



HOME INSTRUCTIONS
for Baby

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BREASTFEEDING

- The American Academy of Pediatrics recommends breast milk the entire first year of your baby's life.
- A breastfeeding newborn of average weight will need to be offered both breasts at least eight to twelve times a day. Nurse until your baby is relaxed and satisfied. Frequent breastfeeding stimulates milk production and let down.
- Hold your baby facing you in a comfortable position during feeding. Use pillows if needed to support your baby's weight.
- Your baby will enjoy being held, and skin-to-skin contact has been proven to help mother and baby bond more quickly. Hold your baby (stripped down to a diaper) against your bare chest, under your shirt or gown.
- Don't use a pacifier to delay a feeding when your baby is showing hunger cues. Feed your baby as soon and as often as your baby asks.
- Talk to the nurse in the hospital or your healthcare provider if you need help.
- Keep a record of how often and how much your baby feeds.
- Breast milk is the only food your baby needs the first four to six months of life.
- Do not give any liquids beside breast milk or formula, not even water, until your baby's doctor says it is okay.



BURPING

- Your baby may swallow air with feedings or while fussing. Burping helps your baby get rid of this air.
- You should burp your baby in the middle and at the end of each feeding and whenever your baby is fussy.
- If your baby does not burp, he/she may not need to. You can try again later.

CRYING AND COMFORTING

- Crying is a way for your baby to communicate with you.
- Babies cry when they are hungry, sick or in pain, tired, bored, lonely, or want to be held. Sometimes babies cry when they are handled too much or have had too much stimulation.
- Babies learn trust and feel secure when you pay attention to their cry immediately. Babies will cry less overall when you attend to them quickly when they cry.
- Answering your baby's cries will not "spoil" your baby.
- When your baby cries, try burping, changing the diaper, changing position, or feeding your baby.
- Early signs of hunger include moving their hands to their mouth, rooting or searching motions, sucking on hands, and moving their tongue in and out. Crying is a late sign of hunger.
- You can comfort your baby by holding him close, speaking calmly, bringing the baby's arms and legs towards his body, and rocking or walking around with him. The use of music or the sound of a heartbeat and reducing noise and light may also help.
- Never shake a baby when he/she is upset. This can lead to brain damage and death.

SAFETY

- Infants should be placed on their back to sleep. Babies should never be placed on their stomach to sleep. Keep loose objects and loose bedding such as stuffed toys and pillows out of the crib. Do not leave the baby alone on any elevated surface that does not have side rails.
- Never leave your baby unattended. When bathing, keep one hand on your baby at all times. (Wet babies are slippery.)
- Occasionally babies begin to choke or cough during a feeding. If this happens, turn your baby face down with head lower than body and pat firmly on the back. Use a bulb syringe to suction mouth and nose as needed. Wash the bulb syringe with soapy water, and then rinse it well after each use.
- A car seat can save your baby's life in a car crash and is required by state law. Provide a car seat that is safe and the right size for your baby. Read the instructions that came with your seat. Know how to safely install the seat in your car. Your baby should ride facing the rear of your car in the car seat. The middle of the back seat is generally the safest position in the car. Never place the car seat in front of an airbag.
- Do not give your baby any kind of medicine without asking the baby's doctor.
- Avoid yard signs, outdoor balloons, large floral wreaths, newspaper announcements, or other public birth announcements. Only allow people into your home who are well-known by the mother.



JAUNDICE

- Jaundice is a common condition in newborns that usually appears on the second day of life and resolves itself within ten days.
- A baby has jaundice when bilirubin, which is produced naturally by the body, builds up faster than a newborn's immature liver can break it down and get rid of it in the baby's stool. Too much bilirubin causes a baby's skin to look yellow.
- This yellow color will appear first on the face, then on the chest and stomach, and finally, on the legs. Sometimes, you may also see a yellowish color in your infant's eyes. In most cases, it goes away on its own. If not, it can be treated easily with special lights or other treatments.
- Your baby will get a blood test for bilirubin at one to two days of life. If your baby has a very serious case of jaundice or other medical problems, your baby's doctor will talk with you about necessary treatments.



DIAPERING

- Change diapers as soon as possible when wet or dirty. Use a soft, damp cloth to gently clean the diaper area. Do not use baby wipes until your baby's doctor approves. Try not to cover the umbilical cord with the diaper until the cord falls off and the area is healed.
- Expect soft yellow, seedy (breast-fed) or soft brown (formula-fed) stools at least three times a day. Always wash your hands before and after a diaper change.
- For infant girls, always wipe diaper area from front to back. Small amounts of white or blood-streaked vaginal drainage are common the first few weeks.
- Infant boys who are circumcised will take up to two weeks to heal completely. Reddened areas indicate areas of healing. Clean with water.

UMBILICAL CORD CARE

- Do not cover the cord until it is completely dried and healed.
- Keep the cord area clean and dry.
- The cord will usually fall off within 10-21 days.
- Report a bad smell, bleeding, or drainage from the cord area to the baby's doctor.



