



**Mount
Sinai**

Parenting Center

The Newborn Parent Education And Discharge Class

Presented by the Mount Sinai Parenting Center

The Mount Sinai Parenting Center aims to transform pediatric healthcare and foster the health and resilience of all children by promoting strong parent-child relationships, training healthcare providers, designing services for families in need, and conducting research to advance scientific knowledge.

By increasing the skills and support of parents, we can impact the trajectory of a child's life. Our hope is that **more knowledge = less stress** for parents and caregivers.

Contact Us

Thank you for attending class today. If you have additional questions, please ask your nurse and/or pediatrician.

For more information about the Mount Sinai Parenting Center, you may reach us at 212.241.2772

The Mount Sinai Parenting Center

Carrie Quinn, MD, Executive Director

Blair Hammond, MD, Co-Founding Director, Director of Medical Education

Aliza Pressman, PhD, Co-Founding Director, Director of Clinical Programming

Caroline Martinez, MD, Director of Behavioral and Developmental Services

Mariel Benjamin, LCSW, Program Director

Nursing Care Demonstrations:

There are a lot of ways to care for your baby. We are demonstrating some of these care techniques like bathing and diapering for you today, but you can also get assistance from your nurses or pediatricians at any time.

Brain Development in the Newborn Period:

While you care for your baby, it is an excellent time to think about a few ways that you can begin to build your baby's brain and the amazing connection you have as a parent.

Language Development

Infants are born ready for language development and this skill continues to develop as children grow. There are many opportunities to talk to and communicate with your babies, but it is especially good when you are up close to your baby during diaper changes, bath time, and feedings. With their limited vision, they love to have your face up close to them. Your face and your voice is the most exciting and stimulating toy you can offer, and it is all you need to build their brains. Your baby won't understand your specific words for the first 7 months, but even in infancy they can begin to identify language patterns. So it is so important to talk to your baby. Even for your own sanity!

Parentese

Families can promote the skill of communicating with their infants by using “**infant directed**” speech and something we call “**parentese.**” Parentese means using sing-song voice with words that are sophisticated and grammatically correct. This is a step away from the baby talk (like gaga gugu), which doesn't help to promote real language. This voice has been shown to be preferred by babies, who like high pitched voices and big facial expressions. Many of us probably naturally do this with babies but there is actual science that this is good for them. Use the language you feel most comfortable speaking (usually your native language) which will help you show more expression with your voice.

Sports Casting

A great way to make sure you talk to your baby is “sports casting”, which means going through what you are doing moment-by-moment (i.e., we are giving you a sponge bath right now. We are cleaning your arm, etc.) and saying the steps out loud. For example, if a baby is crying during the sponge bath you would say, “I know this is upsetting you. It is wet and cold. But that is okay, it will be over soon. We are both going to get through this.” Talk to your baby during

routine activities, such as changing a diaper or getting dressed. You will be doing 5,000 diaper changes in the next 2 years and it is a great opportunity to get in the quality face time!

Labeling

We also want to try to comment on your child's actions and reactions to what is happening around them. For example, when they are crying it is great to say "I know that you are feeling sad and crying. I am so sorry you are sad." Also try to look at things that you are talking about (pointing to pictures) or track where the baby is looking and name it for them ("I see you looking at the light. It is very bright!")

Responsive Parenting

Responsive Parenting refers to a caregiver's ability to watch, understand and respond to their child's communication whether verbally, physically or cognitively. There is a lot of evidence that this sensitive parenting, back and forth talking, and affection between parent and child is fundamental to your baby's brain, emotional and physical health. It involves observing your baby, noticing and understanding their cues and responding to them with love and consistency. You have a list of cues in your handout and will come to know your baby and his or her needs much better than anyone else. As a parent, you are the greatest expert on your child. Right now, you are all your child needs to be stimulated, excited and cared for. **You are your child's favorite toy!** You do not need to buy any fancy toys or products, but just need to spend lots of face-time getting to know your baby. The Parenting Center has also partnered with Vroom, a daily app on your phone that provides free activity suggestions to you throughout the day (dailyvroom app or joinvroom.org). You will probably find the most use for this when your baby is a bit bigger, but it can give you a good idea of the simple, quick activities that can help build your child's brain without costing you time and money.

