Your Baby’s Follow-up Visits

Your baby’s health care provider will check your baby in the hospital. Please let our staff know who you have chosen for your baby’s ongoing care. We can also help you find a provider for his care.

Your baby’s first visit will be planned according to the following schedule:

- **When you go home less than 48 hours after birth**, your baby needs to be seen by a pediatrician or other health care provider in the next 1 to 2 days. If you live in King or Snohomish County, we offer a nurse visit in your home within 48 hours after you leave the hospital.

- **If you go home more than 48 hours (2 days) after birth**, our pediatric provider will tell you when you should take your baby to the clinic.

- **If you are receiving medical coupons**, you will have 30 days to choose your baby’s Primary Care Provider (PCP) in your Healthy Options plan. Tell your DSHS worker you have given birth so he or she can send you medical coupons for your baby. Your baby will be covered for at least 1 year.
Feeding Your Baby

Feeding is the first social interaction for your baby. Use this time to talk and sing to your baby. The distance between your eyes and your baby’s eye’s in the feeding position is how far your baby can see clearly. Watch how your baby studies your face.

Feed your baby when he shows hunger cues – usually every 1½ to 3 hours. If your baby chokes when breastfeeding or drinking from a bottle, sit your baby upright or put him onto his stomach and pat his back.

Breastfeeding

For information on breastfeeding, please refer to the breastfeeding section in this booklet.

Bottle-Feeding

Your baby should eat at least 1½ ounces every 3 to 4 hours, or 6 to 8 times in a 24-hour period for the first week. Burp your baby after every half ounce. Always prepare the formula according to the instructions on the can. It can be harmful to your baby if the formula is mixed incorrectly.

If your baby drinks only part of the formula in the bottle at one feeding, has been burped, and seems full, you can assume he has had enough. Do not force or encourage your baby to take more.

If your baby does not take all the formula from the bottle, you may refrigerate it once, but only once, for later use. Use it within 24 hours. If it is not refrigerated, the half-used formula must be discarded within 1 hour.

Always hold the bottle, never prop it or put the baby to bed with a bottle. These practices may cause ear infections or choking and lead to tooth decay. Use feeding time to cuddle and snuggle with your baby. See Pregnancy, Childbirth and the Newborn, pages 461 to 463.

Spitting Up

Spitting up is common in babies. It may occur because he has eaten more than his stomach can hold or when he burps. Although it is messy, it usually is not cause for concern.
Some babies spit up more than others, but most will decrease the amount of spitting as they start to sit, and almost all stop by the time they are walking. If you’re concerned about the amount your baby is spitting up, call your health care provider. See *Pregnancy, Childbirth and the Newborn*, page 404.

**Cord Care**

Clean the area around your baby’s umbilical cord stump if it is soiled. First, wash your hands carefully. Then use a cotton ball soaked with warm water to clean between the cord and his tummy.

Keep the diaper below the cord stump to allow air to help to dry the stump. The cord stump will fall off in 1 to 2 weeks. Continue cleaning this area carefully for another week after the cord stump falls off. Watch for redness and signs of infection at the cord site.

The umbilical cord area on some infants will push outward and feel squishy, especially when they cry. This is called an *umbilical hernia*, which is a small hole in the muscles of the abdomen. This is not a serious condition and usually goes away by 12 to 18 months. See *Pregnancy, Childbirth and the Newborn*, pages 385 to 386.

**Bathing Your Baby**

Your baby can be given a sponge bath or tub bath right from birth (depending on your comfort level). Use little or no mild soap and avoid the use of body lotions or powders on your newborn baby.

Bathe your baby once or twice a week in a warm room with no drafts. Start with his face, using a corner of the washcloth to clean his ears and nose.

You do not need to wash your baby’s hair at every bath. See *Pregnancy, Childbirth and the Newborn*, pages 386 to 387.

**Cleaning the Diaper Area**

*Girls*

Always wipe your baby girl’s diaper area from front to back. This can prevent bladder infections. Clean gently between the folds of skin.
Your baby girl may have white or pink mucous coming from her vagina. **This is normal.** It is caused by the mother’s hormones. See *Pregnancy, Childbirth and the Newborn*, page 386.

**Boys**

Wash, rinse and dry carefully between the scrotum and legs.

If your baby’s penis is not circumcised, do not pull the foreskin back when washing. This may cause damage. The foreskin will pull back naturally between 4 and 8 years of age. No special care is needed until then.

If your baby is circumcised, you may see some yellowish drainage around the tip of the penis. Also during the first week, you may see that the skin on the penis is red and a little swollen. In one type of circumcision, there is a plastic ring on the penis. Leave it in place. It will fall off in 5 to 8 days.

