin to Skin
<ul style="list-style-type: none"> <li>Sucking, hand to mouth movement, rooting (opening mouth wide), and clenched fists are all signs that your baby wants to feed.</li> <li>Avoid routine pacifier use. It may alter your baby's suck. This can make latching difficult and can hide your baby's hunger cues.</li> </ul>	<ul style="list-style-type: none"> <li>If baby sleeps through more than one feed or even six hours, hand or pump expression can stimulate your milk production.</li> <li>Routine pumping is necessary if baby is not continually feeding or is on the Special Care Nursery.</li> <li>Expressed milk may be fed to your baby via syringe or cup.</li> </ul>	<ul style="list-style-type: none"> <li>Cluster feedings encourage your milk to increase in volume. Usually begins when baby is 24 hours old.</li> <li>Baby may feed for 20-30 minutes then feed again right away for 2-3 feedings.</li> <li>Watch for hunger cues and feed on cue. Let your baby determine length of the feed.</li> </ul>	<ul style="list-style-type: none"> <li>Skin to skin contact with your baby helps promote your milk production and bonding with baby.</li> <li>It also keeps baby calm and regulates his/her temperature.</li> <li>Anyone can do skin to skin. Involve your partner or other close relatives if you are comfortable.</li> </ul>

Age	Day 1	Day 2	Day 3	Day 4	Beyond Day 4
Number of feeds in 24 hours	Baby may be sleepy the first day, wake baby every 3 hours to feed 4-8 feeds is normal.				
Wet Diapers in 24 hours	 1-2 wet		 3-4 or more wet		 6-8 wet daily
Soiled Diapers in 24 hours	 1-2 black or dark green		 2 or more brown, green or yellow		 2-3 large, soft, seedy and yellow
Baby's Weight	An average weight loss of 7-10 percent is normal. If baby loses more than 10 percent of his/her birth weight, the feedings will need to be assessed by you care provider or lactation consultant.			Baby should regain his or her birth weight by 10-14 days. By this age, stools may drop in 1-2 per week.	

## Breastfeeding Resources

- The Program on the TV in your room has breastfeeding videos to assist you.
- Go to Main Menu, Health Videos, Mother & Baby Breastfeeding
- Topic includes expression of milk and breastfeeding in the first day.

The Christ Hospital Lactation Department  
**Mt. Auburn 513-585-0597**  
**Liberty Township 513-648-7671**

# Building and Maintaining Your Milk Supply

The more milk is removed from the breast, the more milk you produce!

1. Pay attention to the latch. After breastfeeding is established, some babies start latching too close to the nipple. If this isn't corrected, it becomes a habit. This means your baby is not compressing the milk sinuses close to the edge of the areola. If the latch is not corrected you may experience loss of milk supply, poor infant weight gain and sore nipples.
2. Use milk expression techniques. You can hand express (See figure 4) or use a hand breast pump or an electric breast pump to stimulate milk production if you are separated from your baby.
3. Feed your baby on the first breast until active sucking and swallowing stops. Then begin feeding on the second breast until baby is satisfied.
4. Eat a nutritious diet and drink plenty of fluids. Making milk uses calories. Most recommend an increase of 500 calories/day. Drink about six to eight glasses of fluid each day.
5. Monitor your medications. For example, some birth controls pills and sinus medications can decrease your milk supply. Check with your health care provider or lactation consultant.
6. Rest. Fatigue affects the let-down reflex, and thus the milk supply.
7. Eliminate or reduce the use of cigarettes and alcohol. In certain quantities, these have been found to reduce a milk supply and make babies fussy.

# Milk Expression

- If baby sleeps through more than 1 feed or over 6 hours, hand or pump expression can stimulate your milk production.
- Hand or pump expression can relieve excess fullness and to soften nipple so baby can easily grasp during latch on. This technique is especially helpful if you have engorgement or for the first morning feed if your baby slept through the night.
- Expression should be performed if you are separated from your baby during a normal feeding time.