Touch/Snuggling

The importance of touch is now well researched and can provide many benefits to your babies' growth physically and emotionally. Use gentle touches and skin-to-skin contact during care routines (bath, diaper changes) and to soothe your baby when they are upset. Touch can help build a strong bond between you and your infant.

Months 0–3: Nurturing Your Baby by Understanding his/her Cues

Many baby cues are universally observed in all cultures and have similar meanings.

CUE	WHAT IT MEANS	WHAT YOU CAN DO
Facial Expression : opening eyes wide	interested, surprised	start to play (e.g., peek-a-boo)
looking away	bored, overwhelmed	allow for down time
blinking	fighting against being overwhelmed	allow for down time
smiling	content, happy, familiar	mirror delight and label it (e.g., “look at your big smile. are you happy to see mommy?”)
frowning	unhappy, confused	watch & fix the source of discomfort
Body Language : arching back	upset	watch & fix the source of discomfort
squirming	uncomfortable	watch & fix the source of discomfort
clenching hands, stiffening limbs	tense, excited	use a calm voice and soothing touch
kicking, waving arms	alert, excited	mirror action and label the emotion
staring blankly, yawning, rubbing eyes, stretching	tired	signal time to sleep (respond at 1 st cue, don’t miss the window!)
Sound : crying, whimpering, gasping	distressed, angry	figure out source of distress & fix
laughing, blowing bubbles, squealing	happy	enjoy this moment together & participate (e.g. smile and laugh back)
cooing, singing, babbling	happy, comfortable	enjoy this moment together & participate (e.g. imitate noises)



10 Common Newborn *How* Questions...

1. How often do you feed a newborn?

Newborns usually feed approximately 8-12 times in a 24 hour period. Infant stomach size at birth is about the size of a marble. Formula-fed babies therefore need approximately 5-10ml every 1-3 hours on day 1, 10-15ml every 1-3 hours on day 2, 15-30ml every 1-3 hours on day 3 and will often take approximately 1-2oz every 1-3 hours upon discharge home. Breastfed babies usually feed about 15-30 minutes per breast per feed, beginning at birth. **In general, we recommend on demand feeding of babies, meaning feeding whenever they are hungry, but at least every 3 hours. Sleepy babies may need to be woken up to feed.**

2. How do you know if the baby is getting enough? How many wet diapers should a baby have?

.It is expected that babies will initially lose weight (up to 10% of birth weight). However, babies should be back at their birth weight by 2 weeks of life. Monitoring wet diapers in addition to weight is a good way to assess if your baby is getting enough. Babies should have at least 2 wet diapers on day 2, at least on 3 on day 3 and 4 or more from day 4 onward (usually babies will have approximately 4-8 wet diapers a day). If your baby has fewer wet diapers than that, contact your pediatrician.

3. How often do babies have a bowel movement?

There is a lot of variation in bowel movements. Initially bowel movements are greenish black (called meconium), and then they transition to the more watery yellow color. Many babies will have approximately 4-8 bowel movements a day, however, some will have more than 10 a day and others will have one only every few days. It is common for bowel movements to sometimes be brownish, greenish, and grayish, in addition to the typical soft yellow. If bowel movements are pebble-like, this is likely constipation. Contact your pediatrician if you notice constipation or if you see blood or significant mucus in the bowel movements.

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

Some babies will burp while feeding, others will not burp regardless of what you do. Some babies get uncomfortable if not burped, while others seem fine. Common burping methods include holding the baby over your shoulder while gently rubbing and patting the back or,

holding the baby in a sitting position, supporting the neck and gently patting or rubbing the back. Spitting up is normal, especially when you are burping your baby. If the spit up is milky-looking and is not painful for your baby, we do not worry about it. If there is forceful vomiting, if the vomit is a green color, or if there is blood in the vomit, you should contact your pediatrician for further guidance.

