



www.sfbaypeds.com  
Phone: (415) 668-8900 · Fax (415) 668-1695

## IMPORTANT THINGS TO KNOW ABOUT YOUR NEWBORN BABY

### FEEDING

Babies feed frequently on demand, generally about every 1-4 hours. Offer the breast and/or spend time skin to skin at least every 4 hours to help establish your milk supply. Newborns do not need anything but breast milk or formula. Do NOT give your baby any honey or cow's milk until the age of 12 months. Do NOT give any soft foods until 4-6 months. Water is offered at 6 months of age. With regular and frequent breastfeeding in the first few days after birth as well as with skin to skin contact, your milk should start to come in between day 3-5. Until then, babies get a lot of calories from the very thick, dense "first milk" (colostrum). How your baby latches onto your breast is important for successful breastfeeding; your baby should not just be sucking on the end of your nipple or you risk getting sore nipples. Please ask your doctor, your nurse or your lactation consultant if you have questions about your baby's latch. Babies may lose a little weight after birth, but they regain it by about 1-2 weeks of life.

### BOWEL MOVEMENTS (AKA "POOPS" OR "BMS")

Your baby's first few bowel movements (BMs) are normally dark green (meconium); with regular feeding and frequent BMs, they will change to lighter green-yellow and finally to yellow, seedy and soft BMs. Most new babies will have 5-8 BMs per day in the first couple of weeks of life. Later this frequency may change to a couple BMs per day, one BM every day or a BM every other day; some breastfed newborns normally have a BM every 7 days or so. Tell your doctor if the BMs are hard little balls or if the baby is in pain or seems weak. After the initial color transition from dark to seedy yellow, it can be normal to see any of the "fa; colors" (greens, yellows, oranges, browns) in the poop. It is NOT normal to have red bloody BMs, "black tar" BMS, or completely white BMs.

### URINATION

Most newborn babies will urinate 4-8 times or more per day. If your baby urinates much less than that, your baby may need more fluids; offer your baby breast milk or formula more frequently. Also please call your doctor.

## IMPORTANT INFORMATION (CONT.)

### JAUNDICE

Almost all babies will get normal “physiologic” jaundice, or a mild yellow color of their skin, at about 3-5 days of age. The yellow color is caused by “bilirubin,” and it is removed from the body in the baby’s bowel movements. A little jaundice with a small amount of blood is common and not dangerous. Too much bilirubin in the baby’s blood can be dangerous to the brain. If the baby seems to be getting more yellow earlier than usual (less than 3 days) or seems more yellow along with not feeding well, not having regular BMs, and seems very sleepy, call your doctor immediately. The first office visit should be at 3-4 days of age in order to check the baby’s degree of yellow color and to assess feeding and weight loss. If your baby is having problems with jaundice, one way to help remove bilirubin from the body is to expose the baby’s skin to indirect sunlight for short periods of time (e.g. 10 minute sessions in the early morning and late afternoon via a window).

### SIGNS OF ILLNESS

- Fever > 100.4 degrees Fahrenheit or > 38 degrees Celsius; or persistent temp <97F
- Crying or irritability
- Acting sleeper than usual

If he or she has any of the above signs or symptoms, call your doctor immediately or seek medical attention in the ER. Do not immediately give Tylenol to babies < 8 weeks old so we can monitor the progressions of the fever. You can reduce your newborn’s risk of getting a fever by avoiding crowded places. Avoid contact with others who are sick and ask all contacts to wash their hands prior to touching the baby. Encourage older siblings to touch/kiss the baby’s feet rather than the baby’s face or hands. We also recommend avoiding air travel until around 4 months old when the baby will have 2 rounds of vaccines. All close contacts should receive TDaP and influenza (flu) vaccines.



If your child is having a life-threatening emergency, please call 911. Otherwise, feel free to call us at (415) 668-8900 to schedule an acute illness appointment.