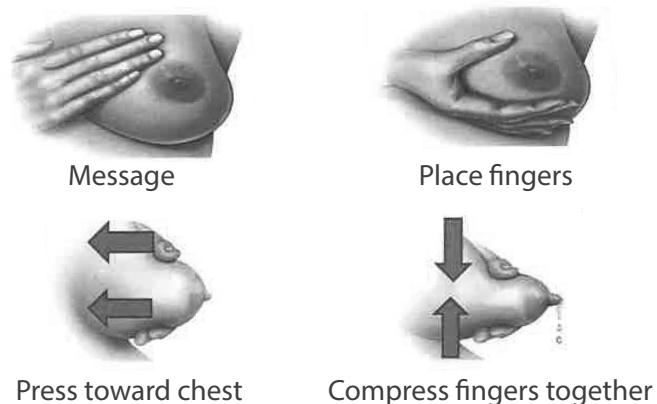
## Hand Expression (Figure 4)

### Technique:

- a. Begin with gentle breast massage
- b. With thumb and first finger in a C formation, place them about 1/2 to 1 inch on either side of the nipple in a 12 and 6 o'clock position. Press back toward chest wall keeping C position. Do not spread fingers or bring them together at this time.
- c. With fingers back at chest wall, compress fingers together.
- d. Continue compressions about once per second until you see colostrum on the nipple

You may see colostrum milk at tip of the nipple pores. If no colostrum is expressed, repeat exercises 2 and 3. Try to reposition the fingers one inch either toward or away from the nipple and try again.

**Figure 4**



## Milk Expression with a Breast Pump

- Frequent milk removal with a breast pump is necessary if your baby is sleepy or in the special care nursery.
- In the hospital, an electric pump will be provided for you along with all the necessary supplies. Take these supplies with you when you are discharged.
- Express your breast milk with a breast pump every two to three hours for fifteen minutes, or until milk flow slows down.
- The milk you express there may be fed to your baby via syringe, spoon or cup.
- You may wish to rent the hospital grade pump from our lactation department so that you can bring a pump home with you when you are discharged from the hospital.
- If you need help obtaining a breast pump or have any questions about the process, be sure to contact our lactation department or your health care provider as early as possible.

## Hunger Cues

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Your baby will give you signs to communicate with you that it is time to feed. These signs are called feeding or hunger cues, and can be seen immediately after birth. The hunger cues can be broken up into three groups based on when they are shown:

- Early Hunger Cues** – Baby is saying “I’m hungry.” These cues are seen while baby is asleep, eyes closed. A latch attempt during this phase is peaceful and often successful. If baby falls asleep, leave baby skin to skin and attempt again in 20-30 minutes.
- Rapid eye movement (R.E.M) - in sleep, the eyes dart back and forth under the eyelids.
  - Clenched fists.
  - Stirring in sleep, slight movements or jerks.
  - Mouth opening, while eyes are still shut.
  - Turning head and seeking or rooting movement.

**Mid Hunger Cues** – Baby is saying “I’m really hungry.” Latching should be attempted during this phase or the phase before.

- Stretching and yawning
- Eyes opening
- Increased physical movements and stirring
- Hand to mouth movement
- Sucking on tongue, fingers, or hand

**Late Hunger Cues** – Baby is saying “Calm me, then feed me.” Latching should not be immediately attempted, as it may result in more frustration for you and baby. Get baby skin to skin, talk in soothing tones and cuddle until baby is calm. Then attempt to feed.

- Crying
- Agitated body movements
- Color turning red

You will know your baby is full and satisfied when baby is fully asleep, with relaxed and open hands. Listening to your baby’s cues and feeding on demand as often as possible will lead to a satisfying, successful breastfeeding relationship.

## Skin to Skin

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Many studies show that mothers and their babies should be together, skin to skin as soon as possible after birth and for as long and as often as possible. Though the greatest benefits for mom and baby are experienced in the first few weeks, skin to skin should be continued as your baby ages whenever possible. These benefits include:

- **Baby and Mother are Happier:** the hormone oxytocin, known as the “love hormone” is released during skin to skin contact
- **More Stable Baby:** temperatures are stabilized by mother’s temperature, heart and breathing rates are more stable, and blood sugar elevated.
- **Improved Immunity:** skin to skin contact also allows for baby to be colonized by the same bacteria as mother. Along with breastfeeding, skin to skin can help prevent development of allergies and illnesses later on in life.



# Information for Breastfeeding Families

## *Baby's Second Day*

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Often babies are very sleepy the first day after birth. It will be a challenge to keep them awake long enough to feed, and they may not wake up frequently for feeds. So you may need to arouse your baby to feed at least 8+ times that first day. But by the second day, your baby may be more awake, ask for feedings, and be unsettled. This can be upsetting and you might not know what to do to sooth your baby.