BATHING

- Bathe your baby approximately two to three times a week using tepid water, starting with sponge baths during the first few weeks of life.
- Use plain water on all areas except head and diaper area for the first weeks. (Soaps can dry out tender newborn skin.)
- Use mild soap daily on the diaper area.
- Use mild soap or shampoo on your baby's hair.
- Use a soft brush to care for your baby's scalp daily.
- Clean your baby's eye lids with a clean, wet cloth.
- Do not use a cotton swab to clean out your baby's nose or ears.

CIRCUMCISION CARE

- If your physician used a Gomco clamp to circumcise your baby boy, it is important to keep the area clean, dry, and covered with petroleum jelly soaked gauze for the recommended period of time. Rinse the area with water by squeezing a wet cloth. Do not rub to clean the circumcised area. It is normal for the area to be slightly yellow and crusty while it heals. Drainage that is green should be immediately reported to your baby's pediatrician. Any bleeding from the circumcised site should also be reported immediately.
- If your pediatrician used a Plastibell to circumcise your baby boy, it is important to keep the area clean and dry. There will be a small bell left on the tip of your baby's penis while it heals. This bell will fall off naturally. Do not rub the area while cleaning your baby. Do not use antibiotic cream or gel and do not use petroleum jelly soaked gauze as these may cause the bell to slip off too soon. It is normal for the area to be slightly yellow and crusty during healing. Drainage that is green should be reported immediately to your baby's pediatrician. Any bleeding from the circumcised site should also be reported immediately.

TAKING YOUR BABY'S TEMPERATURE

- Digital thermometers are recommended as both safe and accurate. The best method for taking a baby's temperature is in the armpit. An axillary (armpit) reading of 99.4 degrees Fahrenheit or higher might indicate that your child has a fever.

NEWBORN SCREENING

- Your baby will have a "Newborn Screening" test performed by your healthcare provider. The test is performed using a small sample of blood from your baby's heel at about two days after birth.
- The goal of the Newborn Screening Program of Texas is to detect newborns with health problems that can be treated and initiate treatment early in life in order to prevent developmental delays or other problems. The test needs to be repeated one to two weeks later by your baby's healthcare provider. It is important that your healthcare provider has your correct address or telephone number so they can reach you if your baby needs an additional follow-up test.
- Your baby will also have a newborn hearing test performed in the hospital before the baby goes home. After your baby's hearing test is complete, you will get the results. If your baby is "referred," this means that your baby needs more testing. Schedule any additional tests with your baby's healthcare provider right away.
- You can get a "Hearing Checklist" from the Texas Department of State Health Services (DSHS) to use as a guide to know if your baby continues to hear well.

LATE PRETERM INFANTS

- A baby born between 34 and 37 weeks gestation is considered a late preterm infant.
- Because your infant is not full-term, he/she may have some difficulty with feeding, maintaining body temperature, and sleeping too much.
- Jaundice can be a concern with late preterm infants.
- Your baby may not wake up for feedings. It is important to wake up your baby to eat and keep him or her awake while feeding.
- Your baby may have less body fat, so you will need to keep your baby warm. Wrap your infant in two blankets and put a hat on your baby. Keep your house at a comfortable temperature that is not too cold.
- Skin-to-skin contact with your baby will also help keep your baby warm as well as encourage your baby to feed.
- Your baby may eat smaller amounts, so he or she will need to be fed more frequently. Feed your baby at least eight times per day. If the baby's doctor talked to you about supplementation, give your baby formula after breastfeeding according to your doctor's instructions.
- Keep a feeding log that includes how much your baby is voiding and stooling for two weeks. This will be important to take to your baby's check-up and weight check.

BOTTLE FEEDING

- Most newborn babies will need one to two ounces every three to four hours the first week.
- Hold the bottle so that the nipple is completely filled with fluid, not air.
- Do not prop the bottle. Hold your baby for feeding. Propping a bottle may increase the possibility of choking, ear infections, and dental issues.
- Do not heat bottles in a microwave.
- Heat under warm running tap water or place the bottle in a bowl of warm tap water.
- Check the temperature of the fluid to make sure it is not too hot.
- Wash bottles and nipples thoroughly with hot soapy water or in the top rack of the dishwasher.
- Follow package directions for mixing the formula your baby's doctor recommends.
- Do not change formula unless you have talked to your baby's doctor.



Newborn

REASONS TO CALL YOUR HEALTHCARE PROVIDER OR GO TO YOUR LOCAL EMERGENCY DEPARTMENT:

- Axillary temperature of 99.4° or higher.
- Axillary temperature of 97.0° or less.
- Vomiting (not spitting up) two to three times a day.
- Diarrhea: two or more very watery stools.
- Unusually quiet, limp, or fussy.
- Excessive crying and/or can't be comforted.
- Not eating more than two feedings in a row.
- Less than six wet or three dirty diapers per day.
- Unusual skin rash.
- Breathing fast (more than 60 times a minute) while resting.
- Drainage or bad smell from umbilical cord.
- Jaundice (yellow color to skin), especially if not eating well.
- No wet diaper within twelve hours after circumcision.
- Unusual swelling, bleeding, or discharge from circumcision.