Keeping Your Newborn Safe and Healthy

Congratulations on the birth of your child! This guide is intended to address important issues which may come up in the first days or weeks of your baby's life. The following information is intended to help you care for your new baby. No two babies are alike. Therefore, it is important for you to rely on your own common sense and judgment. If you have any questions, please ask your pediatrician.

SAFETY FIRST

FEVER

Call your pediatrician if:

- **Your baby is 3 months old or younger with a rectal temperature of 100.4º F (38º C) or higher.**
- Your baby is older than 3 months with a rectal temperature of 102º F (38.9º C) or higher.

If you are unable to contact your caregiver, you should bring your infant to the emergency department. **DO NOT** give any medications to your newborn unless directed by your caregiver.

If your newborn skips more than one feeding, feels hot, is irritable or lethargic, you should take a rectal temperature. This should be done with a digital thermometer. Mouth (*oral*), ear (*tympanic*) and underarm (*axillary*) temperatures are NOT accurate in an infant. To take a rectal temperature:

- Lubricate the tip with petroleum jelly.
- Lay infant on his stomach and spread buttocks so anus is seen.
- Slowly and gently insert the thermometer only until the tip is no longer visible.
- Make sure to hold the thermometer in place until it beeps.
- Remove the thermometer, and record the temperature.
- Wash the thermometer with cool soapy water or alcohol.

Caretakers should always practice good hand washing. This reduces your baby's exposure to common viruses and bacteria. If someone has cold symptoms, cough or fever, their contact with your baby should be minimized if possible. A surgical-type mask worn by a sick caregiver around the baby may be helpful in reducing the airborne droplets which can be exhaled and spread disease.

CAR SEAT

Your child must always be in an approved infant car seat when riding in a vehicle. This seat should be in the back seat and rear facing until the infant is 1 year old AND weighs 20 lbs. Discuss car seat recommendations after the infant period with your pediatrician.

BACK TO SLEEP

The safest way for your infant to sleep is on their back in a crib or bassinet. There should be no pillow, stuffed animals, or egg shell mattress pads in the crib. Only a mattress, mattress cover and infant blanket are recommended. Other objects could block the infant's airway.

JAUNDICE

Jaundice is a yellowing of the skin caused by a breakdown product of blood (*bilirubin*). Mild jaundice to the face in an otherwise healthy newborn is common. However, if you notice that your baby is excessively yellow, or you see yellowing of the eyes, abdomen or extremities, call your pediatrician. Your infant should not be exposed to direct sunlight. This will not significantly improve jaundice. It will put them at risk for sunburns.

SMOKE AND CARBON MONOXIDE DETECTORS

Every floor of your house should have a working smoke and carbon monoxide detector. You should check the

batteries twice a month, and replace the batteries twice a year.

SECOND HAND SMOKE EXPOSURE

If someone who has been smoking handles your infant, or anyone smokes in a home or car where your child spends time, the child is being exposed to second hand smoke. This exposure will make them more likely to develop:

- Colds
- Ear infections
- Asthma
- Gastroesophageal reflux

They also have an increased risk of SIDS (Sudden Infant Death Syndrome). Smokers should change their clothes and wash their hands and face prior to handling your child. No one should ever smoke in your home or car, whether your child is present or not. If you smoke and are interested in smoking cessation programs, please talk with your caregiver.

BURNS/WATER TEMPERATURE SETTINGS

The thermostat on your water heater should not be set higher than 120° F (48.8° C). Do not hold your infant if you are carrying a cup of hot liquid (coffee, tea) or while cooking.

NEVER SHAKE YOUR BABY

Shaking a baby can cause permanent brain damage or death. If you find yourself frustrated or overwhelmed when caring for your baby, call family members or your caregiver for help.

FALLS

You should never leave your child unattended on any elevated surface. This includes a changing table, bed, sofa or chair. Also, do not leave your baby unbelted in an infant carrier. They can fall and be injured.

CHOKING

Infants will often put objects in their mouth. Any object that is smaller than the size of their fist should be kept away from them. If you have older children in the home, it is important that you discuss this with them. If your child is choking, **DO NOT** blindly do a finger sweep of their mouth. This may push the object back further. If you can see the object clearly you can remove it. Otherwise, call your local emergency services.

We recommend that all caregivers be trained in pediatric CPR (*cardiopulmonary resuscitation*). You can call your local Red Cross office to learn more about CPR classes.

IMMUNIZATIONS

Your pediatrician will give your child routine immunizations recommended by the American Academy of Pediatrics starting at 6-8 weeks of life. They may receive their first Hepatitis B vaccine prior to that time.

POSTPARTUM DEPRESSION

It is not uncommon to feel depressed or hopeless in the weeks to months following the birth of a child. If you experience this, please contact your caregiver for help, or call a postpartum depression hotline.