5. How do you care for an umbilical cord?

The umbilical cord usually falls off between 1-3 weeks after a baby is born. You do not need to use alcohol or any special lotions on the area. Tuck your baby's diaper below it so that it does not push against the skin and cause irritation. You may notice a small amount of blood and oozing 1-2 days before the separation and 1-2 days after separation. If you notice a bad smell, significant bleeding, or redness around the umbilical area, or that the oozing from the umbilical does not stop after a few days, notify your pediatrician.

A note about bathing:

Sponge baths are usually recommended until the umbilical cord has fallen off (and if circumcised, until the penis has healed – approximately 1 week). However, there is not strong evidence about the benefit of sponge baths over traditional baths, and if the cord gets a little wet, that is perfectly ok. Bathing is not required daily - a couple of times per week is fine. Remember that babies are not dirty and soap is not needed at every bath. Make sure to give your baby a bath in a safe space, with all your materials ready (so that you don't leave the baby alone to get something) Try to have extra hands if needed and you may want to dry the baby as you go to avoid the baby getting too cold. Avoid soaps with a lot of fragrances when bathing babies.

6. How do you care for a circumcision?

It is recommended to put petroleum jelly on the tip of penis with each diaper change for 7 days after the circumcision. This will prevent irritation from rubbing against the diaper.

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

When a baby is first born the fingernails are very soft and it can be difficult to separate the skin from the nails. For this reason, it is recommended that you file the nails or to keep the hands covered to prevent scratching during the first week of life. Usually in 1-2 weeks, the nails start

to separate from the skin of the finger and clipping of the nail is possible with an infant nail clipper

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

The most important precaution you can take is having everyone around you wash their hands or use hand sanitizer before holding your baby. Close care givers should be vaccinated for whooping cough and influenza (flu). Avoid crowded places and visibly sick people if possible. Try to limit the number of people who handle your baby in the first few weeks of life. *TIP: For young children or siblings, we recommend giving specific jobs for “helpers” that involve the top of the baby’s head (hats and kisses) and the baby’s feet (socks and tickling). Siblings can be the “germ police” and make sure all people use hand sanitizer before touching the baby. Avoid face kissing for anyone other than parents.* It is ok to take your baby out on a walks, as long as you dress the baby appropriately for the weather. In general, a baby should wear one more layer of clothing than you have on. Check the baby’s nose, feet and back of their neck to see if they are too hot or too cold.

9. What is colic?

Colic is described as at least 3 hours of crying, at least 3 days a week for at least 3 weeks in a row. Typically colic begins around 3 weeks of life. The crying is more common in the evening hours and often is improved by being held and gently bounced. The way a baby seems to move and cry often gives the appearance of stomach discomfort but no known cause of colic has been identified. Colic is most prominent between 3-12 weeks of life. If your physician thinks the baby has colic you can discuss ways to help soothe your baby safely.

10. How do you soothe a baby?

It is normal for babies to cry when they are hungry, tired, overstimulated, have a dirty diaper or are ill. Sometimes babies seem to cry for no reason. It can be very frustrating to be around a crying baby. If you feel overwhelmed and/or angry, try to get someone to help you care for the baby. It is ok to put a crying baby in a safe place (like a crib) and give yourself a break and go into another room for a few minutes. You can always call your baby’s doctor and let them know you are overwhelmed and can discuss strategies to help soothe the baby. Remember, your soothing a baby is great at for your baby’s brain growth and bonding.

5 Tips to Soothing a Baby

Try to remember the following ways to soothe a fussy baby and help them sleep or settle down.

1) **Sucking** - try a pacifier - many babies are soothed by sucking on a pacifier, your finger or their own hands. Pacifiers are fine to use once breastfeeding latch has been well established, have been shown to decrease the risk of Sudden Infant Death Syndrome (SIDS) and should be used when placing your infant down to sleep. Pacifiers should be cleaned and replaced often, never coated in any sweet solutions and should only be offered when you are sure that the infant is not hungry (never delay or replace meals with a pacifier). Never tie pacifiers to the crib or around your child's neck or hand. At one year of age, you may discuss how – and when – to start weaning your child from the pacifier.