### **Second Night Syndrome**

Generally occurs about 24 hours after birth for almost every baby. Your baby will want to be on the breast constantly but quickly falls asleep. If you put him down, he will probably wake up. If you put him back on the breast, he will feed for a short time and fall asleep. You may go back and forth with this many times.

Because you will be exhausted at this point, it would be easy to send your baby to the nursery or request a bottle feeding, **BUT** here is the best strategy:

### **Hold your baby skin-to-skin**

Skin-to-skin holding is very soothing to your baby. He is familiar with the feel and smell of your body.

### **Offer the breast when he wants to eat**

This is the best way for you to bring in an excellent milk supply. Frequently nursing is the key to an abundant milk supply. Just make sure your baby has a good latch on your breast. Your nurse or lactation consultant can give you pointers on positioning and latch-on.

### **Assure that Your Baby is Drinking**

- Make sure your baby is getting milk while at the breast.
- Check for a wide, deep latch on the breast
- The angle of your baby's mouth on the breast is 150° or wider
- Arouse your baby if he becomes drowsy while nursing
- Listen for swallows every 5-15 sucks

### **Nap When Your Baby Naps**

Take a short nap whenever your baby is asleep. It is

likely he will want to be fed several times through the night, so take advantage of any quiet time to rest.

### **Enlist Help!**

Work out a plan with your patner, sister, mother, anyone who can spend the night with you. They can take turns holding and walking or rocking the baby while you take a break.

### **You are Not Alone**

Just knowing that Second Night Syndrome is common may help you relax a bit. Almost every baby experiences this, but it will last only a night or two. Maybe three.

## Warming Expressed Breast Milk

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Microwave ovens are a great convenience, but you should never use one to heat your baby's milk or baby food.

Why? Because the liquid can become extremely hot, even though the bottle itself remains cool to the touch. Drinking this hot liquid could burn your baby's mouth, throat or esophagus (the tube leading to the stomach). Hot liquid forms steam. The buildup of steam in a closed container could cause it to explode.

In addition, heating the bottle in a microwave oven may destroy some of the vitamins in formula and the protective qualities of breast milk.

### **Here are some simple steps to heat a bottle:**

- Set the filled bottle in a bowl of warm, not boiling, water or hold it under warm tap water.
- Shake the bottle gently to distribute the warmth
- Sprinkle a few drops from the bottle on your wrist to make sure the liquid isn't too hot.

Warming the bottle this way takes a few minutes longer, but it's worth it for your baby's safety

### **Burping**

Burping is your baby's way of releasing air that is swallowed and trapped in his or her stomach during each feeding. Most babies are burped at the middle and end of each feeding. Some burp often, others rarely, depending upon the amount of air swallowed. Not all babies require burping.

Your baby will often give you a clue as to when a burp is needed. He or she may stop sucking, pull away from the nipple or become fretful. Most babies' patterns are apparent by the end of the first week.

There are several ways to hold your baby as you gently pat or rub him or her on the back.

### Spitting

Many babies "spit up" a small amount of milk after each feeding. Occasionally, your baby will lose all or most of a feeding. While spitting tends to be messy, it isn't a real problem for most babies if they continue to thrive and gain weight. Your doctor may have some suggestions that can help with some spitting patterns, but most disappear by six or nine months of age.

Babies who spit often, spit in large amounts, or seem uncomfortable may need to be seen by the doctor.

## Bathing

Bath time can be a time to play with your baby and give him or her a chance to exercise by kicking and moving without clothing. Choose a time of day that is convenient for you, whether it is morning, afternoon or evening. It is best not to give a bath right after feeding, as it may cause your baby to spit up.

Give your baby only a sponge bath until the navel and/or circumcision have completely healed. After they have healed, you can bathe your baby in a clean sink lined with a towel or in an infant tub.

Daily bathing is usually not necessary and can cause excessive skin dryness.

Clean the genitals with a mild soap at bath time. Rinse well after washing. If you have a girl, gently separate the labia and wipe from front to back to avoid bringing bacteria and stool up into the urethral or vaginal opening.

For the first two weeks, it's normal for baby girls to have a small amount of whitish mucous discharge from the vagina, which can be tinged with blood. This is simply a response to the hormones transferred to her from her mother.

