



Northwest
Pediatrics

Washington University Clinical Associates

NEWBORN CARE

Suggestions on caring for your baby are only that – suggestions. Each baby will have his or her own personality and routine, and only time will allow you and your baby to know each other well.

BATHING/SKIN CARE/CARING FOR THE UMBILICAL CORD

Keep the baby's room and the room you use for bathing at a comfortable temperature (68-74 degrees). Avoid placing the baby near a room air conditioner or in a draft as these can lower his/her temperature. Avoid placing the baby in direct sunlight as this can raise the temperature.

Until the umbilical cord falls off and the circumcision has healed, give your baby sponge baths only (do not bathe the baby in a tub of water). The cord usually falls off 1-3 weeks after birth, and the area should be kept dry until then. No specific care is required for the drying cord, although you may choose to clean around the base of the cord with rubbing alcohol on a Q-tip™. Never try to pull a loose cord off. It is normal to see a small amount of blood just prior to or after the cord falls off (up to about a week). If the skin around the cord becomes red or blisters, call us immediately.

Once the cord falls off, you may give your baby a tub bath with a mild soap. Wash your baby's hair once or twice a week with a tear-free baby shampoo and don't be afraid to wash the scalp right over the soft spot. Use a soft brush to brush the hair daily. After bathing, you may apply lotion to dry or cracked areas of the skin. We suggest unscented moisturizers like Eucerin™, Aquaphor®, Lubriderm® or Cetaphil®.

Avoid baby oil, as it is dangerous to try to handle a slippery baby. Avoid baby powder, which is very harmful to your baby if inhaled. Baby powder also can collect in skin folds and lead to a rash.

Fingernails should be kept trimmed, but not to the quick. Your baby has skin extending under the nails and cutting them too short can cause bleeding and infection. Toenails also need to be kept neatly trimmed.

DIAPERING

Clean, fresh diaper (cloth or disposable) should be used and changed as often as the baby is wet. Most diaper rash is irritation of the skin caused by exposure to the ammonia in the urine. Most rashes can be prevented if the diapers are changed frequently and the baby's bottom is cleaned and dried before putting on the clean diaper. Simple, unscented diaper wipes are best for cleaning. If your child has a diaper rash, avoid wipes and use warm water on a soft washcloth.

FEEDING

Breastfeeding: Babies grow best on breast milk or baby formula. We strongly encourage breast feeding but realize that this is not always possible for all babies. If you choose to breastfeed, you should begin nursing your baby as soon as possible after delivery. The first fluid to come from your breasts is colostrum, which is thin and yellowish in color. It contains antibodies that will protect your baby from some infections in the first weeks after birth. Mature breast milk will replace the colostrum in 3-5 days after birth.

Start out slowly and do not be concerned if your baby seems sleepy for the first day or two. Hold your baby in a position comfortable for both of you (ask the nurses to assist you with positioning). When attaching the baby to your breast, be sure that the baby's mouth covers the whole nipple and a good portion of the areola (the dark area surrounding the nipple). A good goal is nursing for 10-15 minutes on each breast at each feeding. Nursing longer than this is not necessary and can lead to sore nipples which make subsequent feedings more difficult.

Nurse from both sides at each feeding, alternating the side on which you start. To remove the baby from your breast, put your finger in the corner of the baby's mouth to break the seal. This will help reduce nipple soreness.

Burp the baby after each side. After nursing, let your nipples air dry and apply a small amount of lanolin cream or A&D® ointment. Your nipples may be sore for the first couple of weeks, but this should be only when the baby first latches on. If soreness persists throughout the feeding, please contact us or your obstetrician. You should wear a bra that is supportive, but not too binding.

Breastfeeding moms should eat a well-balanced diet, continue to take prenatal vitamins and avoid dieting. You don't need to drink milk, necessarily, to make milk, but you do need to drink plenty of fluids.

Frequency: Your baby should be fed on a "demand" schedule, which means that he or she wakes up and acts hungry. Feedings are timed from the beginning of one feeding to the beginning of the next feeding and most babies eat every 2-4 hours.

If you are breastfeeding, don't feed your baby more than every 2 hours, as your body needs time to replenish your milk supply. You will be able to tell that your baby is getting enough milk if he or she is having at least 6-7 wet diapers per day and several stools per day.

Your baby should learn to take breast milk or formula from a bottle to allow you a break from time to time, and to allow other caregivers to feed him or her. Wait until two to three weeks of age to do this to give breastfeeding a chance to become firmly established. Waiting too much longer may make it harder for your baby to accept the bottle.

Breast milk contains the appropriate amount of protein, fat and carbohydrates to meet a newborn's nutritional needs. Prepared infant formulas are made to closely resemble breast milk.

Formula feeding: For formula fed infants, we generally recommend a mild-based formula (Similac Advance® or Enfamil Lipil®). Infant formula is available as powder (which must be diluted with water), and ready to feed (which should never be diluted).

Please read the directions carefully and never change the recommended dilution. It is not necessary to use bottled, sterilized or boiled water to make formula (unless you have well

water). In fact, your baby needs the small amount of fluoride that is found in tap water for optimal tooth development.

Baby bottles, nipples and rings are generally dishwasher safe and clean well in the wash cycle. Warm a bottle of mild under warm running water, never in the microwave which can heat unevenly and cause burns. If the baby doesn't finish the whole bottle, the remainder should be thrown away. Once opened, a can of formula should be refrigerated and used within 48 hours. Never give a baby a low iron formula or cow's milk, and discuss any formula changes with your baby's provider.

CARE OF THE PENIS (CIRCUMCISE OR NOT) AND THE VAGINAL AREA

Circumcision: There are several types of circumcisions. The bell circumcision leaves a plastic ring over the head of the penis which falls off in 5-10 days. No ointment or special care is needed for this type. After the bell falls off, the skin should be gently pulled back with each diaper change.

The Gomco or Mogan circumcision leaves no apparatus behind. The penis usually takes about 3-5 days to heal. During this time, Vaseline or A&D ointment should be placed on a small gauze pad and placed over the head of the penis with each diaper change. This will help it heal and keep it from sticking to the diaper. You should not give your baby a bath in a tub of water until the circumcision is healed and the umbilical cord has fallen off.

The foreskin of uncircumcised male infants should be gently pulled back until resistance is met and kept clean. You will probably be able to fully retract the foreskin until he is three to five years old.

Female care: Female infants may have a small amount of vaginal bleeding or discharge five to seven days after delivery. This is due to hormonal changes after delivery and this small amount of bleeding/discharge is normal. There will often be a layer of vernix (white coating on her skin after delivery) between the labia, or vaginal folds, which will wash away over time with routine cleaning and bathing. It is important to gently open the labia and clean away any stool that collects there with each diaper change.

VISITORS

Your baby needs protection from germs. Avoid crowds for the first two months of life and don't take your baby shopping or to large family/social gatherings where they are likely to be "passed around" during this time. Let dad or other caregivers have some time alone with baby and take advantage of this time.

Visitors may be welcomed if they are not sick. Sickness includes things such as fever blisters and runny nose. Encourage older siblings to help care for the baby as long as they are not ill. When home from the hospital, it is a good idea to provide a sibling with a small gift from the baby to help ease the transition.