FEEDING

Your infant needs only breast milk or formula until 4 to 6 months of age. Breast milk is superior to formula in providing the best nutrients and infection fighting antibodies for your baby. They should not receive water, juice, cereal, or any other food source until their diet can be advanced according to the recommendations of your pediatrician. You should continue breastfeeding as long as possible during your baby's first year. If you are exclusively breastfeeding your infant, you should speak to your pediatrician about iron and vitamin D supplementation around 4 months of life. Your child should not receive honey or Karo syrup in the first year of life. These products can contain the bacterial spores that cause infantile botulism, a very serious disease.

SPITTING UP

It is common for infants to spit up after a feeding. If you note that they have projectile vomiting, dark green bile or blood in their vomit (*emesis*), or consistently spit up their entire meal, you should call your pediatrician.

BOWEL HABITS

A newborn infants stool will change from black and tar-like (*meconium*) to yellow and seedy. Their bowel movement (BM) frequency can also be highly variable. They can range from one BM after every feeding, to one every 5 days. As long as the consistency is not pure liquid or rock hard pellets, this is normal. Infants often seem to strain when passing stool, but if the consistency is soft, they are not constipated. Any color other than putty white or blood is normal. They also can be profoundly "gassy" in the first month, with loud and frequent flatulation. This is also normal. Please feel free to talk with your pediatrician about remedies that may be appropriate for your baby.

CRYING

Babies cry, and sometimes they cry a lot. As you get to know your infant, you will start to sense what many of their cries mean. It may be because they are wet, hungry, or uncomfortable. Infants are often soothed by being swaddled snugly in their blanket, held and rocked. If your infant cries frequently after eating or is inconsolable for a prolonged period of time, you may wish to contact your pediatrician.

BATHING AND SKIN CARE

NEVER leave your child unattended in the tub. Your newborn should receive only sponge baths until the umbilical cord has fallen off and healed. Infants only need 2-3 baths per week, but you can choose to bath them as often as once per day. Use plain water, baby wash, or a perfume-free moisturizing bar. Do not use diaper wipes anywhere but the diaper area. They can be irritating to the skin. You may use any perfume-free lotion, but powder is not recommended as the baby could inhale it into their lungs. You may choose to use petroleum jelly or other barrier creams or ointments on the diaper area to prevent diaper rashes.

It is normal for a newborn to have dry flaking skin during the first few weeks of life. Neonatal acne is also common in the first 2 months of life. It usually resolves by itself.

UMBILICAL CARE

Babies do not need any care of the umbilical cord. You should call your pediatrician if you note any redness, swelling around the umbilical area. You may sometimes notice a foul odor before it falls off. The umbilical cord should fall off and heal by about 2-3 weeks of life.

CIRCUMCISION

Your child's penis after circumcision may have a plastic ring device know as a "plastibell" attached if that technique was used for circumcision. If no device is attached, your baby boy was circumcised using a "gomco" device. The "plastibell" ring will detach and fall off usually in the first week after the procedure. Occasionally, you may see a drop or two of blood in the first days.

Please follow the aftercare instructions as directed by your pediatrician. Using petroleum jelly on the penis for the first 2 days can assist in healing. Do not wipe the head (*glans*) of the penis the first two days unless soiled by stool (urine is sterile). It could look rather swollen initially, but will heal quickly. Call your baby's caregiver if you have any questions about the appearance of the circumcision or if you observe more than a few drops of blood on the diaper after the procedure.

VAGINAL DISCHARGE AND BREAST ENLARGEMENT IN THE BABY

Newborn females will often have scant whitish or bloody discharge from the vagina. This is a normal effect of maternal estrogen they were exposed to while in the womb. You may also see breast enlargement babies of both sexes which may resolve after the first few weeks of life. These can appear as lumps or firm nodules under the baby's nipples. If you note any redness or warmth around your baby's nipples, call your pediatrician.

NASAL CONGESTION, SNEEZING AND HICCUPS

Newborns often appear to be stuffy and congested, especially after feeding. This nasal congestion does occur without fever or illness. Use a bulb syringe to clear secretions. Saline nasal drops can be purchased at the drug store. These are safe to use to help suction out nasal secretions. If your baby becomes ill, fussy or feverish, **call your pediatrician right away**. Sneezing, hiccups, yawning, and passing gas are all common in the first few weeks of life. If hiccups are bothersome, an additional feeding session may be helpful.

SLEEPING HABITS

Newborns can initially sleep between 16 and 20 hours per day after birth. It is important that in the first weeks of life that you wake them at least every 3 to 4 hours to feed, unless instructed differently by your pediatrician. All infants develop different patterns of sleeping, and will change during the first month of life. It is advisable that caretakers learn to nap during this first month while the baby is adjusting so as to maximize parental rest. Once your child has established a pattern of sleep/wake cycles and it has been firmly established that they are thriving and gaining weight, you may allow for longer intervals between feeding. After the first month, you should wake them if needed to eat in the day, but allow them to sleep longer at night. Infants may not start sleeping through the night until 4 to 6 months of age, but that is highly variable. The key is to learn to take advantage of the baby's sleep cycle to get some well earned rest.

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