



# **The Newborn Manual**

**A practical guide  
for new parents**



# Congratulations on Your New Baby!

As your child's pediatrics office, we would like to share some information that we believe will be helpful when caring for your newborn. The good news is that, in general, common sense is the most important factor in infant care.

Remember that every baby is an individual with his or her own personality, and each will react differently to the same situation. Try not to compare babies or their reactions, as there are wide ranges of standards for weight, growth and development for infants, just as there are for adults. This is why we can only offer general thoughts and advice in this book.

Try not to worry about small problems or let well-meaning loved ones concern you with their advice. The best way to safeguard your baby's health is to have regular examinations in our office.

Throughout the first year, we'll be here with detailed instructions on how to care for your baby. Please reach out to our office whenever you have a question or need advice. Sometimes, we can provide a definitive answer to a puzzling problem. Other times, just talking about the problem will help you to come to your own solution.

We want you to depend on us as child specialists. Together, we can help you develop your own parenting style.

—Your UCLA Health pediatrics team

## Table of Contents

### 4 Introduction Welcome to UCLA Health Pediatrics

About UCLA Health 4

### 6 Chapter 1 About Your Baby

Newborn behavior 8  
What to do if ... 9  
Newborn bodies 10

### 16 Chapter 2 Feeding Your Baby

Breastfeeding basics 22  
Breastfeeding Q&A 30  
Formula-feeding basics 29

### 32 Chapter 3 Pee & Poop

First week expectations 34  
Poop chart 35  
Diapering basics 36

### 38 Chapter 4 Bath & Body Care

Bathing 40  
Body care 42

### 44 Chapter 5 Home & Travel

The newborn's room 46  
Siblings 47  
Safe sleep 48  
Travel and airplanes 50  
Car safety 52

### 54 Chapter 6 Preventive Care

Health care schedule 56  
Vaccine information 58  
Over-the-counter meds 60  
Vitamins 61

### 62 Chapter 7 For Mothers

Postpartum depression 64  
Sleep and nutrition 66

### 68 Chapter 8 Additional Resources

Books 70  
Websites 71  
Notes 72



### Introduction to UCLA Health Pediatrics

## UCLA Health Pediatric Care, When and Where You Need It

At UCLA Health, we offer comprehensive pediatric care that puts your child first. With more than 40 pediatric primary care locations across Southern California, from Ventura to the South Bay to Pasadena — and just about everywhere in between — you're never far from a UCLA Health community clinic.

### Your child is in the best hands

The skilled and compassionate doctors and nurses at UCLA Health don't just treat symptoms; they take care of your child from head to toe and can coordinate care with all the specialists and resources of UCLA Mattel Children's Hospital.

Many of our pediatric primary care physicians also work in the same location as other UCLA Health specialists and behavioral health providers, which means you'll find coordinated care for your child that is stress-free and simple.

### Convenient care when you need it

Is something keeping you up at night? Same-day and next-day children's primary care appointments are available in every pediatric primary care clinic.

And our compassionate care goes beyond regular office hours. Our immediate care locations offer walk-in appointments in the evening and on weekends and holidays, as well as convenient Save My Spot pre-booking.

Scan for an updated list



### We offer care when your child needs it, where you want it

The adjacent map shows the UCLA Health offices that offer primary care services to children. Once you find a location that works for you, we look forward to welcoming your child to their medical home!

**More info:** [uclahealth.org/medical-services/general-pediatrics](https://uclahealth.org/medical-services/general-pediatrics)

# 1

## About Your Baby

The early days of parenting can be challenging. Your infant has one basic task in the first year: to build trust with his or her caregivers. Responsive parenting allows you to meet your baby's needs for food, comfort and sleep while supporting healthy development.

This chapter covers newborn behavior and bodies. The main takeaway is that most things new parents worry about are totally normal and not cause for concern. Responding consistently to your baby's needs builds trust. We encourage you to share your concerns at your well-baby visits.





