# UW Medicine UNIVERSITY OF WASHINGTON MEDICAL CENTER

# **Caring for Your Baby**

Congratulations on the birth of your baby! We hope this information is helpful when you when are caring for your baby at home.

# Your Baby's Follow-up Visits

While your baby is in the hospital, his care will be directed by either a pediatric medical doctor or by the family medicine team if you have a family medicine doctor.

Please tell our staff who will be your baby's primary care provider when you go home. Or, if you have not chosen a provider, we can help you find one.



Your baby's first visit with a healthcare provider is an important part of his care.

Your baby's first visit with a provider will be planned according to this schedule:

## If you go home:

- Less than 48 hours after birth, your baby needs to be seen by a pediatrician or other healthcare provider in the next 1 to 2 days.
- More than 48 hours (2 days) after birth, our pediatric care provider will tell you when you should take your baby to the clinic for his first visit.

# • If you are using Medicaid or Washington Apple Health:

- You have 21 days to get a Provider One number for your baby.
- You can call your WIC office or the Healthcare Authority at 855.623.9357. A representative will help you add your baby to your Medicaid plan.
- Your baby's healthcare will be covered for at least 1 year.



Use feeding time to talk and sing to your baby.

# **Feeding Your Baby**

Feeding is your baby's first social time. Use this time to talk and sing to your baby. The distance between your eyes and your baby's eyes 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 you he is hungry. This is usually every  $1\frac{1}{2}$  to 3 hours.

## **Breastfeeding**

For information on breastfeeding, please see the breastfeeding chapters in this book.

## **Spitting Up**

Spitting up is common in babies. It may occur when he burps or because he has eaten more than his stomach can hold. Even though it is messy, it usually does not mean something is wrong.

Some babies spit up more than others, but most will spit up less when they start to sit. Almost all babies stop spitting up by the time they are walking. If you are concerned about how often your baby is spitting up, call your baby's healthcare provider.

#### **Cord Care**

- Check your baby's umbilical cord stump daily. Keep the diaper below the cord stump so that air can help dry the stump.
- The cord stump will fall off in 1 to 2 weeks. Sometimes when it falls off, there may be some yellowish drainage, dark red spotting, or a small amount of bright red spotting. This is normal. But, if the area around the cord is red, smells bad, is draining pus, or is bleeding more than the size of a quarter, call your baby's healthcare provider.
- If the area around your baby's umbilical cord stump gets dirty, clean it. First, wash your hands well. Then use a clean cotton ball or washcloth soaked with warm water to clean between the cord and your baby's tummy.
- 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 belly muscles. This is not a serious condition. It usually goes away by 12 to 18 months.



A newborn baby's skin is very sensitive. When you give your baby a bath, use just a little mild soap, or no soap. Do not use body lotions or powders on your baby's skin.

# **Bathing Your Baby**

- You can give your baby a tub bath right from birth. Use just a little mild soap, or no soap. Do not use 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 and use a corner of the washcloth to clean his ears and nose.
- You do not need to wash your baby's hair at every bath.

# Cleaning the Diaper Area Girls

- Always wipe your baby's bottom from front to back. This can prevent bladder infections. Clean gently between the folds of her 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.

#### **Boys**

- Wash, rinse, and dry carefully between your baby's 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 on its own 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. During the first week after circumcision, the skin on his penis may be 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.

# After a circumcision, call your baby boy's doctor if your baby:

- Has bleeding from his penis that does not stop
- Does not urinate within 24 hours after being circumcised
- Has any pus-like drainage from his penis



A baby's temperature is taken under the arm.

# **Taking Your Baby's Temperature**

A baby's temperature is taken under the arm. This is called an *axillary* temperature 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:

- 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 recommend that you do **not** use a mercury thermometer.

Call your baby's healthcare provider if your baby has a fever of 100.4°F (38°C) or higher. Also, ask the provider what temperature they want you to call about.

# **Dressing Your Baby**

- Dress your baby as you dress yourself, based on the weather. Do not overdress your baby or cover him with too many blankets, especially when he is sleeping.
- **Do** put a hat on your baby when you take him outside. Babies can easily lose heat from their heads in cold weather. They can also get too hot if their heads are not covered in hot weather.
- Babies **do not** need sunscreen until 6 months of age. But, **do** keep your baby out of direct sun.

# **Sleep Positions for Your Baby**

Place your baby to sleep on his back to lower the risk of sudden infant death syndrome (SIDS). Research shows this is the safest sleeping position. Do **not** put soft blankets beneath your baby or plush toys in the crib. There should be only a tight-fitting sheet over a firm crib mattress.

Babies rarely sleep through the night for the first several months. Be sure to place your baby on his tummy for playtime when you are both awake. This strengthens the muscles of his arms, neck, and back.



Always place your baby on his back to sleep.

# Other Issues During the First 2 Months of Life

# **Hiccups**

Most babies hiccup from time to time. Hiccups will not harm your baby. You do not need to try to stop them.

## Sneezing

Sneezing is the natural way a baby clears his nose. It does not mean 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. Several other rashes are also normal in newborn infants. They are:

- Salmon patches or "stork bites" patches of deep pink.
   These patches are usually on the back of the neck, bridge of the nose, upper eyelids, and lower forehead. They are the most common birthmarks, especially in light-skinned babies. They usually go away over time.
- **Mongolian spots** large flat areas that contain extra pigment (skin coloring). They are greenish or blue (like a bruise) and may be on the lower back or buttocks. These are very common, especially in dark-skinned babies. They usually go away over time. You can ask your baby's healthcare 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. They 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 or white bumps in the center. They usually appear during the first few days of life and disappear within the first week or so. They do not need any treatment.

# **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 cannot figure out why.

Beginning at about 2 weeks of life, babies start crying more. Crying will continue to increase for the next 6 weeks to 2 months before it slowly begins to lessen. This is normal.



It is normal for babies to cry more from about 2 weeks to 2 months of age.

When your baby is crying, try these things:

- Soothe her by swaddling, holding, or gently rocking her, or walking while you gently bounce her. Babies like repeated movements.
- Wrap her snugly in a blanket or carry her in a front pack or sling.

If you are concerned about your baby's crying, take her to see her healthcare provider. For more about crying, read about "The Period of Purple Crying" at www.purplecrying.info.

## **Crossed Eyes**

Most babies will have crossed eyes at times during their first 4 to 6 months of life.

## **Breast Swelling**

Most babies, both boys and girls, have some swelling of their breast tissue. This is from the hormones they received from their mother during pregnancy. A baby's breasts can even leak a little milk at first.

## **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.

# Cough

Your baby may cough and sputter after the first few breast or bottle feedings. Coughing should stop after your baby adjusts 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 your touch with an open mouth. This is especially strong when your baby is hungry.

#### **Questions?**

Your questions are important. If you have questions about your baby, call your pediatric provider.

In an emergency, call 911.