## **IMPORTANT INFORMATION (CONT.)**

### **SLEEPING**

Newborn babies should sleep on their backs in a bassinet. Avoid loose blankets, crib bumpers, stuffed animals, and pillows until after age 1. Babies who are put to sleep on their tummies are at increased risk for sudden infant death syndrome. Babies can sleep on their tummies once they can independently roll from back to tummy. All babies should have monitored “tummy time” during awake periods to strengthen their necks and backs.

### **BATHING**

Babies don't get very dirty, so they initially need bathing every 2-3 days. Avoid submersion baths until the umbilical cord falls off between 1 to 4 weeks. You can sponge bathe as needed until then. “Dirtier” areas include the neck rolls, hands and diaper area. After the cord falls off, use a separate baby bath to bathe your baby. Hypo-allergenic fragrance-free soaps and lotions can be used on the baby's skin. Moisturizing cream can be applied twice per day and immediately after baths as needed. Baby ointments - like Boudreaux's Butt Paste, A & D Ointment, Cerave Healing Ointment or Aquaphor - are good protective barrier creams to use in the diaper area to protect the baby's skin from irritation due to moisture.

### **UMBILICAL CORD CARE**

Keep the umbilical stump clean and dry until it falls off. Fold the top of the diaper so that it does not rub on the stump or allow urine or feces to sit on the cord. If the area gets dirty, you can clean it off with a little warm water and soap. Call your doctor if the skin around the cord becomes red, warm, painful, or leaks pus. When the cord finally falls off, there may be a slightly moist and greenish brown material; this material will dry up after a few days and disappear.

## IMPORTANT INFORMATION (CONT.)

### VISIT SCHEDULE

Babies need regular checkups and immunizations to help them stay healthy; this is the general schedule for exams by age: The first visit after discharge from the hospital is the “newborn check” (usually on days 3-5). Subsequent visits are 2 weeks, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, 4 years, 5 years, and every 1 year thereafter.

*The Center for Disease Control ([www.cdc.gov](http://www.cdc.gov)) is a good resource for information on the recommended childhood immunization schedule. Dr. Paul Offit's book “Vaccines and Your Child: Separating Fact from Fiction” is a helpful book with accurate information about the risks and benefits of vaccines.*

### SAFETY

- You will need a car seat before you take your baby home. The car seat should face backwards until your child is 2 years old, but ideally for as long as possible. Follow the weight and height limits set by the car seat manufacturer. An NHTSA technician can help you install your car seat safely.
  - *Call your local police department or the California Highway Patrol for an appointment to check or install your car seat.*
- Turn down your water heater to equal or less than <120F. Make sure you have a working fire extinguisher in your home. It is state law to have smoke and carbon monoxide detectors installed in your home.
- You will need to childproof your home by 4-6 months of age. Some safety precautions include covering electrical outlets and cords; removing any small toys, coins, nuts, or candies from reach; installing locks on the toilet seats and on cabinets and drawers; keeping the bathroom door shut and off limits; putting barriers around pools or ponds; removing medications from baby's reach. Remove tablecloths or home decorations with hanging parts within reach of the baby. Avoid drinking hot beverages while holding the baby. Remove guns from the home or keep them in a locked location with safety locks on the trigger and with ammunition locked in a separate area.
- You should never shake your baby forcefully as his or her brain is very fragile.

# HUMAN MILK STORAGE GUIDELINES

STORAGE LOCATION AND TEMPERATURES			
TYPES OF BREAST MILK	COUNTER TOP 77°F (25°C) or colder (room temp.)	REFRIGERATOR 40°F (4°C)	FREEZER 0°F (-18°C) or colder
FRESHLY EXPRESSED OR PUMPED	Up to <b>4 Hours</b>	Up to <b>4 Days</b>	Within <b>6 Months</b> is best Up to <b>12 Months</b> is acceptable
THAWED, PREVIOUSLY FROZEN	<b>1-2 Hours</b>	Up to <b>1 Day</b> (24 Hours)	<b>NEVER</b> refreeze human milk after it has been thawed
LEFTOVER FROM A FEEDING <i>(BABY DID NOT FINISH THE BOTTLE)</i>	Use within <b>2 Hours</b> after the baby is finished feeding		

Freshly pumped breast milk has a maximum 6-10 hours of counter time at room temperature, but 4-6 hours maximum is safest. Once frozen milk has thawed to room temperature, use it within 120 minutes.

