



**Mount
Sinai**

Parenting Center

Newborn Parent Education and Discharge Class (Resident Version)

General Tips:

- *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.*
- *Don't use too much medical jargon*
- *Emphasize there are often many ways to do things (bathe, swaddle, burp).*

10 Common Medical Questions

1. How often do you feed a newborn?

- On demand feeding! On average very 2-3 hours (8-12 times in a 24 hour period)
 - Breastfed babies – average of 15-30 minutes per breast per feed
 - Formula fed babies – 5-30 ml per feed for the first 1-2 days, then 1-3 oz every 1-3 hours
- All babies lose weight after birth and usually regain it by 7-14days
- Wake to feed baby if more than 3 hours since the beginning of the last feed
- If supplementing, typically try to breastfeed first and then supplement. Consider pumping while supplementing.

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

- The best way is to monitor weight. We expect babies to lose up to 10% of birthweight. We check weight each day in the hospital.
 - You will follow up in 2-4 days with the PMD to monitor baby's weight
- 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) at least 4-6 wet diapers every 24 hours.

3. How often do babies have a bowel movement?

- We expect all babies to have at least 1 bowel movement in the first 24hrs of life
- Then...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, can sometimes come out the nose.
- Notify doctor if spitting up seems painful, is forceful/projectile, or is green or bloody

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 – usually a little oozing for 1-2 days before and after it separates
- Keep it dry - sponge baths until it falls off

This is where I often talk about bathing a baby if no nursing!

– Review sponge bath:

- You don't have to bath baby! Up to parents how often. Usually people do it every few days.
- Limit perfume-y soaps. Mostly just water. Start on face. Do head (if adding soap) and diaper areas last.

Then I talk about changing the diaper!

- Flaps in the back; pee strip in the front.
- Different types of wipes and ointments
- Avoid snagging cord by tucking diaper below
- Due to maternal hormones, a babgirl's labia may look enlarged or reddish and may have white or bloody vaginal discharge – this is normal. IF there is stool in the area, wipe that out
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- Talk about circumcision care...

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 For uncircumcised boys, do not pull back the foreskin

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

- It can be hard at first because of skin on the underside of the nail. 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 (with an infant clipper) 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 known to be sick (fever, cough)
- Have close caregivers get vaccinated against whooping cough and flu
- Only parents should kiss the face
 - Encourage young siblings to limit contact with baby's face/mouth/hands (kiss the feet)
- 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

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
- Try using a pacifier at night (shown to lower risk of SIDS)
- Prevent overheating (light pajamas, comfortable room temp)
- No infant positioners in crib
- No breathing monitors (no evidence of efficacy)
- 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
 - Overly tired babies can get fussy...!!!
- Crying it out: TOO early for this! Start this around 4 months after discussing with pediatrician.

9. What is colic?

- Typically develops around 3 -9 weeks of life
- 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/being too tired

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

This is when I demo how to do the swaddle!!

Swaddling

- Helps prevent startle reflex from waking baby
- Snug arms so baby doesn't break out, loose hips to prevent DDH
- Stop when baby breaking out or close to rolling (around 3 months)

Sucking – finger, pacifier

- Immediately in bottle fed babies, breastfed once latch is well established
- Associated with reduced risk of SIDS

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.
- **Persistent crying can also be a sign that the baby is ill, call your pediatrician if crying is prolonged**

Baby Blues:

- Common - 50-80% of moms
- Increased crying, feelings of sadness, fear, exhaustion, confusion, impatience, and irritability
- Typically occur during the first 2-3 wks
- They should come and go and not impact everyday activities and bonding with baby (moms will often feel better after a cry) and should resolve by about 3 weeks

Postpartum Depression and Anxiety

- More severe and intense emotions that last longer than a few weeks
- Moms 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.

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
- Soft spot on the head is called the anterior fontanelle – it's ok to touch. Should close around 1 yr of life

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)
- If lots of crusting/pus from eyes, call the pediatrician

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.
- If baby is using extra chest muscles to breath and appears to be breathing faster and/or working harder to breath, call your pediatrician
- A little breast tissue is normal and due to mother's hormones

Abdomen

- Abdominal muscles are not fully developed so a baby's belly can look large at times
- Baby's often strain, grunt, pass gas or turn red with bowel movements; this does not mean they are constipated

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
- Babies can become jaundiced (skin and eyes turn yellow) – we monitor this in the hospital; if baby appears to be getting more yellow after discharge, contact your pediatrician
- It is normal for the hands and feet to appear blue when the baby is cold, however if the mouth/tongue or chest appear blue, contact your pediatrician/go to the ER immediately

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 using extra chest muscles 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)