## Newborn Behavior

**S**OME THINGS NEWBORN BABIES commonly do may concern parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system that disappear in two to three months, including:

- Chin trembling
- Lower lip quivering
- Frequent yawning
- Hiccups
- Passing gas
- Periodic breathing: rapid non-labored breathing followed by a brief pause (less than 10 seconds) and then normal breathing
- Noises caused by breathing or movement during sleep
- Sneezing
- Spitting up (small amounts) or burping
- Startle reflex: a brief stiffening of the body with arms in an “embracing” position in response to noise or movement, also called the “moro” reflex
- Straining with bowel movements
- Throat clearing or gurgling sounds caused by secretions in the throat. These are not a cause for concern unless your baby is having difficulty breathing.
- Trembling or jitteriness of arms and legs during crying. While jitters are common in infants, convulsions are rare. During convulsions, babies may make jerking movements, blink their eyes and suck rhythmically with their mouths while not crying. If your baby is trembling but isn't crying, give him or her something to suck on. If the trembling doesn't stop during sucking, call your doctor's office immediately.

## What Do I Do if My Infant is...?



### Colicky

The definition of colic is crying that occurs for more than three hours per day, more than three days per week and lasts for more than three weeks. It affects at least 20 percent of all babies. Infants with colic can have multiple episodes of crying, fussing and irritability that may develop into agonizing screaming. Symptoms of colic usually occur in the evenings and begin in the second week of life. Colic typically peaks at six weeks and resolves by four months. While there are few medical interventions that are helpful for colic, feel free to ask your pediatrician for suggestions.



### Crying

Crying is normal in all infants for up to three hours a day. Babies cry when they are hungry, need their diaper changed, are too hot or too cold, are sleepy, or need to be burped. If you cannot determine the cause of crying, check your baby's temperature and make sure he or she does not have a fever. If he is still crying despite checking all of the above, try soothing your baby by swaddling him tightly in a blanket, rocking him, and singing or “shushing” him. You can also try using a pacifier.



### Hot

A newborn's temperature is normally higher than those of older children, averaging approximately 99.5 degrees Fahrenheit (37.5 degrees Celsius) during the first six months of life. The most accurate way to take a newborn's temperature is to use a digital rectal thermometer. If a newborn's temperature is over 100.4 F (38.0 C), you must call your doctor's office immediately. To take your child's temperature rectally, place him or her belly-down across your lap. Coat the tip of the thermometer with petroleum jelly (Vaseline), and then insert the tip into the rectum. Stop if you feel any resistance. When the thermometer beeps, remove it and check the digital reading.





## Newborn Bodies

10

Even after your doctor assures you that your baby is normal, you may still think that he or she looks a bit odd. Be patient and know that most newborns look slightly peculiar to their parents. Fortunately, the peculiarities are temporary and your baby will begin to look “normal” by 1 to 2 weeks of age. The following pages describe some common physical characteristics of newborn babies. Most are temporary, but a few are harmless congenital defects that may be permanent. Call your doctor’s office if you have questions about your baby’s appearance.

## Heads

### 1 FONTANEL

The fontanel is the diamond-shaped soft spot found on the top front part of the newborn skull. It is covered by a thick, fibrous layer of tissue and is safe to touch. The purpose of the fontanel is to allow rapid growth of the brain. It normally closes over with bone when your baby is between 9 and 24 months old.

### 2 MOLDING OF THE HEAD

Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression can temporarily hide the fontanel. The head should return to a normal shape in a few days.