### Nail Care

Your baby's nails are thin and soft and may be quite long when he/she is born. You may use a soft nail file to remove sharp edges. Do not use nail clippers or scissors, as the nail may still be attached to the skin. As your baby gets older, discuss nail care with your baby's doctor.

### Guidelines to Remember when Giving a Bath

- NEVER LEAVE THE BABY UNATTENDED.
- Gather all necessary supplies before starting the bath.
- Check bath water temperature before bathing your baby. The water temperature should be tepid.
- Wash from the cleanest to the least clean parts of the body.
- Wash each eyelid and around the eye area with a clean cotton ball and clear water (no soap) only if needed.
- Wash the face using clear water unless otherwise instructed by your baby's doctor.
- Clean only the outer portions of the ear. Never try to clean inside the ear canal with a cotton swab as any sudden movement by your baby could cause injury to the ear.
- Clean in all creases and between the toes and fingers.
- Dry skin immediately to prevent chilling.

### Shampooing

Many babies enjoy having their heads lathered with a baby shampoo. One of the easiest ways to wash your baby's head is to hold him or her in the "football hold."

By supporting your baby's head in the palm of your hand, you can place your thumb over one ear and a finger over the other, thus keeping water out of the ear canal. This position keeps one free hand to shampoo and rinse.

A mild soap or baby shampoo is usually recommended. Be sure to rinse the scalp well after lathering and then towel dry.

## Circumcision

Circumcision is the surgical removal of the foreskin of the penis. If you choose to have your son circumcised in the hospital, the obstetrician will perform it.

For the first one to seven days after circumcision, apply petroleum jelly to the tip of the penis after each diaper change.

To keep the circumcision area cleaned, squeeze a soapy washcloth over it, then rinse well and pat dry. A yellowish coating may form at the tip of the penis a few days after the circumcision; this is normal and will go away as the circumcision heals.

Notify your baby's doctor if the penis becomes more red and swollen after your son is at home.

An uncircumcised penis is easy to keep clean. Gently wash the genital area while bathing. The foreskin usually does not retract fully and should not be forced.

## Umbilical Cord Care

The most important aspect of cord care is keeping the cord area dry. No tub baths until the cord falls off. Daily bathing prior to cord separation is not necessary unless the baby is dirty. Most pediatricians recommend two to three baths per week. The cord will usually fall off in two weeks. It's not recommended to use rubbing alcohol to dry the stump faster.

## Powders and Lotions

Hospitals don't regularly use powders or lotions. It's best to check with your baby's doctor about the use of these items. Powder in the diaper area is not recommended.

# Diapering

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One of a new parent's biggest concerns is diapering, but it's really quite simple. With just a little practice, you'll feel like a pro. Remember that your baby has soft, delicate skin and you need to wash the area and change the diaper as soon as possible after he or she has a bowel movement. If a rash appears, use a topical barrier ointment to treat. Allow skin to completely air dry between diaper changes.

A rash should not persist beyond three to four days after treatment with a topical ointment. Using baby powder is not recommended. Choose a flat stable area that is large enough for the baby and all of your supplies. Remember, do not leave your baby unattended. Also keep in mind that this can be a good time to talk and play with your baby. Make it a pleasant experience for both of you.

## Types of Diapers

There are two types of diapers: disposables and cloth.

Disposables are more convenient to use. But they are less economical and some babies develop diaper rash with their use.

Cloth diapers are reusable and are less expensive, but need to be laundered at home or by a diaper service. Modern cloth diapers have Velcro or snap closures.

If you prefer cloth diapers, but don't want the inconvenience of laundering them, a diaper service may be a good alternative.

With a diaper service, clean diapers are delivered to your home and soiled diapers are picked up to be laundered and specially treated by the service.

## Using Cloth Diapers

- Rinse them out before dropping them in the diaper pail.
- Use hot water and detergent when washing. Be sure the detergent is thoroughly rinsed out.
- This may require an extra rinse cycle.

# Illness

Because you know your baby best, you will be able to tell when he or she is not feeling well. The following are signs of illness that you should watch for in your baby:

- vomiting (as opposed to spitting up)
- extreme fussiness
- listlessness or extreme sleepiness
- a change in eating habits
- persistent diarrhea
- rigid or seizure-like movements
- high or low temperature

If you think your baby is ill, it's important to contact his or her doctor. Before calling the doctor, be sure to check the baby's temperature under the baby's arm.