2) **Swaddle** - most babies love the secure feeling of being swaddled. The swaddle can help soothe a baby and decrease crying from their startle reflex. Swaddles can be done with arms down, arms up by the infant's face, with one arm out, etc – as long as the infant appears comfortable. Swaddles need to be snug so that the baby does not easily break out of them and it is fine to transition to Velcro swaddles as soon as you wish. We recommend swaddling for soothing, not for sleep.

3) **Shushing** - many babies will quiet down when they hear "white noise" - this can come from a white noise machine, an app on your phone, you saying "shhhhh" close to their ear, or a household sound like a vacuum or hairdryer.

4) **Swinging** - many babies are calmed by a gentle rocking, swaying or swinging motion.

5) **Switching position** - while it isn't safe for babies to sleep on their side or stomach, to calm a crying baby try changing positions and hold them in a side position or on their stomach.

Most importantly - **NEVER SHAKE A BABY!!**

A Note about Baby Blues and Postpartum Depression

The arrival of a baby is like no other experience in life. As a new mother, you will feel joy, fear, confusion, exhaustion and love. There is also an expected adjustment to the demands of new schedules, routines and the requirements of newborn care. The intensity of feelings after having a child can include impatience, irritability and crying. During the first few days and weeks after giving birth, this is commonly referred to as the "baby blues." Symptoms, as mentioned above, typically come and go quickly throughout the day and generally do not impact your ability to perform everyday tasks and activities. 50-80% of women have baby blues. It will typically resolve within 2-3 weeks. Having a lot of support during this time can be very helpful for baby blues.

This is different from the well-known mood and anxiety disorders – Postpartum Anxiety Disorder and Postpartum Depression. Symptoms can be similar to baby blues, but are more severe and intense and last most of the day and more than a few weeks. It is important to discuss any symptoms you may be experiencing with your health care provider (either your OB or your child’s pediatrician) as soon as they appear, so that proper treatment can be arranged. Symptoms of postpartum depression and anxiety are not signs of weakness or inadequacy. It is important for both mothers and babies that these disorders are treated. For further information, contact Postpartum Support International (PSI) at:

1-800-944-4PPD (4773) or <http://www.postpartum.net/Get-Help.aspx>

In a crisis or emergency situation, call your healthcare provider or go to the nearest emergency room.

Safe Sleep Top Ten List

Safety

The National Institute of Child Health and Human Development makes the following recommendations to reduce the risk of Sudden Infant Death Syndrome (SIDS):

Safe sleep top 10 list:

1. Always place your baby on their back to sleep at all times – for naps during the day and sleeping at night (even if you are watching him/her!)
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place the baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Keep soft objects, toys, and loose bedding out of your baby's sleep area. Don't use pillows, blankets, quilts, and stuffed animals in baby's sleep area, and keep any other items away from the face.
4. Do not smoke around your baby or let others smoke around him/her either.
5. Keep your baby's bed close to, but separate from, where you and others sleep. The baby shouldn't sleep in a bed with adults or other children, but can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him/her back in a separate sleep area, such as a bassinet, crib, cradle, or bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. Think about using a clean, dry pacifier when placing your baby down to sleep (because it has been shown to decrease the risk of SIDS), but don't force the baby to take it.
7. Do not let your baby get too hot during sleep. Dress the baby in light pajamas, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products like infant positioners and pillows that say they reduce the risk of SIDS. Most have not been tested for usefulness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other medical reasons talk to your pediatrician.
10. Reduce the chance that flat areas will develop on your baby's head: give "tummy time" when the baby is awake and someone is watching closely; change how you place the baby in the crib from one week to the next to avoid the baby always looking in the same direction; and avoid too much time in car seats, carriers, and bouncers.

Spread the word!