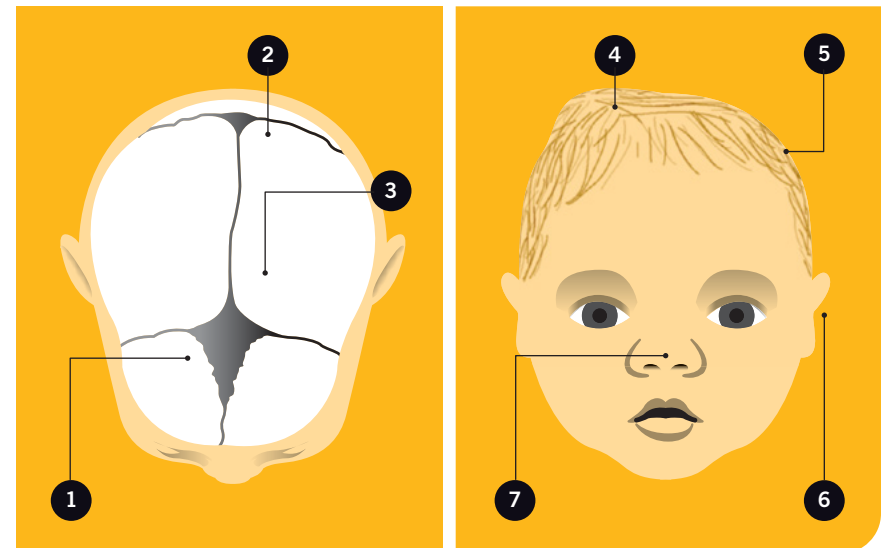
### 3 CAPUT

The term caput refers to swelling on top of the newborn head or throughout the scalp that occurs when fluid is squeezed into the scalp during birth. It typically clears within a few days.

### 4 CEPHALOHEMATOMA

Cephalohematoma is a lump on the newborn head that occurs when blood collects under the skin. It is caused by friction between the infant’s skull and the mother’s pelvic bones during birth. It typically appears on the second day of life and may grow larger for up to five days. The boundaries of the cephalohematoma are the individual skull bones. It should disappear completely by the time the baby is 2 to 3 months old.

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## 5 SCALP HAIR

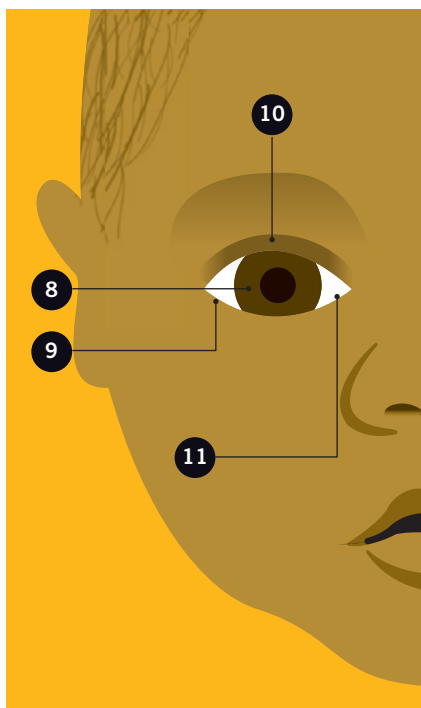
Most hair is dark at birth. This hair is temporary and begins to fall out by 1 month of age. The rate of hair loss varies in infants. Some will lose hair rapidly and become bald, while others will lose temporary hair as new permanent hair appears. Permanent hair may be an entirely different color from newborn hair.

## 6 FOLDED EARS

Newborn ears are commonly soft and floppy. The ear will assume its normal shape as the cartilage becomes firmer over the first few weeks of life.

## 7 FLATTENED NOSE

A newborn's nose may be flattened or pushed to one side during birth. It will look normal by 1 week of age.



# Eyes

## 8 EYE COLOR

The eye color of your infant is often uncertain until your baby reaches 6 months. In rare cases, eye color has been known to change at around 2 years of age.

## 9 HEMORRHAGES OF THE EYE

Some babies have a flame-shaped hemorrhage on the side of the eye that is caused when blood vessels on the surface of the eye break during birth. These hemorrhages are harmless, and the blood should be reabsorbed within two to three weeks.

## 10 SWOLLEN EYELIDS

Your baby's eyelids may be puffy when he or she is born because of pressure on the face during delivery. This usually resolves within one week.

