Caring for your new baby

Caring for your new baby can be overwhelming at first. With a little time and practice, most parents begin to feel confident in their ability to care for their newborn. You will become familiar with your baby’s unique self; noisy grunts, sneezes, hiccups, crying and stuffy breathing. You also will become familiar with baby’s sleep, elimination patterns and feeding cues. We hope the following information also will assist in your early parenting endeavors.

Newborn characteristics

It is normal for babies to sneeze, yawn, hiccup, cough, cry and get fussy. Newborns often sound as if they have a stuffy nose. This is considered normal unless it is significant enough to interfere with your baby’s feedings. In this case notify your baby’s physician.

Infants also have fussy periods which can be very trying for new parents. You will learn calming techniques that work for your baby. You should feel comfortable asking for assistance or relief during these periods. Babies like rhythm, motion and motor type sounds. Rocking, strolling, baby swings, car rides and bathing work well. Babies can see well up to about 12 inches and will focus on your face when you cuddle them. Newborns also have a good sense of hearing. It is important to talk and sing to your baby. Babies thrive on close physical contact. You cannot spoil a baby with tender loving care and attention.

Sleep-wake cycle

Typically, babies sleep up to 20 hours a day. They can sleep through noise, so there is no reason to tiptoe around. Sleeping routines may change as your newborn gets older.

Taking baby’s temperature

You should check your baby’s temperature if you think he or she may be sick. A common way to take a baby’s temperature is “axillary” (armpit). When reporting the temperature reading to the doctor, state the number and that it was completed in the axillary. Do not add or subtract degrees, but rather let the doctor calculate it. An example might be “98.6° axillary.” Avoid taking baby’s temperature after a bath, because it may not be accurate.

To take the temperature under the arm

Place the thermometer under the baby’s armpit. Hold the baby’s arm over the thermometer until you get a reading. The normal temperature is 97.6 to 99 degrees.

Airway suctioning

An infant normally is able to clear his or her own airway by sneezing or snorting. If mucus or milk interferes with your infant’s breathing to the extent that the baby is unable to clear the airway, the bulb syringe can be used. The bulb syringe must be used gently and with caution, and only when the infant is unable to clear his or her airway. Overuse of the bulb syringe can cause irritation.

To use the bulb syringe, first press in on the bulb to deflate it. Place gently in the sides of the mouth or at the base of the nostrils, which ever is necessary. Slowly release pressure on the bulb to create suction. Cleanse the inside of the bulb with warm soapy water after using and rinse well.

If you need to replace your bulb syringe, one may be purchased at any local pharmacy.
Giving baby a bath

Start by washing the baby’s face first and diaper area last. Use a mild soap that does not contain perfumes, dyes or deodorants. Oils, powders or lotions should not be used on the baby’s skin unless otherwise recommended by the physician. If the infant has dry skin, a mild lotion that does not contain additives may be used.

Wash the eyelids carefully, using a clean surface of the cloth for each eye. Do not use soap. Wipe each eye from the inside corner to the outside. Then, wash the face with a clean washcloth moistened with warm water. Clean the outer part of the ear with a washcloth. Never insert anything hard, like a cotton swab, into the ear canal.

Wash the baby’s body, arms and legs with mild soap and water. Be sure to clean between the fingers and in the creases of the skin at the neck and bends of arms and legs. Pat dry. Wash from front to back between baby’s legs.

The shampoo may be done at the beginning or at the end of the bath. Hold the baby in the “football” position over the sink. Use your finger and thumb to cover both ears. Using a warm wash cloth or a cupped hand, wet the scalp. Use a mild shampoo to lather the baby’s scalp. A soft brush may be used during the shampoo. Rinse all the soap from the scalp and pat dry.

The baby’s scalp should be brushed daily to remove dry skin cells. When brushing the baby’s hair, frequently brush it against the way it grows in order to cleanse and stimulate the scalp.
Genital care

Girls
For infant girls, the diaper area should be washed from the front to the back in order to prevent infection. It is normal to see clear or white discharge from the vaginal area. Initially, there may be a slightly blood-tinged vaginal discharge. This is in response to maternal hormones and is normal.

Boys
For baby boys, clean the circumcision by squeezing a wet wash cloth over the penis, allowing water to dribble over the site. Gently wipe the groin and buttocks. There is no special care needed for the uncircumcised penis. Do not pull back on the foreskin. Wash genitals at bath time or when changing a diaper.

