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IMPORTANT THINGS TO KNOW ABOUT YOUR NEWBORN BABY

BREASTFEEDING

Newborn baby's need to be fed frequently. This frequent feeding will help to establish milk supply. Feed your baby on demand, but at a minimum, every 3 hours. Breast milk (with vitamin D supplementation) or formula supplies all your baby's nutritional needs. Do not give your newborn honey, other milk, water or solid foods. A breastfeeding mother's milk typically comes in between days 3 and 5. Until then, her baby gets calories from colostrum or "first milk." Although weight loss is normal after birth, most babies will have regained the lost weight by 2 weeks of age. Please ask your baby's doctor or your lactation consultant if you have any questions about your baby's latch or about breastfeeding.

BOWEL MOVEMENTS

Your baby's first bowel movements (BMs) are called meconium. Meconium is dark green-black and sticky. With regular feeding, your baby's BMs will lighten in color and become less sticky. Over a few days they will transition to become yellow, seedy, soft and wet. Initially a baby will pass 5-8 BMs per day, however, this frequency may decrease significantly after 3-4 weeks. It is normal for your baby's BMs to vary in color or texture. It is not normal for a newborn's BMs to be black and tarry or chalky white, to contain blood, or to be hard.

JAUNDICE

Most babies develop a yellow tint to their skin in their first few days of life. This yellow color (jaundice) is caused by bilirubin in the baby's blood. Most jaundice is not harmful, but high levels of bilirubin in the blood can be dangerous. Bilirubin levels can increase over the first 3-5 days of life, after which the jaundice begins to go away. Bilirubin is eliminated in the baby's BMs, so it is important to ensure the baby is feeding well. *Please let us know if your baby is feeding poorly, is excessively sleepy, is not passing regular BMs or if their body looks very yellow (not just the face.)*

IMPORTANT INFORMATION (CONT.)

URINATION

After discharge from the hospital, most newborns will urinate at least 4 times per day. If your baby urinates less than that, offer more breast milk or formula. It is normal for some newborns to have orange (“brick dust”) crystals in the diaper. This will disappear with improved hydration. Please let us know if your baby continues to have decreased urine output.

SIGNS OF POTENTIALLY SERIOUS ILLNESS

- Fever > 100.4 degrees F or 38 degrees C
- Persistent low temperature < 97 degrees F or 36 degrees C
- Prolonged crying or irritability and unable to be soothed
- Lethargy, not responsive, much more sleepy than usual

For these symptoms, call us immediately or seek urgent medical attention in the Emergency Department. Do **NOT** give your newborn infant Tylenol (acetaminophen.)

PROTECTING YOUR NEWBORN FROM INFECTION

Reduce your baby’s risk of infection by avoiding crowded indoor spaces. Avoid contact with persons with signs of illness. Have all visitors wash their hands prior to touching the baby, and ask them to wear a mask for any respiratory symptoms, including allergies. Encourage older siblings to touch the baby’s feet rather than the hands or face. Be sure that all close contacts have had Tdap, Flu, and Covid vaccines. If possible, defer air travel until the baby is over 4 months of age.

SLEEP

Newborns should always sleep on their backs in a bassinet close to a responsible adult. Avoid blankets, stuffed toys, pillows and crib bumpers. Do not allow your baby to sleep on their tummy until they can independently roll from back to front. Babies who are put to sleep on their tummies are at increased risk for sudden infant death syndrome (SIDS.) Babies should have monitored “tummy time” while awake to help strengthen their necks and backs.

IMPORTANT INFORMATION (CONT.)

BATHING

Babies do not need to be bathed more frequently than every 2 to 3 days. Avoid submersion until the umbilical stump falls off. (Sponge bathe as needed until then.) Pay particular attention to the neck folds, armpits and diaper area. Hypo-allergenic fragrance free washes and lotions are safe to use on the baby's skin. Protect the diaper area from irritation with a barrier cream or ointment such as Petroleum Jelly, Aquaphor, A&D, Desitin etc

UMBILICAL CORD CARE

Keep the umbilical stump clean and dry. Fold the top of the diaper down below the cord. If needed, you can clean the area with warm water and a small amount of soap. There may be a few drops of blood or a small amount of discharge when the cord falls off, which should dry up and disappear within a day or 2. Call your doctor if the area around the cord becomes red, swollen, tender to touch or leaks pus.