## 11 BLOCKED TEAR DUCT

If your baby's eyes water continuously, he or she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. This is a common condition that often clears up by the time the child is 1 year old. If your baby's eyes get dry and there is yellow discharge, you can wipe it away with a clean wet washcloth. Call your doctor's office if this persists.

# Mouth

## 1 TEETH

The presence of a tooth at birth is rare. When this happens, about 10 percent of cases are extra teeth without a root structure. The other 90 percent are prematurely erupted normal teeth. The distinction between the two can be made with an x-ray. A dentist may need to remove the extra teeth because they can fall out and lead to choking. Normal teeth only need to be removed if they become loose and are a choking hazard or if they cause sores on your baby's tongue.

## 2 TONGUE-TIE

The newborn tongue can have a short, tight band on its underside that connects to the floor of the mouth. This band usually stretches with time, movement and growth. Tongue-tie or tight tongue is a condition in which the band keeps the top of the tongue from protruding beyond the teeth or gum line. If an infant has a significant tongue-tie, it may impact the way he or she is able to nurse. If you feel your child is tongue-tied, please let us know.

## 3 EPITHELIAL PEARLS

Your newborn may have little cysts containing clear fluid or shallow, white cysts along the gum line or on the roof of the mouth. These result from the blockage of normal mucous glands, and usually disappear after one to two months.

## 4 SUCKING CALLUS OR BLISTER

A sucking callus occurs in the center of the upper lip from constant friction during bottle or breastfeeding. It will disappear when your child begins cup feedings. If your baby sucks his or her thumb or wrist, a callus may develop there too. A baby may be born with a sucking callus if he or she was sucking inside the womb.

# Feet

## 5 FOOT DIRECTION

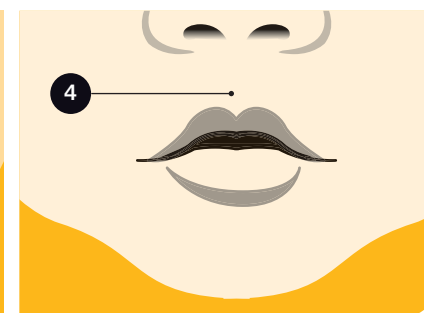
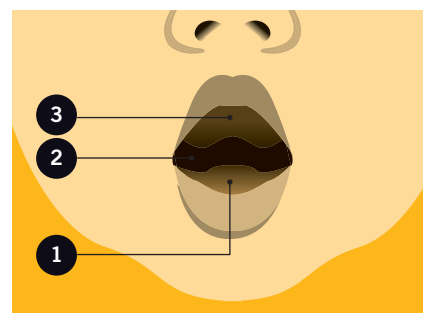
Your newborn's feet may have been turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be moved easily to a normal position, there is no need to be concerned if they turn up, in or out. The direction of the feet will naturally straighten between 1 and 6 months of age.

## 6 LONG SECOND TOE

The second toe may be longer than the great toe as a result of heredity.

## 7 INGROWN TOENAILS

Many newborns have soft nails that bend and curve easily. The nails are not truly ingrown because they don't curve into the flesh or cause irritation.



## Legs and Torso

### 8 TIGHT HIPs

When we examine your baby, we will spread his or her legs apart to make sure the hips are not too tight. As long as the legs can be bent outward symmetrically to 60 degrees and both hips are equally flexible, they are fine. The most common cause of tight hips is a dislocation, which can be corrected with a harness.

