

Care of Your New Baby

University of Vermont

Central Vermont Medical Center

The heart and science of medicine.



Congratulations!

Best wishes to you and your new baby!

We hope this booklet will help you with the common questions most families have about their new baby.

Use the back cover to record your next appointment and as a reference for phone numbers.



SPITTING

All babies spit occasionally. Call your doctor if your baby is spitting up large amounts of its feedings or having projectile vomiting.

BURPING

You should burp your baby half way through and after feedings. Not all babies burp easily but do try. Be sure to always lay your baby on his/her back. This encourages drainage from its mouth if he/she spits up. It decreases the chance of choking or of milk entering the lungs.

SLEEPING

Sudden Infant Death Syndrome (SIDS) is a sudden and unexplained death that usually occurs while the infant is asleep. Highest risk is between ages of 1 and 4 months. Although there is no conclusive research on the cause(s) of SIDS, safety measures such as positioning the infant on his pack to sleep and other safe sleep guidelines have been shown to reduce the incidence of SIDS. Place your baby on his/her back to sleep for naps and at night. Use sleep clothing, such as one piece sleeper, instead of a blanket. Use a firm mattress in a safety approved crib covered by a fitted sheet. Make sure nothing covers the baby's head. Do not use pillows, blankets, sheepskins or pillow-like bumpers in your baby's sleep area. Keep soft objects, stuffed toys, and loose bedding out of your baby's sleep area. Do not let anyone smoke near your baby.



TUMMY TIME

Tummy time is an important activity and needs to be part of your baby's daily routine.

In the first months of life, babies learn about movement of their body and develop physical skills required for rolling over, sitting and crawling. A baby needs the opportunity to play on his/her tummy during waking hours (while being supervised). Time spent in an infant seat/carrier, swing or the restrictive device should be limited because they inhibit free movement.

Visual stimulation is another benefit of the tummy position. Unlike a baby on his/her back (who sees only the ceiling and objects on either side) a baby placed on the tummy will lift his/her head and view the world at eye-level.

Not all babies enjoy tummy time. Some may cry and refuse to lift up their head. Remember there are ways to make tummy time an enjoyable bonding experience and a productive part of your baby's life, while mastering important skills.

SMOKING

Exposure to cigarette smoke is responsible for many illnesses in babies and children including SIDS. You can help by not allowing anyone to smoke in your home or car. If you want help quitting, ask your doctor or call CVMC's *Ready, Set... Stop* cessation program as **371-5945**.



TAKING YOUR CHILD'S TEMPERATURE

There are three ways to taking a child's temperature-Oral; Axillary; and Rectal methods. Oral temperatures are taken with an oral thermometer which is placed under the child's tongue and held there for 2 to 3 minutes. This method is tolerated for a cooperative child older than 4 or 5 years of age. The normal oral temperature is 98.6 degrees Fahrenheit (F). Axillary temperatures are taken with a rectal thermometer which is placed in the dry armpit of an infant or child. Be sure the child does not have clothing between his/her arm and chest as this will give an inaccurate temperature reading. Hold the axillary temperature is 97.6 degrees F. Rectal temperatures are taken with a well lubricated rectal thermometer. Lubricate the silver bulb with petroleum jelly and gently insert into the rectum less than one inch. Hold in place for 1 to 2 minutes. The normal rectal temperature is 99.6 dearees F.

IMMUNIZATIONS

These baby shots help prevent communicable diseases. During your well baby checkup your baby's doctor will discuss the immunization schedule with you. Your child may have received his/her first immunization in the hospital. The hospital is offering Hepatitis B Vaccines to all newborns as recommended by the new immunization schedule from the CDC and AAP.



SIBLING ADJUSTMENT

As your older child gets to know your new baby, be prepared for the unexpected ways in which they will build their own unique relationship. After the baby is born, it is important for each parent to find special ways to be alone with their firstborn and honor the unique relationship, such as a special date to the park or a favorite restaurant.

As your strive to create a positive transition into life as a family of four, remember that these are relationships that will grow and change and bring much beauty, and yes – occasional struggles and tears. And the day will come when your two children will burst into laughter together at some secret game they have invented, and you will know that their love for each other is as strong as the love you feel for them.

