# **BABY CARE 101**



# WHAT TO EXPECT AFTER YOUR BABY IS BORN.....

- Your newborn should receive several important treatments
  - Vitamin K injection (to prevent a potentially fatal bleeding disorder)
  - Hepatitis B vaccine
  - Erythromycin eye ointment (to prevent infection)
- In the first 24hr of life, your baby will also have some important testing/evaluation:
  - Your baby's first "check up"
  - PKU testing (metabolic/genetic screening)
  - Hearing screen
  - Test for congenital heart disease
  - Blood test for jaundice (bilirubin level)

#### **NEWBORN "HICCUPS"**

- Many newborns don't play by "the rules" and need extra attention after birth. This may include extra testing or monitoring, and is a common occurrence.
- Some babies may go to a "transition nursery", some babies may go to the Neonatal Intensive Care Unit (NICU)
- Do not be alarmed if this is necessary, you will be kept completely updated. It is always our goal as healthcare providers to keep your baby with you as soon and as much as possible after birth

# CAR SEAT SAFETY

- Your baby must be secured in a car seat to leave the hospital and at all times when they are in a vehicle
- Rear-facing until age 2y (minimum)
- 5-point safety harness until they are old enough for a booster. Strap should be across their chest at the level of their upper chest/armpits
- Go to <u>www.safekids.org</u> for more information on car seat safety and to find a car seat check event near you



### FEEDING

#### Size of a newborn's stomach



Day 1 size of a cherry 5 - 7 ml 1 - 1.4 teaspoon



**Day 3** size of a walnut 22 - 27 ml 0.75 -1oz







size of a large egg 80 - 150 ml 2.5 - 5 oz



### BREASTFEEDING

- Colostrum initially. Takes 3-5 days for mom's milk to "come in"
- Nursing on demand, alternate sides and feed on both breasts
- Encourage water intake, healthy balanced diet for mom
- Pacifiers are ok
- When to talk to Dr. :
  - Decreased voiding/stools
  - Painful latching/not latching well
  - Signs of engorgement/yeast



- Vitamin D supplement if nursing exclusively
- Lanolin cream can be helpful for mom if any discomfort

# PUMPING/ BREASTMILK STORAGE

- Storage
  - Room temp 4-6h
  - Cooler with ice packs 24h
  - Fridge 8 days
  - Freezer 6-12 months
- Milk should be thawed in fridge or warm water
- Use thawed milk within 24 hours, discard unused portion
- Label frozen milk with date pumped and amount
- Never add fresh milk to frozen milk
- Never warm breastmilk in the microwave



#### FORMULA FEEDING

#### Formula choices

- most babies do well with "regular" formula (cow milk protein-based)
- Other types of formula (soy-based or protein hydrolysate) are available but can be discussed if needed
- Your baby will feed a small amount initially (15-30ml) then increase to ~60ml every 3-4 hours
- Burp often to avoid spitting up
- Formula mixing for powdered formula 1 level scoop per 2 ounces of water. Add powder to pre-measured water.

#### **BOTTLE-FEEDING**

- Make sure to clean bottle nipples
- Most babies do not need specific types of bottles. If your baby spits up frequently, it may be helpful to try a bottle designed for reflux (ex. Dr Brown's bottles)

Newborns <u>do not</u> need water



# OUTPUT

- Expect 7-10 wet diapers/day
- Stools can vary
  - Breastfeeding: seedy, yellow, watery
  - Bottlefeeding: firmer, darker in color
- Constipation = hard stools
  - Straining is normal
  - Mgmt: glycerin suppository, juice, rectal stimulation
  - Talk with your doctor if any concerns



#### **DIAPER DUTY**



- Diaper rashes
  - Contact skin irritation worst in areas of contact with diaper
  - Yeast most pronounced in skin creases
- Circumcision care recommend topical Vaseline until area heals, normal to form "yellowish" scale as healing
- If uncircumcised retract foreskin as baby grows to prevent adhesions
- Vaginal discharge is normal
- Umbilical cord no alcohol wipes needed, diaper below cord, sponge baths until cord falls off (~2 weeks normally)
  - Signs of infection: redness on abdomen around cord, discharge from cord. Normal to have small amount of bleeding/dried blood as cord is drying

### **SLEEPING**



- SIDS prevention: back to sleep, avoid smoke exposure, pacifiers can help
- Tummy time when awake (can start ~2 weeks of life)
- Avoid blankets, stuffed animals, bumpers in crib



# **ROUTINE NEWBORN CARE**

- Dressing comfortably what parent is wearing + one layer
- Room temp 68-72<sup>0</sup>
- Wait until 2 mo to "go public" (after 2mo immunizations)
- Hand washing/sanitizer for everyone. Ask visitors to wait until they feel better if they are sick
- Car seat rear facing until age 2



#### Colic

- Predictable periods of significant distress in an otherwise well-fed, healthy baby
- Crying >3 hours/day, 3 days/week for 3 weeks or longer
- May start ~4 weeks, resolves by 4 months
- Cause unknown
- What to do:
  - White noise, rocking, swaddling
  - Caregiver support
  - Probiotics may help
  - Talk to doctor



- Oral thrush/candidiasis
  - White patches inside mouth
  - May also be on lips, gums, inside of cheek



- Blocked tear duct
  - Common cause of eye discharge in newborns
  - Treatment is massage below eye and warm compresses
  - Always discuss newborn eye discharge with your baby's doctor

#### Jaundice

- Yellowish skin discoloration. Eyes may also appear yellow
- All babies are screened after birth a routine blood test. Some babies may be checked more frequently if needed
- Treatment is frequent feeding, may need phototherapy

#### Weight gain

- Most babies lose weight after birth. Weight is followed daily while hospitalized and outpatient as needed.
- Goal is no more than 10% weight loss from birth weight
- Expect baby to return to birth weight by 2 weeks of life

#### Rashes

- Newborns frequently have rashes and they are usually normal (erythema toxicum, neonatal pustular melanosis, skin sensitivity)
- If your baby develops a rash, it will be evaluated to see if there is a need for concern or if it appears normal
- Recommend unscented baby wash and moisturizer if baby has sensitive skin





- Birthmarks
  - Frequently seen in newborns and will be evaluated during their physical exams
  - Mongolian spots look like bruising, often found on buttocks and lower back
  - Hemangiomas are common and often develop after birth, will be monitored and usually resolve as your baby grows older



## WHEN TO CALL...

- Rectal temp 100.4 or above
- Changes in color (pale/dusky/blue) call 911
- Difficulty breathing, wheezing
- Worsening jaundice
- Poor feeding/dehydration
- Excessive crying or excessive sleepiness
- Any time you don't feel comfortable