### 9 TIBIAL TORSION

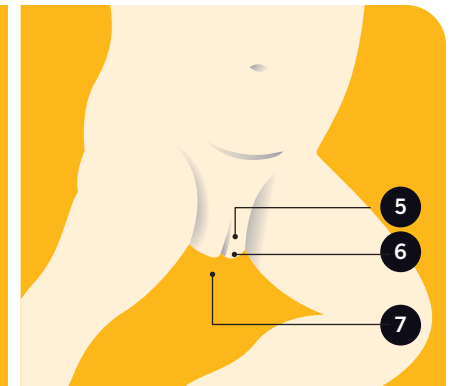
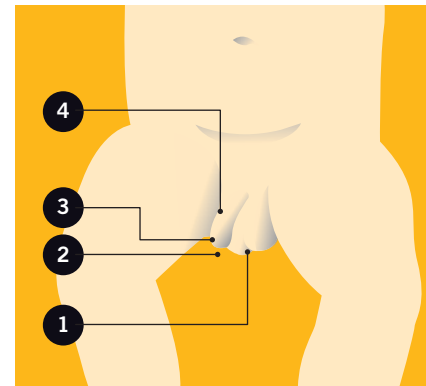
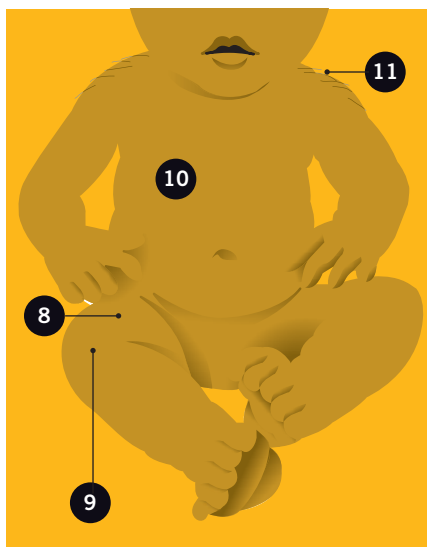
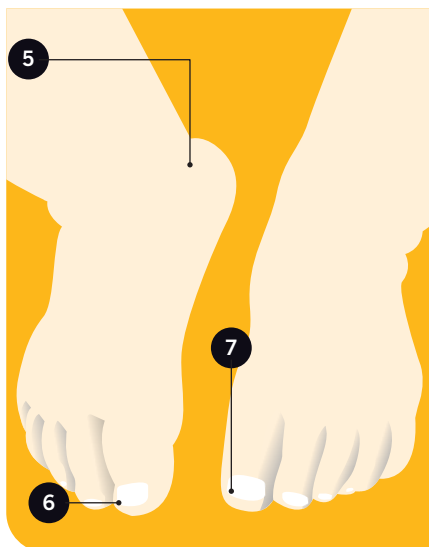
The lower leg bone, called the tibia, normally curves inward in newborns because the baby was confined to a cross-legged position in the womb. If you stand your baby up, you will notice that the legs are bowed and the feet are pigeon-toed. Both of these curves are normal and will usually straighten out after your child has been walking for six to 12 months.

### 10 SWOLLEN BREASTS

Many babies, both male and female, develop swollen breasts during the first few weeks of life. This swelling is caused by the passage of female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months, but may last longer in breastfed and female babies. Swelling may go down in one breast before the other. Never squeeze the breast, as this can cause infection. Be sure to call your doctor's office if a swollen breast develops signs of infection, such as redness, red streaks or tenderness.

### 11 BODY HAIR (LANUGO)

Lanugo is the fine downy hair that is sometimes present on the back and shoulders of newborn babies. It is more common in premature infants. It should rub off with normal friction by the time your newborn is 2 to 4 weeks old.



## Genitals: Male

### 1 HYDROCELE

The scrotum of newborn boys may be filled with clear fluid that has been squeezed into that area during birth. This common and painless collection of fluid is called a hydrocele. Hydrocele may take six to 12 months to clear completely. It is harmless, but should be checked during regular doctor's visits. If the swelling frequently changes size, a hernia may be present, and you should call your doctor's office for an appointment.

### 2 UN-DESCENDED TESTICLE

The testicles have not descended into the scrotum in about 4 percent of full-term newborn boys. Many of these testicles gradually move into a normal position during the following months. Only 0.2 percent of all testicles are un-descended in 1-year-old boys and need to be brought down with medication or surgery.

### 3 TIGHT FORESKIN

Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal, and the foreskin should not be retracted. The foreskin separates from the head of the penis naturally by 5 to 10 years of age.