Make sure everyone who cares for your baby knows the safe sleep top 10! Tell grandparents, babysitters, and other caregivers to always place the baby on his/her back to sleep in order to reduce the risk of SIDS. Babies who usually sleep on their backs but who are then placed on their stomachs, even for one nap, are at a higher risk for SIDS—so every sleep time counts, even if someone is standing there watching!

TIP: Your baby may fall asleep in your arms, stroller or bouncy chair as well. That is fine; it is too early to create bad habits for the first 3 months. But always **remember** that strollers and bouncy chairs are only safe if you are watching the baby (an awake adult in the room) but never for nighttime sleep or when an adult is not in the room. Also be mindful of weight requirements to use certain devices and get in the habit of always using all belts and buckles.

Sleep Routines

During the first 3 months you cannot spoil your baby or create bad habits (e.g., by allowing him/her to sleep on your chest while you are awake). However, it can help them to organize their sleep and develop good habits by establishing some patterns. Babies are not automatically programmed to know night from day so it is helpful to start off by creating a “bed” time between 6- 8 pm. Even though you are waking up multiple times a night to feed, make all feedings after your bedtime “night-time” feedings. You can do this by keeping the lights dim, avoiding loud tv or radio, avoiding eye contact or playing with your baby. In the middle of the night, don’t get your baby too stimulated or over excited and don’t do all the other wonderful things you are doing during the day. Try to establish a soothing routine that puts baby in an awake but drowsy state when you put them down. Babies will learn to put themselves to sleep if you let them fall asleep on their own.

Give Baby Opportunity to Sleep

Give your baby an opportunity to sleep every **1.5-2 hours**. Even if you have visitors, it is okay to put your baby down for a nap. Ideally, we want to put your baby down when he is awake but drowsy. By letting your baby put himself to sleep he will learn how to self-soothe which will be good later when you consider sleep training. Your baby will not give you a long stretch of sleep at this time, but even if baby does you are waking your baby every 3 hours to feed. Make sure not to have the longest stretch in the middle of the day, and encourage the baby to take it at night by doing regular feedings throughout the daytime.

Witching Hour

Babies may get fussy late in the afternoon or early evenings. This may be a signal that his or her bedtime has passed. We want to avoid this because, like us, babies produce hormonal responses to staying up and then are harder to put down to sleep.

Sleep Moving Forward

At this point it is too early to sleep train or “cry it out.” You can do this after 4 months but make sure to always check with your pediatrician before. If crying it out makes you uncomfortable, there are lots of other strategies. Remember, you can help your baby learn to self-soothe by practicing good sleep habits early and putting your baby to bed awake but drowsy. See more information at the end of this packet.

Other Tips and Troubleshooting for the Future

Physical space

Be sure the baby sleeps in the same place as often as possible. This avoids confusion and allows him/her to grow a sense of his/her own safe place. Create a peaceful space for sleep. Be respectful of the sleeping space. Make it a calming place that is dark and quiet. Very young infants can sleep through almost anything but after a few months, as they become more aware of the world around them, they will not sleep as well with distractions. Think of where your baby sleeps the way you think of how you would like to sleep. You wouldn't want to sleep with people banging and talking around you either! If you have a lot of noise in your apartment you can use white noise (which sounds like a long, loud hiss) to drown it out.

Sleeping Routines After 6–8 weeks: After 6-8 weeks, how you parent can influence your baby's sleeping. Finding soothing techniques that work for you and your baby is up to you. Bed time routines may include a bath, breast or bottle and rocking. Really, whatever works for you! Doing the same thing before bed each night, even when he/she isn't sleeping for more than a few hours at a time, will help signal to him/her that it's bedtime and he/she will grow to love it and look forward to it. Do remember, whatever you do after about 3 months with your baby (e.g., rocking, singing, reading), will likely be what he/she expects/needs to fall asleep when they are 2 years old and beyond, so make your sleep routines enjoyable for both of you!

