



**Mount
Sinai**

Parenting Center

Newborn Parent Education and Discharge Class (Resident Version)

General Tips:

- *Don't use too much medical jargon*
- *Stay relaxed! This should be more of a conversation, not a lecture*
- *Pause every so often to ask if there are any questions*
- *Reassure and be positive! Too many negative comments about what COULD happen can scare parents.*
- *Emphasize there are often many ways to do things (bathe, swaddle, burp).*

Nursing Care Demonstrations:

- Bathing
- Diapering
- Swaddling

Interject to demonstrate that these caregiving moments are perfect opportunities to bond with infant and promote language development

Language Development:

- Infants are born ready for language development
- Best times for connection: diaper changes, baths, feedings
- A parent's face and voice are the best source of stimulation for babies
- Babies won't understand specific words but they can begin to identify language patterns in infancy

Parentese

- Using a sing-song, high-pitched voice with exaggerated facial expressions when talking to your baby
- Avoid baby talk (gugu/gaga). Use real words and sentences in whatever language is most comfortable
- Science shows that infants respond better to this way of talking and it helps them learn language

Sports Casting

- Describing what you are doing out loud, moment-by-moment ("I am going to lay you down on the changing table. Now I am going to take off your shirt; I'm starting with your left arm, here it is, and now your right arm....")
- Great for parents when they don't know what to say to their baby

Labeling

- Give a name to the objects that the baby is already focused on or looking at.
- This is more effective than the parent trying to direct the baby's attention.
- Also important to label emotions or reactions ("I see this bath is making you upset and now you are crying. I am going to wrap you in a towel now to warm you up")

Responsive (or Sensitive) Parenting:

- A caregiver's ability to understand and respond to her child in a loving and affectionate manner
- Things such as showing unconditional love, giving praise, showing interest, listening, and providing nurturing touch can all help children develop a secure attachment with the caregiver; this can create a strong emotional bond, strong sense of trust, connection and belonging
- Securely attached children have better self-esteem and confidence, feel worthy of love, are more resilient and optimistic, can have a better immune system and improved overall health
- In infancy, parents can begin by watching and trying to understand their baby's cues then responding to and comforting babies in consistent loving ways

Examples of Infant Cues

- Complete chart is in the packet (page 4).
- Looking away – could be a sign of being overstimulated – allow for quiet time
- Arching back – could be a sign of being upset – try to assess and fix source of discomfort
- Staring blankly, yawning – could be sign he is tired – allow for opportunity to sleep

Touch

- Use gentle touch and skin to skin contact during routine care (baths, diaper changes) and to soothe baby when upset
- Touch can help facilitate the bond between infant and parent
- Can't spoil a baby by holding them too much

10 Common Medical Questions

1. How often do you feed a newborn?

- Every 2-3 hours (8-12 times in a 24 hour period)
 - Breastfed babies – average of 15-20 minutes per breast per feed
 - Formula fed babies – 5-30 ml per feed for the first few days
- All babies lose weight after birth and usually regain it by 7-10 days
- Wake to feed baby if more than 3 hours since the beginning of the last feed

2. How do you know if the baby is getting enough?

- Count wet diapers. We expect 1 wet diaper on day 1; 2 wet diapers on day 2; 3 wet diapers on day 3; then once breastmilk is in (usually by day 3-4) 5-6 wet diapers every 24 hours.
- Your pediatrician will monitor baby's weight

3. How often do babies have a bowel movement?

- A lot of variation in bowel movements (once per day to once per feeding)
- Color should change from black tarry to greenish brown to bright yellow seedy bowel movements

4. How do you burp a baby? And what if the baby spits up?

- Try to burp in the middle of feed and at end (try couple minutes, ok if no burp)
- Demonstrate common burping methods (over the shoulder and sitting on lap)
 - Unswaddled, support neck, allow torso to elongate, rub/pat
- Spitting up is very common – should be milky and effortless

5. How do you care for an umbilical cord?

- Nothing to do (no alcohol or cleaning needed)
- Scabs up and falls off in 2-3 weeks
- Keep it dry - only sponge baths until it falls off
- Avoid snagging cord by tucking diaper below and being careful when dressing

6. Circumcision care?

- Will be wrapped with gauze which will fall off within 24 hours
- With diaper changes, lubricate tip of penis and cover with gauze for next 3-7 days

7. How do you cut a baby's fingernails?

- Keep hands covered (mittens, shirts with hand covers) for first few weeks to prevent scratching
- Once nail and skin are more clearly defined you can file or clip nails without fear of clipping skin.

8. How can I help my baby not get sick?

- Have visitors wash hands or use hand sanitizer before holding the baby
- Avoid close contact with anyone visibly sick (fever, cough)
- Have close caregivers get vaccinated against whooping cough and flu
- Encourage young siblings to limit contact with baby's face/mouth/hands
- Okay to take baby outside – dress appropriately, watch for too much sun
 - In general babies should wear one more layer of clothing, but feel the baby (nose, hands, feet, back of neck) to assess if they are too hot or cold

9. What is colic?

- 3 hours of crying at least 3 days a week for at least 3 weeks in a row
- More common in the evening hours; peaks at 6-8 weeks of life
- Could be due to overstimulation

10. How do you soothe a baby?

- Assess basic needs (time for feeding? dirty diaper? too cold/hot? tired?)
 - Note: if they feel warm or seem sick, take temperature, call doctor
- Sometimes there is no reason for the crying and they need help being soothed
- Think of the five S's to remember ways to soothe your baby
 - Sucking** – finger, pacifier
 - Ok once latch is well established
 - Associated with reduced risk of SIDS
 - Swaddling**
 - Helps prevent startle reflex from waking baby
 - Snug so baby doesn't break out
 - Stop when baby breaking out or close to rolling (few months)
 - Shushing** – shhhh sound, white noise machine, app, vacuum
 - Swinging** – gentle rocking, swaying, swing
 - Side/Stomach** – changing positions can help
 - Always with supervision and not to sleep

IMPORTANT: Never Shake a Baby!

