



Watching you grow!

Name: _____

Date: _____

Weight: _____ %

Height: _____ %

Head circumference: _____ %

Well-child exam: newborn

Nutrition

- Breast milk or formula with iron is all the food your baby needs for the first several months.
- Feeding is an important bonding time and you always should hold your baby during feedings.
- Do not prop a bottle in your baby's mouth. This may cause ear infections, choking and future tooth decay.
- Many babies spit up during and after feedings. We recommend frequent burping and holding your baby upright after feedings. If your baby spits up large volumes, seems fussy with spit-ups, seems to choke with spit-ups or if you have concerns about the spitting up, please discuss with your provider. If you notice blood-stained or green bile spit up, please call the clinic.
- It is recommended to give Vitamin D supplementation of 400 IU daily to babies.

Breastfeeding:

- Your baby should nurse 8-10 times in a 24-hour period. The more your baby sucks, the more milk that is produced. Breast milk is quickly digested and requires your baby to nurse frequently.

Formula feeding:

- Always wash your hands before handling baby bottles or feeding your baby.
- Feel free to ask your health care provider for formula recommendations for your baby.
- Follow directions on the container for proper mixing and storing.
- Most city water supplies are safe. Use cold tap water to prepare formula. Let the water run for two minutes before you use it. (Old water pipes may contain lead-based solder and lead dissolves more in warm water or standing water.) Fresh, cold water is generally safe. If you have well water, boil your water for 1 minute or use distilled water until your child is 6 months old. After warming, test the water to be sure it isn't too hot for baby. Ask your child's provider if you are not sure whether your water supply is safe for your baby.

Wetting and stooling

- Expect your baby to have 4-6 wet diapers per day.
- Breastfed babies can have 8-10 stools per day or as few as one stool every 8-10 days.
- Formula-fed babies typically have 1-2 stools per day.
- Infrequent, hard stools may indicate constipation. If this occurs, call the child's provider for evaluation.

Female babies may have:

- Swollen labia due to the passage of female hormones across the placenta. The swelling should resolve in 2-4 weeks.
- Vaginal discharge from the decline of maternal hormones in the baby's blood. A clear or white discharge may flow from the vagina by the end of the first week. Occasionally, the discharge becomes pink or blood-tinged. This normal discharge may last 2-3 days and **does not** need to be wiped away.

Circumcision care:

- Clean the newly circumcised penis with only water for the first 3-4 days.
- A small amount of bleeding is common for the first few days.
- Use ointment as instructed for the first 2 weeks. Normal healing includes a whitish-yellow coating. **Do not** remove this coating.
- Call the clinic if you notice continual bleeding or unusual drainage at circumcision site.

Umbilical cord and skin care:

- Bathing your infant is needed 2-3 times per week at most. You may use a mild soap but never on infant's face.
- Keep the cord dry. Only sponge bathe until the cord falls off. No other cord care is required.
- Fold diapers down to prevent urine and stool from contaminating the umbilical cord.
- The cord will fall off in approximately 10-14 days.
- Call the clinic if you notice redness of the skin surrounding the umbilical cord, fever (temp greater than 100.4 F) or a foul-smelling discharge.

This sheet is not specific to your child, but provides general information. If you have any questions or concerns, please talk with your child's provider for assistance in finding additional resources.

CENTRACARE Health

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Jaundice

Jaundice is the yellow color seen in a newborn's skin and eyes. More than half of all full-term babies have jaundice in the first few days of life. It occurs because the infant's liver has not yet fully developed. A mature liver quickly clears bilirubin from the body. Bilirubin is produced by the breakdown of red blood cells the baby no longer needs. When the bilirubin is not cleared from the body, it causes the baby's skin to look yellow. The level of bilirubin peaks when the baby is 3-5 days old. Blood tests can measure the level of bilirubin.

Call your provider if your baby's skin looks more yellow, or if your baby is very sleepy, not eating well or not wetting as many diapers. Left untreated, jaundice could cause complications, including brain damage.

Back to sleep

In October 2011, the American Academy of Pediatrics published updated guidelines for safe infant sleeping.

Follow these safe sleep tips:

- Always put your baby to sleep on his back in a crib. Once the baby begins to turn over on his own, you do not have to worry about him sleeping on his back.
- If you bring your baby to bed to breastfeed or to comfort, stay awake and put him in his crib before you go back to sleep. Room-sharing without bed-sharing is recommended.
- Keep all soft items out of your baby's crib.
- Use a safety-approved crib with a firm mattress and fitted sheets.
- **Do not** overheat baby. Use a light blanket, placed no higher than his chest, or dress him in two sleepers or a blanket sleeper sack.
- Consider offering a pacifier at nap and bed times.
- Avoid smoke exposure.
- Educate everyone who cares for your baby about these safe sleep rules.

Babies can suffocate when:

- Sleeping with adults or other children who may roll over on the baby
- Slipping off the chest of a sleeping adult and getting trapped between adults and cushions or bedding
- Sleeping on a soft surface like a pillow, pillow top mattress, memory foam, sheep skin or comforter

Unsafe sleep spaces include:

- Sofas, recliners and waterbeds
- Cribs filled with stuffed toys, fluffy bumper pads, pillows, blankets and diapers

Safe sleep spaces include:

- Cribs, bassinets and play yards

For more information contact:

Minnesota SIDS Center at **800-732-3812** or www.health.state.mn.us/divs/cfh/program/infantmortality

Crying

Babies cry to express their needs and wants. As you get to know your baby, you may recognize each cry and know its meaning, such as: I'm hungry, wet, cold or tired. Your baby may need to be held or need a change in position. Babies also cry when they need attention or less stimulation. Many babies have a fussy period each day, commonly in the evening, where nothing seems to comfort the child.

It is normal for a baby to cry, especially during the first three months. The average newborn cries relatively little during the first week, but increases crying time at 2 weeks of age and reaches a peak of three hours daily crying time at 6-9 weeks of age. The crying usually slows down by 3 months to one hour per day.

Survival techniques

Crying is a strain on you and on your relationship with your baby. If needed, ask someone to take over the baby care for a short time. Accept help when offered. If help is not offered, ask for it.

- Listen to relaxing music to lessen your irritation at your baby's wails.
- Exercise to work off tension.
- Talk about your feelings. It may be very hard to admit you have mixed feelings about your baby, but anger and resentment are normal reactions to the intense cries of a baby.
- **Never shake your baby.** If you become too upset, put your baby in a safe place, such as a crib, and do not pick him up until you are calm. Call the clinic or 911 if you feel you may hurt your baby.
- **Crisis Nursery.** An adult in crisis affects a child's world. The Crisis Nursery is a free 24/7 temporary, safe haven where parents experiencing a family or personal crisis can call. For crisis day care/crisis counseling and family support, call **320-654-1090**.

When to call your baby's health care provider

- Fever of 100.4 degrees Fahrenheit or greater.
- Forceful vomiting of stomach contents or green vomit. Vomiting is different than spitting up. It is normal for babies to spit up a small amount after feedings.
- Refusal to eat for 2-3 feedings.
- Inconsolable crying for two consecutive hours.
- Listless behavior.
- Drainage from the eyes, skin around the umbilical cord, circumcision, skin rashes or lesions.
- More than a few drops of bleeding at the umbilical cord site or from a healing circumcision.
- Jaundice, which progresses downward on the body. Call about increasing yellow skin discoloration.
- Frequent liquid stools that contain mucus or blood. It is normal for breastfed babies to have frequent, loose stools.
- Dry, hard, pebbly stools. The frequency of stooling is not an indicator of constipation, but excessive straining while passing hard stools is.