WHEN TO CALL YOUR CHILD'S DOCTOR

- When your infant has a rectal temperature over 100.4° F
- · When your child's fever persists for over 2 days
- When your child can't be comforted, cries when moved, or is unusually quiet, or loses his/her appetite
- · When your child has rapid or difficult breathing
- When your child has several episodes of vomiting or diarrhea
- · When your child has a seizure
- When your child complains of or appears to be in pain
- When you are concerned about your child's condition



PROTECTING YOUR NEWBORN

The first ride from the hospital should be your child's first ride in a safety seat. You need to use a safety seat every time – no matter how short the trip.

Vermont's law says that all children up to 8 years old must ride in an approved child restraint. All children ages 8 to 16 must ride in an approved child restraint or safety belt system. Infants 1 year old <u>and</u> weighing less than 20 pounds must ride rear facing. Infant seats must not be installed in front of and active airbag. All seats must meet federal motor vehicle safety standards.

A Car seat should be no more than 5 years old because the materials used in the manufacturing of the seat tend to deteriorate with age. If the seat is involved in a car accident, it must be replaced. Consult your car owner's guide for the child seat information specific to your car make and model. Be sure to read your car seat manual.

For more information contact The Vermont Governor's Highway Safety Program. They have a toll free hot-line which answers questions about choosing and using child care seats; care seat recalls, and safety seat technician locations. In Vermont, call 1-888-TOT-SEAT or go on the web at www.carseat.org and www.safekids.org and NHTSA.gov which are all good websites for Child Passenger Safety.



HAND WASHING

Hand washing is the first line of defense in promoting a healthy baby. Remember to wash your hands often, especially after diaper changes. Encourage others to wash their hands before picking up your baby.

APPEARANCE

At birth, the skin of a normal newborn is purplish-red in color. Within the next few days it gradually becomes the typical pink color which is characteristic of most newborns. Forcep marks usually disappear in a day or two. Milia are pin sized white spots mainly on or around the nose and usually disappear within a few weeks. Usually your baby's head will assume a characteristic round shape by the end of the first week of life.

BREATHING

It is normal for babies to breathe much faster than we do with respirations between 30 to 60 respirations per minute.

SKIN COLOR

Observe for a yellowish tinge to the baby's skin. Call your doctor if you notice this on the chest, abdomen, or on the white part of the eyes. A fine red rash which shows up when the baby is sweaty may be heat rash. Diaper rashes are caused by irritation from stools and urine. Keep the diaper area clean and dry as possible. Sometimes a barrier cream such as Vaseline can be helpful. If that doesn't heal within one to two days, or if it appears raw or sore contact your doctor.



REFLEXES

Your baby is born with many reflexes some of which will remain through life while others will disappear as the baby matures. The rooting reflex is important for feeding, and the sucking reflex is essential for life.

SENSES

Hearing is very good after birth and listening to parent's voices and soft music may be enjoyable and soothing to your baby. Vision is best at distances of 7 to 12 inches. They usually enjoy bright colors. The usual slate-gray-blue eye color gradually changes to the true color by 3 to 12 months of age. Tears are infrequent or absent for the first 2 to 4 weeks of life. The sense of smell is well developed and infants prefer smells associated with their mother. Breast milk can be smelled within a few days after birth, and they have a preference for sweet liquids as opposed to sour or bitter tasting ones.

MOUTH

There is no special mouth care. You should call your doctor is you notice any white patches inside the mouth that look like cottage cheese and don't rub off easily. This could indicate and infection.

BREASTS

You may notice that your baby's breasts look swollen and have a discharge. This swelling is caused by the mother's hormones during pregnancy and is only temporary. Breasts are often tender so treat them gently.



BATHING

Bathe your baby as necessary, but use soap sparingly, since it is drying to the skin. Give your baby a sponge bath until the cord has fallen off and there is no longer discharge coming from the navel. Once the navel is completely dry and healed you may bathe your baby in a basin of warm water. Be sure to hold on to him/her securely, for they are playful, wiggly and slippery when wet. Never leave your baby unattended during a bath. Pay particular attention to keeping skin folds and under the neck clean and dry and to washing the baby's bottom well during each diaper change. You may want to clip your baby's fingernails after his/her bath. Baby nail clippers are available or some mothers prefer to lightly file with a baby file, the nails off; either method works just fine.