The normal newborn temperature is 97.5° F to 99.8° F.

When you call the doctor, have a pencil and paper ready to write down any instructions. Also, have a pharmacy phone number ready.

If your physician instructs you to take a rectal temperature, follow these steps:

- Lubricate the tip of the rectal thermometer with a small amount of petroleum jelly.
- Insert the thermometer one-half to three-fourths of an inch into the rectum.
- Hold the legs and the thermometer the entire time the thermometer is in the rectum, about three to five minutes.

## Low Body Temperature

It's important that all babies maintain a proper body temperature. While an elevated temperature (fever) is often a sign of illness, a low body temperature (hypothermia) can also be a sign of illness and can cause poor weight gain, and lowered heart and breathing rates. Maintaining a room temperature around 70°F, keeping your baby away from drafts and windows, and properly dressing your baby will help to prevent hypothermia.

It's also important not to over-bundle your baby or to keep the room temperature too high. Never place thick or fluffy blankets in your baby's crib or sleep area. An active and pink baby who is waking every two to four hours, feeding well and with frequent urine and stools is usually a sign that your baby's temperature is okay. Remember that holding your baby skin to skin for several hours per day with nothing but a diaper on and a blanket over the two of you will help him or her to learn to maintain her temperature and assist with brain development, and good feeding habits. This is an excellent way to warm a baby that is cool.

If your baby feels cold, looks pale, blue or mottled, is less active and/or not feeding well, it may be an indication that your baby's temperature is low (hypothermia). Routinely taking a baby's temperature is not necessary, but if you feel your baby's temperature might be too high or too low based upon the signs noted above, check his or her temperature. If the temperature is lower than 97°F or higher than 100°F, call your baby's doctor for further advice.



# Safety Issues

## General Safety

- Smoke detectors save lives. Remember to change the battery in your smoke detector semi-annually. A good idea is to change the batteries when you adjust your clock for daylight savings time in the spring and fall.
- Accidents are one of the most common causes of death and disability of infants and children. Automobile accidents alone are the most common cause of death in children under the age of 14, with infants under the age of six months being the most vulnerable.
- Drowning is the second most common cause of death in children in the United States. Accidental injuries can be prevented.

## Car Safety

- Current law requires that all children under eight years of age, and who are under 4 feet 9 inches must be protected by an approved child restraint when riding in a motor vehicle. Lightweight plastic feeding seats that are designed for household use are not acceptable.
- It is required that you have the seat ready in the car when your baby is discharged from the hospital.
- It is recommended that you bring the car seat to your room prior to discharge so that your infant can be properly fitted prior to discharge.
- Never, never hold your baby in your lap while riding in a car. If an accident should happen, your body may be thrown forward and you could crush your baby.
- Use a car seat that has a sticker that says it meets all federal regulations. Get a seat that fits in your car, and is easy to use, so it can be correctly fastened and used for each ride.
- In cars equipped with an airbag on the passenger side, the rear-facing car seat should be used only in the back seat. Inflation of the airbag will tip the car seat into the passenger seat, possibly injuring your baby.

- Some car seats say they should only be used in the rear center seat. Use the car seat according to the instructions and check your automobile owner's manual for instructions. No one under the age of 12 should sit in the front seat.
- In the summer, the seat belt and car seat buckles can be very hot. Inspect both the belt or buckle and, if necessary, cool them with wet wipes or wrap them to prevent a burn.
- Be certain that you have strapped the car seat into your seat belt system properly.
- See a Certified Car Seat Safety Technician before your baby is born to make sure you have properly installed your carseat. You can find one at [www.buckleupforlife.org](http://www.buckleupforlife.org)
- In the winter, puffy coats should not be used under the straps. Use a fleece jacket on baby, and a blanket over them once they are buckled for warmth.
- No after-market padding should be used. If it did not come in the box, it hasn't been safety tested.
- Straps should be snug against the body, and the chest clip should be at armpit level.
- An excellent resource is available at [www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx](http://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx)



# Safe Sleep Guidelines

## Breastfeeding and Safe Sleep

Both work together to lower your baby's risk of Sudden Infant Death Syndrome (SIDS)

### Breastfeeding

- Your milk gives nutrients to your baby and helps keep them happy and healthy. It's great for your health too!
- Formula fed babies are more at risk for SIDS.
- It is best to give only breastmilk for the first 6 months. Continuing to breastfeed to 12 months and beyond (with foods added at 6 months) extends the many great benefits
- Giving your baby a pacifier can reduce the risk of SIDS, but you should wait to use a pacifier until your baby is 3-4 weeks of age.