Naps and Toys

Your baby still needs to nap after being awake between 1 and 2 hours. Put the baby down before he/she gets overtired. You don't want to miss the window! When you see that he/she is becoming tired, or when the baby has been awake between 1-2 hours, begin a soothing sleep routine. Nap routines may include nursing/feeding and cuddling with dim lights and some soothing music or humming. Take your baby out of the crib when awake (unless the baby seems to be cooing and relaxing). Your baby will learn that crib time is for sleeping. Avoid crib toys. When your baby is 0 to 3 months old, it is okay to use a mobile. When your baby is 4 months old, the mobile should be removed because it could be dangerous.

One way to tell if your baby is getting enough sleep is mood. If he/she seems happy, don't worry too much. If he/she is cranky, working out sleep routines will be helpful.

Additional Sleep Resources, Months 3-6

Weeks 12–16:

- Until your baby is 16 weeks old, the baby should be put to sleep after every 2 hours of being awake, at most.
- Put your baby to sleep awake, but drowsy.
- Darkness and calm serve as sleep cues.
- Slow down activities at night and set a bedtime routine.
- Continue to follow the same day sleeping schedule to ensure better night sleeping. On average, your baby should be taking 3 naps or more a day.
- Be consistent with naptime and bedtime routines.
- Some babies, particularly breastfed babies, need one nightly feeding up until they are 9 months old.

Weeks 16-24:

- At 4 to 10 months old, your baby may roll onto their stomach while asleep. It is safe to leave the baby to continue sleeping in this position, but always place babies on their back in the beginning of nap time/sleeping at night.
- Night sleep is ready to be changed. Bedtimes should be earlier, usually around 6:30pm and start with a consistent bedtime routine. Believe it or not, earlier bedtimes usually lead to later wake up times! Sleep brings more sleep.
- If your baby is not naturally sleeping through the night, it is now ok to help him/her along. If your baby is growing well, does not have more than 1 middle-of-the-night feeding, and

- Your pediatrician agrees, you can allow him/her to “cry it out” during his/her middle-of-the-night feeding.
- This is not the only way to get him/her to sleep through the night, but it is the fastest way. When your baby cries for a middle-of-the-night feeding, don’t go into the room. If you do this 2 or 3 nights in a row, the baby will soon be sleeping through the night! (Always check with your pediatrician before sleep training.)
- If the cry-it-out method makes you uncomfortable, you can help your baby learn to sleep through the night more slowly, by allowing your baby to cry for short intervals and then checking on him/her, soothing him/her, rocking him/her and putting him/her down, without feeding. Increase the amount of time you allow your baby to cry each night. This is a more gradual method, but also effective. Once your baby gets used to not eating at 2am, he/she will stop waking up.
- Remind yourself that through sleep training, you are helping your baby learn important sleep and self-soothing skills.
- Day sleep is now organized into 3 naps. A typical schedule is wake at 7am, nap at 9am, nap at 1pm, nap at 4pm and bedtime at 6:30pm. Naps are usually 1 hour or more (the last nap may be shorter since it is closer to bedtime). This schedule will be different, depending on what time your baby naturally wakes up.

Common Newborn Concerns

from Head to Toe...

Head

There are ridges or spaces on my baby's head! These are normal – they are the spaces between the bones that make up the skull.

My baby's head shape is funny. When babies are born, the head may seem a little swollen or misshapen due to delivery. This will usually resolve in the first 24-48 hours. Some swellings on the head last longer – make sure to discuss those swellings with your pediatrician.

Remember to start tummy time early and hold the baby in different positions to help avoid flattening areas on the head!

Eyes

My baby's eyes are crossing! This is usually normal. The baby's nervous system (including eye movement) is still not fully developed. The eyes should move together normally all the time by age 3-4 months.

Can my baby see? Babies can see at 20 feet what a person with good vision can see at 200 feet.

My baby's tears are crusting around his eyes. Sometimes tears do not drain well from the eyes of newborns. This can cause some crusting of the tears around the eyes. If the eyes appear red and/or the crusting is very thick or green, discuss this with your pediatrician.