## NEWBORN RESOURCES

Caring for Your Baby and Young Child: Birth to Age 5 by Steven P., MD. Shelov, Robert E., MD. Hannemann, Richard Trubo, Phyllis F., MD. Afran, Tanya Remer, MD. Altmann, Susan S., MD. Baker William L., MD. Coleman, Paul H., MD. Dworkin, H. Cody, MD. Mesissner.

Baby 411 by Dr. Ari Brown.

## SLEEPING RESOURCES

Solve Your Child's Sleep Problems by Richard Ferber, MD.  
Health Sleep Habits, Happy Child by Marc Weissbluth, MD.  
The Sleep Easy Solution by Jennifer Waldburger and Jill Spivack  
Angelique Millette, PhD, PCD/CD. 415-785-4180.  
Noelle Cochran, Symbio SF. 415-648-3243

## FEEDING RESOURCES

CPMC Lactation @ Newborn Connections | 415-600-6243  
Marin General Hospital Lactation Center | 415-925-7522  
Dr. Hale's online guide to medicines and breastfeeding | [www.infantrisk.com](http://www.infantrisk.com)  
The Nursing Mother's Companion by Kathleen Huggins  
The Pediatrician's Guide to Feeding Babies and Toddlers by Dr. Porto and Dr. Dimaggio

## COMMUNITY RESOURCES

The Parents Place	<a href="http://www.parentsplaceonline.org">www.parentsplaceonline.org</a>
1710 Scott (Sutter and Bush), SF, CA 94115	415-359-2454
600 Fifth Ave, San Rafael, CA 94901	415-491-7959
CDC's Travelers Health	<a href="http://www.cdc.gov/travel">www.cdc.gov/travel</a>

## NORMAL NEWBORN ANATOMY

- Babies' heads and ears can become misshapen from the delivery; this will resolve in the first 2 weeks of life.
- Some babies' heads get bruising or a bump from blood under the skin during the delivery; this will go away over time. Some babies' heads get so much pressure while going through the birth canal that they get a small amount of bleeding into the white parts of their eyes; this too gets better with time.
- There are many different types of newborn rashes that are common and normal; e.g. baby acne, erythema toxicum, peeling skin, milia. They will all resolve on their own without treatment. Discuss any rashes with your pediatrician.
- You may see a small white bump or two on the gum or the roof of your baby's mouth; these "Ebstein's Pearls" are not dangerous and go away by themselves.
- You may also notice lumps under your baby's nipples; these are normal breast buds that are enlarged from exposure to mom's hormones; they usually resolve before 2 years of age. Baby girls may have some small amount of vaginal bleeding in the first 2 weeks of life; this is also normal and due to past exposure to mom's hormones during pregnancy.

- 
- Babies' eyes and brains are still developing after they are born, they can only see close up for a while and will eventually develop the ability to see farther away. One way to know how far they can see is to note the distance at which they fixate on your face or an object and note how their eyes follow you or the object around ("tracking"). New babies focus about 8 inches from their faces.
  - The stomach muscles are not well formed at the time of birth so you may see a bulge around the belly button with crying or straining. The umbilical hernia should resolve on its own by 2-5 years of age. Call your doctor if the bulge becomes painful, tense, or red and hot or if you see a bulge in the groin with crying or straining.
  - Testicles should be felt in or just above each scrotum; if they are "high" they usually will descend with time. The scrotum can sometimes have some extra fluid in it, called hydrocele. These hydroceles usually resolve with time but may require referral to a pediatric urologist if they persist.
  - Urine should come out of the urethra in a straight line; tell your doctor if the urine seems to come out at an angle or as a persistent slow drip.