CIRCUMCISION CARE/FORESKIN CARE

If your baby has been circumcised, follow the instructions for care as prescribed by your OB/GYN doctor. We recommend applying a generous amount of Vaseline or Aquaphor to the front of the diaper to prevent the healing skin from sticking to the diaper. As it heals and new skin forms, the end of the penis may develop a white/yellow adherent plaque. Please seek medical attention for signs of infection such as pus, bloody discharge, pain, or fever, as well as for active bleeding, dark bluish discoloration, or an inability to urinate. If your baby is not circumcised, try to keep his foreskin clean and dry. During a bath, you should gently clean around the foreskin with clear water. You can gently retract the foreskin, but never force it back. Most foreskins cannot be fully retracted for several years.

CAR SEAT

All babies need to be secured in a rear facing car seat until a minimum of 2 years of age. An NHTSA technician can install or check your car seat. (Call your local police department or California Highway Patrol for an appointment.)

MISCELLANEOUS INFORMATION

- **Molding/minor birth injury:**
 - Misshapen heads and ears usually resolve within 2 weeks.
 - Blood spots on the whites of the eyes are common after vaginal delivery and also usually resolve within 2 weeks.
 - Bumps on the scalp from bleeding typically resolve by 2 months of age.
- **Neck Support:** Babies need extra support of their necks and heads until they are able to consistently hold their own heads up.
- **Rashes:** Rashes are very common in newborns and most require no treatment. We are happy to check any concerning rashes; please let us know if your baby has a rash that blisters or if there are other signs of illness.
- **Breathing:**
 - Newborns use their stomach muscles to help breathe; movement there with each breath is normal.
 - Irregular breathing patterns (periodic breathing) are very common in newborns. They may take some rapid shallow breaths followed by a short pause followed by a deeper breath, etc. Please contact us if your baby has a sustained breathing rate that is faster than 60 breaths per minute or a pause in breathing longer than 20 seconds.
 - Loud breathing: Many babies sound congested when they breathe or breathe noisily. This is usually due to their small and flexible nasal passages and airways. Please let us know if your baby seems to be having any difficulty breathing.
- **Color:** Newborn babies may have a bluish purple color to their hands or feet. Let us know immediately if your baby has a bluish color to the mouth, lips or tongue.
- **Fingernails:** Babies' fingernails are sharp and they can easily scratch themselves. You can carefully cut or file your baby's nails or cover their hands with mittens to prevent this.
- **Sun protection:** Protect your baby from direct sun exposure with a hat or shade. Sunglasses and zinc based sunscreen formulated for babies can be used.
- **Epstein Pearls:** Many babies have small white bumps on their gums or on the roof of their mouth. These will resolve on their own.
- **Breast swelling:** It is normal for a newborn to have some swelling under the nipples caused by exposure to maternal hormones. These will also resolve on their own.



MISCELLANEOUS INFORMATION (CONT.)

- **Vaginal bleeding and discharge:** Vaginal discharge, which can occasionally appear bloody, is also common and caused by exposure to maternal hormones.
- **Testes and scrotum:** Testicles can be felt in or just above each side of the scrotum. Some baby boys have a hydrocele or extra fluid in the scrotum after birth. If this does not resolve, we may refer the baby to a Urologist.
- **Stomach muscles:** Stomach muscles are not well formed in a newborn. You may notice swelling around the belly button (umbilical hernia,) especially with crying or straining. Call us if the swelling becomes painful, tense, red or warm.
- **Sneezing and hiccups:** Both are normal!
- **Vision:** At first your newborn will be able to focus at about 8 inches from their faces. Within a few weeks, they should be able to fixate on a parent's face or a high contrast object, and will begin to follow or "track."
- **Development:**
 - It is never too early to interact, talk, read or sing to your baby.
 - You cannot spoil a newborn. They need to feel safe, bond and form attachments to their caregivers.

Please visit our website for important information regarding visit schedules, vaccinations, childproofing and safety as well as for a feeding guide and various newborn resources.

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 4 Hours	Up to 4 Days	Within 6 Months is best Up to 12 Months is acceptable
THAWED, PREVIOUSLY FROZEN	1-2 Hours	Up to 1 Day (24 Hours)	NEVER refreeze human milk after it has been thawed
LEFTOVER FROM A FEEDING <i>(BABY DID NOT FINISH THE BOTTLE)</i>	Use within 2 Hours 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
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	www.parentsplaceonline.org
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	www.cdc.gov/travel