Report to your doctor:

- Any persistent bleeding.
- If your baby does not urinate after 24 hours.
- Any pus-like drainage.

See *Pregnancy, Childbirth and the Newborn*, pages 402 to 404.

**Taking Your Baby’s Temperature**

A baby’s temperature is taken under the arm. A normal underarm temperature is between 97.7°F (36.5°C) and 99.5°F (37.5°C).

If you think your baby has a fever, check by taking an underarm (axillary) temperature. To do this, put the thermometer in your baby’s armpit. Make sure the tip is completely in the armpit. Hold the thermometer there until the beep sounds. Then read your baby’s temperature.

We do not recommend the use of mercury thermometers.

Call your health care provider if your baby’s temperature is 100.4°F (38°C) or more. Ask your health care provider what their preference is for a temperature that they want you to call about. See *Pregnancy, Childbirth and the Newborn*, page 418.
Dressing Your Baby

Dress your baby as you dress yourself for the weather. Do not overdress your baby or use too many blankets, especially when sleeping. However, do put a hat on your baby when you take him outside. Babies can easily lose heat from their heads in cold weather, or get too hot if their heads are uncovered in hot weather. Babies do not need sunscreen until 6 months of age. Do keep them out of direct sun.

Sleep Positioning for Your Baby

Place your baby to sleep on his back to reduce the risk of Sudden Infant Death Syndrome (SIDS). Recent research has shown this is the safest sleeping position. There should not be soft blankets beneath your baby and no plush toys in the crib – only a tight-fitting sheet over a firm crib mattress. Babies rarely sleep through the night for the first few months. See Pregnancy, Childbirth and the Newborn, pages 398 to 399 and 419 to 420.

Be sure to position your baby on his tummy for playtime. This strengthens the muscles of his arms, neck, and back.

Other Issues During the First 2 Months of Life

Hiccups

Most babies hiccup from time to time. Hiccups are not harmful to your baby.

Sneezing

Sneezing is the natural way that a baby clears his nose. It does not mean that your baby has a cold.

Skin

Newborns will often have dry and peeling skin for the first 1 to 2 weeks of life. This is normal. There are several other rashes that are also normal in newborn infants.

- **Salmon patches or “stork bites”** – patches of deep pink that are commonly located on the back of the neck, bridge of the nose, upper eyelids, and lower forehead. These are the most common birthmarks, especially in light-skinned babies. They usually go away over time.

- **Mongolian spots** – large flat areas containing extra pigment which appear green or blue (like a bruise) on the
lower back or buttocks. These are very common, especially in dark-skinned babies, and usually go away over time. You can ask your baby’s pediatric provider to note these in your baby’s medical record.

- **Milia** – tiny white bumps or yellow spots across the tip of the nose or chin that are smooth to the touch. Do not squeeze or try to pop them. They usually disappear in the first month of life.

- **Erythema toxicum** – a rash of red splotches with yellowish/white bumps in the center. They generally appear during the first few days of life and disappear within the first week or so. They do not need any treatment. See *Pregnancy, Childbirth and the Newborn*, pages 384 to 385.

**Crying**

Newborn babies cry for all sorts of reasons. They cry when they are hungry, overstimulated, tired, gassy, or need a diaper change. All babies have times when they cry and we can’t figure out why.

If you do not know why your baby is crying, try holding, rocking, or walking and bouncing gently. Babies like repeated movements. You can also try wrapping the baby snugly in a blanket or carrying the baby in a front pack or sling. See *Pregnancy, Childbirth and the Newborn*, pages 406 to 408.

**Crossed Eyes**

Most babies will occasionally have crossed eyes during the first 4 to 6 months of life.

**Breast Swelling**

Most babies, both boys and girls, have some swelling of the breast because of the hormones they received from their mother during pregnancy. They can even leak milk at first. See *Pregnancy, Childbirth and the Newborn*, page 385.

**Chin Quivering**

A newborn’s chin often shakes or quivers during the first several months of life. This will disappear as your baby’s nervous system matures.
Questions?

Your questions are important. Call your pediatric provider with questions about your baby.

Lactation Services: 206-598-4628


Cough

Your baby may cough and sputter after the first few breast or bottle feedings. Coughing should stop after adjusting to the feeding routine.

Moro Reflex

This is often called the “startle” reflex. It occurs when your baby is alarmed or surprised by a noise, bright light, or quick movement. He suddenly flings his arms and legs out and straightens his body.

Rooting Reflex

Stroke your baby’s cheek with your finger and she will turn toward the touch with an open mouth. This is especially strong when your baby is hungry. See Pregnancy, Childbirth and the Newborn, pages 397 to 398.