Cord care
Your baby’s umbilical cord should fall off within two to four weeks. Prior to this time, the following should be done to keep the cord dry:

- Fold diaper under the umbilical cord area to avoid soiling or irritating the cord.
- If the cord becomes soiled, use warm water to clean the area and pat dry.

It is normal to see a slight amount of bleeding as the cord is falling off. Although rare, watch for signs of infection. These may include swelling, redness, drainage or a foul odor. If any signs of infection are noticed, notify your infant’s physician.

Nail care
Babies tend to tolerate nail care best while sleeping. Using an emery board, file your baby’s nails straight across, but not to a sharp point. Watch for snags and sharp edges.

Diapering
Your baby’s diaper should be changed frequently. Urine and stool can irritate baby’s sensitive skin. While the cord is still present, fold the front of the diaper down so the cord can be exposed to the air.

If diaper rash develops, wash and rinse the diaper area well. Expose the diaper area to air two to three times a day. A light coating of Desitin or A&D ointment on a clean, dry bottom may also be applied. If the diaper rash does not improve with this treatment within 24-hours, contact your baby’s physician.

Car seat safety

Do you have the instructions for the car seat?
- Follow them and keep them with the car seat. You will need them as your child gets bigger.
- Be sure to send in the registration card that comes with the car seat. It will be important, in the event your car seat is recalled.

Does your car have a passenger-side airbag?
- An infant in a rear-facing seat should NEVER be placed in the front seat of a vehicle that has a passenger-side airbag.
- It is essential for children 12 and younger to ride in the rear seat.
**Is your child facing the right way for both weight and age?**

- If you use a seat made only for infants (figure A), always face it backward.
- Infants should ride facing the back of the car until they can no longer handle it – at a minimum of one year of age and 20 pounds (figures A & B).
- All rear facing seats should be semi-reclined.

**Is the harness snug, does it stay on your infant’s shoulders?**

- The shoulder straps of the car seat go in the lowest slots for infants riding backward and should fit over the infant’s shoulder.
- The retainer clip should be placed at armpit level to keep harness straps on the shoulders.
- Harness straps should not be twisted.
- Keep light-weight clothing on your child rather than heavy snowsuits. This will keep the shoulder straps in the proper place. Cover your child and the seat with warm blankets when going out.

**Have you tried the car seat in your vehicle?**

- Not all car seats fit all vehicles.
- When the car seat is installed, be sure it does not move more than one inch at the belt path.
- Be sure to read the section on car seats in the owner’s manual for your car.

**Has your child’s car seat been recalled?**

- Call the Auto Safety Hotline at 1-800-424-9393 or go to www.nhtsa.gov for a list of recalled seats that need repair.
- Be sure to make any necessary repairs to your car seat immediately.

**SHAKEN BABY SYNDROME**

Babies or small children who suffer injury or death from severe shaking or jerking are victims of what is called Shaken Baby Syndrome. Sometimes a young child’s crying or need for attention can be more than tired parents or caregivers can cope with. In frustration, without knowing the dangers, they may shake a baby or small child to get their attention or to make them stop crying.

Children under two can easily be injured from shaking because their weak neck muscles aren’t strong enough to fully control their head movements. When a child is shaken, the head whips back and forth, slamming the fragile brain tissue against the hard skull, causing bruising, bleeding and swelling inside the brain. When the shaking is combined with throwing the baby against the crib mattress or pillow, even more force is applied to the brain and more damage can occur.

Most of the time, Shaken Baby Syndrome occurs because a parent or caretaker is frustrated or angry with a child. Other times, children become victims when a parent or caretaker, not realizing how seriously this behavior can harm, throws a small child into the air vigorously, plays too roughly, or hits an infant too hard on the back. Anyone who takes care of a baby or small child should be reminded to never shake babies or small children.
It is not unusual for infants to cry a lot during the first few months of life. Using a mental checklist, determine first if your baby is safe, fed, comfortable and clean. If crying persists, the following comforting techniques may help:

- Remain calm, babies can sense when you are tense.
- Rock your baby or place them in an infant swing.
- Run a vacuum cleaner or turn on a household fan.
- Cuddle the child gently and play soft music. Very young infants can be carried around in a “snugli” or other type of carrier that holds the infant close to the body.