- Persistent crying despite all your efforts may cause parents to feel overwhelmed or angry. If this happens, put the baby down in a safe place (crib, bassinet) and take a break or call someone

Baby Blues and Postpartum Depression

- Common feelings after the birth of a baby can include fear, exhaustion, confusion, impatience, and irritability
- These feelings are normal in the first few weeks and we call them **Baby Blues**
 - they should come and go and not impact everyday activities and bonding with baby (will often feel better after a cry or outburst)
- More severe and intense emotions that last longer than a few weeks can be a sign of **Postpartum Depression or Anxiety**;
 - may feel they wake up with a cloud over head and go to sleep the same way; may not feel they are bonding with baby

PLEASE discuss these feelings with OB or pediatrician; they are not a sign of weakness, but often stem from hormonal adjustments after pregnancy. Seek help! There is treatment available.

Sleep

Safe Sleep

- Place baby on his back to sleep
- On a firm sleep surface
- Separate sleep space (crib or bassinet) in parent's room (but NOT in parent's bed)
- No toys, blankets or stuffed animals in crib
- No smoking around baby
- Can use pacifier at night (shown to lower risk of SIDS)
- Prevent overheating (light pajamas, comfortable room temp)
- No infant positioners in crib
- No breathing monitors (sold saying they reduce risk of SIDS)
- To avoid flattening of back of head from sleep, do tummy time when awake

Sleep Habits

- For the first few weeks your baby will likely sleep easily between feeds
 - Remember to wake baby every 2-3 hours to feed until he regains birthweight
- After a baby regains birthweight, continue to wake them every 2-3 hours to feed during the day, but at night you can begin to allow them to wake on their own (so **longer stretches of sleep occur at night**)
- A baby falls asleep easier when they are **not overtired** (do not keep a baby up during the day in hopes they will sleep more/better at night, they will not)
 - A baby will usually be tired and ready for sleep **1.5-2 hours** after waking up; watch for signs and help them get regular sleep

- Begin to distinguish **day from night** –
 - Choose a **bedtime** (usually around 6-8pm)
 - Begin a bedtime routine (bath, feeding, book, cuddling) then put baby down **drowsy but awake**
 - All feedings after that time are “**night feeds**” (keep lights dim, voices low)
 - If baby is very fussy at end of day (**witching hour**) then move bedtime earlier
- Crying it out: TOO early for this! Start this around 4 months after discussing with pediatrician.

Common Newborn Concerns from Head to Toe

Head

- Normal for the baby’s head to be misshapen due to delivery; usually resolves within first week
- Normal to feel ridges on the head where the skull bones overlap

Eyes

- Normal for the eyes to cross or roll; eye muscles are still developing
- Vision not totally developed but babies can see your face at an arm’s distance away
- Normal for some babies to have crustiness or clear discharge from eyes since their tear ducts are not draining well yet (massage & wipe with warm washcloth)

Nose/Mouth

- Some babies can be very noisy breathers – snortling, congested – can use bulb suction if it interferes with feeding
- Sneezing and hiccups are common

Chest

- Common for babies to have “periodic breathing” which is a brief pause (~5 sec) in breathing followed by rapid, shallow breaths and then returning to normal breathing.

Abdomen

- Abdominal muscles are not fully developed so a baby’s belly can protrude, become slightly distended after eating or have a small hernia (bump) near the belly button; your pediatrician will monitor that this resolves over time
- Baby’s often strain, grunt, or turn red with gas/bowel movements; this does not mean they are constipated

Genitalia

- Due to maternal hormones, a baby's labia/scrotum may look enlarged or reddish and girls may have white or bloody vaginal discharge
- Babies may also have firm pea-sized bumps under nipples from maternal hormones
- All usually resolves within 1-2 weeks

Skin

- Normal for babies to have dry skin, especially in creases of hands and feet; no special creams or lotions are needed (if cracking, may use petroleum jelly)
- Babies can have a common rash with white/yellow pimples surrounded by red skin that come and go (erythema toxicum); not harmful, ask pedi to assess
- Baby can have white dots on the face, nose, eyelids (milia); will resolve
- Babies can become jaundiced (skin and eyes turn yellow) – we monitor this in the hospital; if it appears after discharge, contact your pediatrician

Hands and Feet

- Normal for the hands and feet to appear bluish for first 48 hours after birth

Taking a Rectal Temperature

- If baby feels warm or is irritable, take a rectal temperature.
- Use a digital thermometer (can take one home from bassinet), lubricate tip with petroleum jelly, insert 1cm into anus, wait for it to beep (this does not hurt the baby)
- A fever is a temperature of 100.4° F or above.

When to call the doctor

- Fever (rectal temperature of 100.4° F or above)
- Poor feeding, refusing to feed, less than 3-4 wet diapers in 24 hours.
- Difficulty breathing – fast, labored breathing (baby is working hard to breathe)
- Mouth or body looks blue
- Baby becomes limp, excessively floppy, difficult to wake
- Repeated vomiting, especially if green in color.
- Irritability (excessive crying)