Nose

My baby sneezes sometimes and sounds congested. It is common for babies to occasionally sneeze. Babies can even sound "congested or snorty". Sometimes this is just milk that has gotten into the back of the nose. Some babies may also have had spit up come out of their nose. If you see mucus in the nose, you may use a bulb syringe (and/or a NoseFrida) to remove the mucus. If the baby is having lots of nasal congestion, especially if he also has a fever or is using extra effort from chest muscles to breathe, contact your pediatrician immediately. **Always notify your doctor for any fever (temperature of 100.4° Fahrenheit or above) in a newborn*

Mouth/Noises

My baby gets the hiccups and makes sighing/grunting noises sometimes. It is common for babies to hiccup, sigh, and intermittently make grunting noises, especially when sleeping or after they have eaten.

Chest

Sometimes my baby seems to breathe fast. Babies sometimes breathe a little fast, then take a sighing breath and then breath normally again. This irregular pattern of breathing is normal in newborns. However, if you notice your baby consistently breathing fast, working hard to breathe (using extra chest and belly muscles to breathe), or he appears blue around the mouth, contact your pediatrician immediately.

My baby seems to have breasts. It is normal for babies to have some breast tissue present at birth because of hormones from their mothers. This tissue will go away as the baby gets older.

Abdomen/Belly

My baby's belly looks funny. Babies do not have fully developed abdominal muscles so sometimes their bellies can have a funny shape with a ridge in the center of the belly and the belly button sticking out a little. A belly button that sticks out a lot may be a hernia which your doctor will follow, but usually will resolve by age 2.

My baby seems to strain with bowel movements and has gas. When babies try to make bowel movements, you may notice them straining a little or passing gas – both are normal. Some babies have many bowel movements, some go a few days in between bowel movements, however, all babies should have their first bowel movement within the first 1-2 days of life. Let your pediatrician know if your baby has not had a bowel movement during this time. **NOTE: See the “how” questions for more information about bowel movements.**

Genitalia

My baby's genitalia (labia or scrotum) look enlarged and reddish. It is normal for genitalia to be slightly enlarged and redden in a full term baby. This is because of hormones from the mother and should go away with time.

My daughter has a white discharge from her vaginal area. Baby girls usually have a white discharge from the vaginal area and occasionally may even have a little blood from this area. Both are because of hormones from the mother and should resolve with time.

Skin

My baby's skin is peeling. It is normal for babies to shed the outer layer of dead skin. No special creams or lotions are needed, as that can delay the peeling of skin. If the cracking is deep, an emollient may be used to prevent deep cracking and bleeding.

My baby has a rash that looks like little pimples. This usually is a common newborn rash that looks like yellowish pimples surrounded by a red area. This rash does not hurt, does not itch and should go away within 1 week.

My baby has small white dots on the nose. This is another common rash caused by hormones from the mother and should also resolve in a few weeks. If your baby has a fever or appears ill and has a rash, contact your pediatrician immediately.

My baby's skin looks yellow. This yellowness of the skin is called jaundice and is very common in newborns. Babies usually have more red blood cells than are needed at birth so

they are broken down and produce bilirubin. A small amount of bilirubin is normal to have, but if there is too much bilirubin, the baby may need treatment. If you notice jaundice in your baby, discuss further with your pediatrician.

Hands and Feet

My baby's hands and feet sometimes look bluish and feel cold. These areas easily get cold and may turn slightly blue at times. This is normal and should resolve with warming.

My baby feels warm. If your baby feels warm, take the temperature with a rectal thermometer. A fever is a temperature of 100.4° Fahrenheit or above. Call your doctor immediately if the baby has a fever. Babies' immune systems are not fully mature at this age and they need a full evaluation by a doctor when there is fever.

When do I call the doctor?

- Lips or body looks blue
- Difficulty breathing – fast, labored breathing where baby is using chest muscles to breath
- Baby becomes limp/excessively floppy or non-responsive
- Temperature of 100.4° Fahrenheit or above (rectally).
- Repeated vomiting, especially if green in color.
- Poor feeding/refusing to feed and/or fewer than 3-4 wet diapers in 24 hours.
- Extreme sleepiness and/or excessive crying (remember it is normal for babies to sleep a lot at this age and for babies to cry often!)