### Safe Sleep

- Always place your baby on his or her back for all sleep times - naps and night, until their first birthday.
- Place your baby in a crib, bassinet, portable crib, or play yard with a firm mattress and tight fitting sheets.
- Do not use pillows, blankets, soft toys, or crib bumpers anywhere in your baby's sleep area. Dress baby in sleep sack or pajamas to match the temperature of the room.
- Do not smoke or let anyone smoke around your baby. This can increase the risk of SIDS.

### Share the Room, Not the Bed

- Breastfeeding helps you bond with your baby. Being near your baby can help you learn signs for when baby is hungry and helps support breastfeeding.
- Room share—keep baby's safe sleep space in your room for at least 6 months.
- You can breastfeed baby in your own bed. When finished feeding, put baby back into his or her own separate safe sleep space, within view and reach from where you sleep.

## Safe Sleep and SIDS

Sudden Infant Death Syndrome (SIDS) is the leading cause of death in infants from age one month to one year. While it is not totally preventable, you can do several things to help reduce the risk of SIDS.

- Place your baby on his or her back to sleep.
- Dress your baby in sleep clothing or a sleep sack; avoid the use of blankets.
- Do not sleep with your baby.
- Provide your baby with "tummy time" while he or she is awake and is directly observed by an adult. This is important to help develop your baby's neck and shoulder muscles.
- Place your baby in a safety-approved crib on a firm mattress and avoid excessively loose or soft bedding materials. This includes bumper pads. Babies should not sleep in adult beds, or on couches or chairs.
- Avoid letting your baby get too hot. Dress him or her lightly for sleep. Set the room temperature in a range that is comfortable for an adult.
- Do not let people smoke near your baby.
- Place baby to sleep in his or her own crib but in your room. Rooming in with your baby may decrease the risk of SIDS.
- Breastfeeding is known to reduce the risk of SIDS.

## The ABC's of Safe Sleep

**A = Alone**

**B = Back**

**C = Crib**

# Smoking

## A Few Words About Smoking and Your Child

For your and your baby's health, it is best not to smoke at all. If you smoke, chances are you have also tried to quit or have at least thought about quitting. Now that you have a child, you should consider quitting even more seriously. You know about the damage to your own health that smoking causes. Never smoke in the house. Are you aware of the risks caused by second-hand smoke? Here are some ways in which smoking by others can affect your child:

Smoking during pregnancy is one of the leading causes of complications for both the mother and the baby. It can increase the likelihood of:

- miscarriage
- bleeding
- need for Caesarean delivery
- premature delivery
- low birth weight
- polycythemia (abnormal elevated red blood cell count)

Infants whose parents smoke are more likely to die of SIDS (sudden infant death syndrome) than infants who live in smoke-free homes.

Infants and children whose parents smoke suffer more frequent respiratory illnesses such as cold, bronchitis, ear infections and pneumonia as a result of second-hand smoke. Smoking in another room does not protect the child from second-hand smoke.

Toddlers whose parents smoke may suffer accidental burns from lit cigarettes or become poisoned by ingesting cigarettes or ashtray contents left in easy reach.

Allergic children whose parents smoke have more severe symptoms, requiring more medications, visits to the doctor and hospitalizations.

Children whose mothers smoke are twice as likely to develop behavioral problems, such as hyperactivity, anxiety, depression and antisocial behavior, than children of non-smoking mothers.

Smoking shortens your life expectancy, making it less likely that you'll enjoy your children for your full, normal life span.

# Follow-up appointments

Your baby's doctor in the hospital will tell you when to schedule your baby's first office appointment. It's important that your baby be checked periodically and that you keep his or her immunizations up to date.

## A Final Note

The AAP recommend that all babies have a visit with their healthcare provider within 24 -72 hours of discharge.

In the weeks and months ahead, you'll probably receive a great deal of advice on how to care for and rear your new baby. The information in this booklet is meant to be a general guide. If it differs from the information you receive from your baby's doctor, follow the doctor's instructions.

Remember, be flexible! Don't spend too much time worrying about whether what you are doing is "right" or "best." What is most important is to love and enjoy your baby.

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The Christ Hospital Birthing Centers

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