If these suggestions do not work, you do not think the baby is ill, and you cannot take the crying and stress anymore, put the baby in a safe place, such as a crib. Take a short break, and if possible, call someone to take care of the baby for a while. There are organizations that can provide help to parents whose patience has been strained by the burden of caring for an infant who cries continually, or who might need more help with parenting and coping skills.

Calming your baby with the 5 “S’s”

The first “S” – Swaddling
A baby’s first reaction to swaddling is to struggle against it. Swaddling may not instantly calm fussiness but it will restrain the tendency toward uncontrolled flailing so that your baby can pay attention to the next “S” that will turn on the calming reflex.

The second “S” – Side/Stomach
The more upset your baby is, the unhappier he or she will be on their back. Roll your baby onto her side or stomach to activate the calming reflex.

The third “S” – Shhh
Shushing a crying baby makes them feel at peace and back home in the womb, but it must be done as loud as your baby is crying and close to their ear – or they will not even notice it. Consider using a radio tuned to loud static, a tape recording of your hair dryer or a white noise machine.

The fourth “S” – Swinging
As you support your baby’s head and neck, wiggle his or her head in fast, tiny, gentle movements. Eventually try moving your baby into a swing for gentle, continual, hypnotic motion. Make sure that the safety strap in the swing is between your baby’s wrapped legs and the swing is fully reclined and set on the fastest speed.

The fifth “S” – Sucking
The fifth “S” works best after your baby is calmed by the previous four “S’s”. Offer your breast or a pacifier.

For more information on the Five “S’s”, please discuss with your nurse or read, “The Happiest Baby on the Block” by Harvey Karp, M.D. The book or DVD is available in the Little Miracles Boutique as well as other retail book stores.
SIDS prevention

Most babies should sleep on their back. But a few babies have health conditions that might require them to sleep on their tummy. If your baby was born with a birth defect, often spits up after eating, or has a breathing, lung or heart problem, be sure to talk to a doctor or nurse about which sleep position to use.

Guidelines to help keep your baby safe:

• Put me on my back to sleep.
• Keep stuffed animals, pillows, loose bedding, fluffy blankets and comforters out of my crib.
• Keep my blankets below my shoulders.
• Keep my face and head uncovered when I sleep.
• Keep me in smoke-free areas and away from secondhand smoke.
• Keep my room between 68-72˚ when I sleep.
• Do not let me sleep in bed with you.
• Let me sleep on a firm mattress in my crib.
• Let me have a pacifier at nap and bedtime (but please wait until I’m a month old if I’m breastfed).

Be sure to place baby on tummy when awake during playtime.

Hazards of secondhand smoke

Secondhand smoke includes both exhaled smoke and smoke coming from a burning cigarette. Tobacco smoke from cigarettes, cigars and pipes is composed of more than 3,800 different chemicals. Research indicates that second hand smoke has a harmful effect on the respiratory health of children such as:

• Higher rates of lower respiratory illness during the first year of life
• Increased rates of ear infections
• Higher rates of Sudden Infant Death Syndrome (SIDS)
• Developing or worsening childhood asthma
• Increased chance of developing cancer as an adult

It is important to your child’s health not to expose them to secondhand smoke by:

• Not allowing anyone to smoke in your home or car
• Using only non-smoking childcare providers
• Avoiding enclosed smoke filled environments

Other safety guidelines

• Never put your baby to bed with a bottle. This causes the risk of tooth decay, ear infections and choking.
• Never leave your baby unattended on a raised surface.
• Use safety straps for items such as infant seats, high chairs and swings.
• An adult should always test the temperature of the bath water. Never leave your infant alone in the bath, even for a few seconds.
• Never use a microwave to warm breast milk or formula.
Reasons to call your baby’s physician

If your infant seems “different” than what you would normally expect, she may be ill. Some signs might include:

- A yellowish discoloration (jaundice) of the skin or whites of eyes
- A change in appetite or poor feeding
- Lethargy (sluggishness)
- Increased irritability, excessive crying, or inability to be consoled
- Fever 100.4° or above
- Repeated vomiting and/or diarrhea
- Pale skin
- Although rare, watch for signs of infection at umbilical cord. These signs may include swelling, redness, drainage or foul odor.