CLOTHING

Your baby's normal temperature is the same as yours, so dress your baby in clothing that is comfortable to what you would wear usually adding one extra layer. Remember to use a hat in cold weather to keep warm and in warm weather to protect from the sun.

CORD CARE

Keep the cord dry, placing it outside the diaper. You do not need to apply anything to the cord. Notify your physician for any foul smell or discharge.

OBSERVE FOR MUCOUS

You can remove any mucous in the nose or mouth by turning the baby on his/her side and gently patting his/her back. You may also suction the nose or mouth with a nasal aspirator.



EYES

You may notice a yellow discharge in the corner of your baby's eyes. Wipe from the inside corner of the eye outward, and use a clean part of a moistened cloth. If your baby's eyes become red and inflamed, or if the discharge persists beyond several days, call your doctor.

NOSE

Babies are nose breathers. If the nose is stuffy you may put a few drops of sterile saline in each nostril and then use a nasal aspirator to clear the nose. You may also buy saline nose drops at your pharmacy.

GENITALS

Keep the area as clean as possible. When cleaning a little girl's genital area, spread her labia open with your finders and wipe from front to back, using a clean moist cloth. There may be a whitish discharge or spotting of blood from her vagina. This is temporary and caused by mother's hormones.

When cleaning a little boy's genital area wash well and be sure to remove waste from all creases and under his testicles. If he is circumcised, a thin layer of Vaseline ointment should be used on the tip of his penis with each diaper change until the circumcision is well healed. If he is not circumcised it is not necessary to retract his foreskin.



STOOLS

Babies usually have frequent stools which may occur as often as after each feeding. Loose bowel movements are not unusual. The color of the stool should lighten to a yellow shade by day four of life. If you baby's normal stool patterns change, for example, he/she becomes constipated (stools that are hard in consistency) or has diarrhea (stool which are watery and frequent) call your doctor.

CRYING

You will soon be able to recognize the different cries your baby uses to signify his/her needs. Check to see if your baby needs to burp, needs a diaper change, or is hungry. He/she may just want to be held and comforted for a few minutes. All babies have some fussy times each day.



NEVER SHAKE A BABY

Remember no matter how angry, tired or frustrated you become, NEVER shake your baby. In a few seconds your life and your child's life could change forever. If it okay to let a baby cry. A baby has never died from crying. It is never okay to shake a baby - serious injury or death can occur. Place the baby on his/her back in a safe place like the crib and walk away if you are feeling frustrated. Give yourself and your baby a break.

SNEEZING

Sneezing is very common in the first few weeks of life. Babies are nose breathers; sneezing is how they clear the nose of lint and dust.

HICCOUCHS (HICCUPS)

Hiccups usually occur after feeding and last only a short time. They may sometimes be stopped by burping or feeding a small amount more. They usually bother you more than the baby.



FEEDING

Your breastfed infant can be expected to nurse about every two to three hours or more. Your breasts produce milk on the principle of supply and demand, so the amount of milk that your baby drinks from your breasts will be replaced with an equal amount. Remember that nature provides you with all the nourishment that your newborn requires. Do try to rotate positions that you use during feedings. CVMC supports breastfeeding mother's by offering a support group called "Bosom Buddies" which meets on the first Monday of each month in our hospital conference room. We also have lactation consultants on staff. Questions are answered either by telephone or in person, whichever is more convenient. Our lactation consultants can be reached by calling 371-4415.

Formula fed babies usually want to eat about every three to for hours. Hold your baby in your arms while feeding and be sure that the head is elevated. Some parents feed their babies room temperature formula while other heat the bottle under warm running water. If you heat your baby's formula be sure to test the temperature on your wrist prior to feeding it to your baby. Do not use the microwave to heat formula because it heats unevenly and creates hots sports that can burn your baby's mouth.

WOMEN & CHILDREN'S UNIT

(802) 371-4299

LACTATION CONSULTANT

(802) 371-4415

IMPORTANT NUMBERS

EMERGENCY

Poison Control

1-800-222-1222

Care Provider Name: _	
Care Provider #:	
Next Appointment:	

University of Vermont HEALTH NETWORK

Central Vermont Medical Center









UVMHealth.org/CVMC