- Babies' necks are weak so you must support the neck and head until they can consistently hold their own head up; Give the baby some "tummy time" every day to "exercise" their backs and necks.
- Babies' fingernails are sharp and can scratch their faces and eyes easily; you should cut your baby's fingernails regularly and/or cover their hands with mittens to prevent this. You can use regular fingernail clippers and cut carefully. Since babies' fingers are so small, some may see a little blood from the cutting every once in a while; it is usually very minor and stops easily. Just do your best! Alternatively, you may try using a small nail file to keep the nails short.
- Most of our sun exposure occurs in the 1st 18 years of life; therefore, help your baby avoid direct sun exposure and use a hat and zinc-based sunscreen. You can also give your baby sunglasses to wear (with a strap so they don't get lost). Some sunglasses are "Baby Banz" at [www.babybanz.com](http://www.babybanz.com) or [www.BabySunProtection.com](http://www.BabySunProtection.com) (1-888-766-1567). It is okay to use a baby formulated sunscreen with zinc oxide rather than chemical barriers (e.g. Blue Lizard Baby, Pipette or Elta MD Pure) on exposed areas, but wipe it off at the end of the day.

## NORMAL NEWBORN BEHAVIOR

- Babies breathe with their tummies; you will usually see most movement there with each breath. Newborn babies breathe 3-60 times per minute. If they are breathing faster than 30-60 and seem to be using the extra breathing muscles between their ribs consistently over time, please call your doctor or advice line and seek medical attention. Be sure not to get confused by normal baby breathing. Babies commonly do "periodic breathing," which is a few fast breaths followed by a brief pause (less than 20 seconds long) and then followed by a few fast breaths, etc. Babies should look pink when they are breathing normally. They may turn purple or red if they cry or cough or briefly choke on their spit up, etc. The purple-red color means there is still oxygen being carried by their red blood cells to their body. If the baby's face or lips turn deep blue, you should seek medical attention.
- Many newborns sneeze occasionally; this is normal.
- Many newborns seem congested or seem to breathe noisily; this is likely due to their small airway passages and possibly irritation from residual amniotic fluid.
- The first 3 years of life are crucial for brain development; the more you can interact with your baby and stimulate the different senses the better for brain development. It's never too early to talk, read, or sing to your baby.
- Newborns do not need discipline; you cannot spoil them at this point. They need to bond with you and to know they are safe. This newborn period is the time that new babies learn to trust people and to develop attachments to their caretakers. They are not ready to "cry it out" or "self soothe" yet.

## CIRCUMCISION CARE

The decision to circumcise is purely personal or cultural. There are some studies which suggest that circumcised males have a lower risk of urinary tract infection in the first year of life, decreased rates of sexually transmitted infections (studies done in resource limited areas), and fewer foreskin infections. Local circumcision rates range from 40-60%. After reviewing the risks and benefits, your OBGYN can perform a circumcision for your baby boy at your request prior to discharge from the hospital. Put a generous amount of Vaseline or Aquaphor on the front of the diaper after the circumcision this prevents the healing skin from sticking to the diaper. The end of the penis may develop a white adherent plaque; this is new skin developing and is not an infection!

Do not try to scrub the white part off. An infection is marked by pus, bleeding, increasing pain and warmth or fever. Seek medical attention immediately should this occur. Also call a doctor (and hold pressure) if there is active bleeding from the site, darkening bluish color to the tip of the penis, or an inability to urinate.

Many are choosing not to circumcise boys these days; this is purely a cultural and parental preference, which is perfectly fine. Uncircumcised foreskin should be kept as clean and dry as possible. Every once in a while you can gently clean around the foreskin with clear water but NEVER FORCE it back. If you can retract it easily without force, then gently clean underneath with water - but never leave soapy residue as this could be irritating. When he gets old enough to bathe himself, teach your son how to keep his foreskin clean. Most boys can retract their foreskins by 5 years of age, but some cannot retract their foreskins until 18 years of age; either way is normal. It is also important to never leave the foreskin retracted as it could swell and become a medical emergency called paraphimosis.