### 4 ERECTIONS

Erections occur in newborn boys, as they do in boys of all ages. They are usually triggered by a full bladder and demonstrate that the nerves to the penis are normal.

## Genitals: Female

### 5 SWOLLEN LABIA

The labia minora may be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will go down in two to four weeks.

### 6 HYMENAL TAGS

The hymen also may be swollen because of maternal hormones and may have a smooth, half-inch projection of pink tissue, called a tag. Tags are harmless and occur in 10 percent of newborn girls. They slowly shrink within two to four weeks.

### 7 VAGINAL DISCHARGE

A clear or white discharge may flow from the vagina during the later part of the first week of life as maternal hormones in the baby's blood decline. Occasionally, the discharge will become pink or blood-tinged, which is called false menstruation. This is normal and should not recur once it stops.



# 2

## Feeding Your Baby

Babies need to feed often in their first year, and we support the American Academy of Pediatrics' recommendations for infant feeding. Exclusive breastfeeding is recommended for the first six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding until two years and beyond, as mutually desired by you and your baby.

In cases where parents have made an informed decision to use formula, we encourage the safe preparation and feeding of formula. The following is what you need to know about feeding your newborn baby for the first few months of life.





# Feeding Basics

- All newborns need to wake and feed frequently, at least eight or more times in 24 hours. It is normal for all newborns to lose a little weight in the first few days. Newborns need to grow quickly after birth through the first 12 weeks of life. They require feedings at nighttime, so wake them every three hours at night to feed at first. Once your baby is gaining weight and feeding well, usually by the end of week two, you can let him or her sleep and wake you at night.
- It is common for newborns to prefer to wake and feed frequently at night because their days and nights are often mixed up. Usually, newborns sleep better and longer stretches at night around six weeks. Babies will still wake to feed at night at least one or two times after six weeks. Night waking is hard, but is normal, to be expected, and is very important for newborn growth. You can expect better and longer sleep stretches after 12 weeks.
- Breast milk or an FDA-approved formula are the only milks appropriate

for feeding newborns in the first year of life. Never feed other foods, milks or water to newborns unless directed to by your baby's doctor. Breast milk and/or safely prepared formula are all the fluid your baby needs to grow and stay hydrated. Your baby's doctor may recommend vitamins, such as vitamin D, which is important to give to your baby.

- If you are breastfeeding and your baby's doctor has recommended supplementation, or if bottle feeding is your preferred method, we always recommend feeding appropriate volumes of milk.
- For bottle-feeding babies, newborns rarely need more than 2 to 3 ounces per feeding after they are about 7 days old. As babies get older they will take more volume, less often, meaning they may take 4 to 5 ounces only six times per day when they are about 4 months old. Regardless of age, an older baby never needs more than 32 ounces per day. Your baby's doctor will guide you on feeding as your baby gets older.

## Responsive Feeding

Some newborns may "cluster" their feedings, in which they do several short feedings over a few hours. This is normal so long as your baby is having wet and poopy diapers and is growing well. We recommend learning your baby's feeding and fullness cues. Responsive feeding reduces underfeeding and overfeeding, which can cause weight problems. Here are some examples of feeding cues:

### 1 Early cues: "I'm hungry."



Stirring



Mouth opening



Turning head, seeking/rooting

### 2 Mid cues: "I'm really hungry."



Stretching



Increasing movement



Hand to mouth

### 3 Late cues: "Calm me, then feed me."



Crying



Lots of movement



Color turning red

**Calm a crying baby before feeding.**  
Cuddle, talk, stroke or use skin-to-skin contact on your chest.

**Look for early feeding cues**







## Tips for Good Milk Production






- It is important for you to take care of yourself by resting when you can, eating a nutritious diet and drinking adequate amounts of water.
- Remember that on the second night after delivery, your baby might want to feed a lot! The baby will also want to feed a lot during growth spurts. This is normal.
- Feeding frequently will help mature milk production and decrease engorgement as your milk supply increases.
- The number of times a baby feeds on the second night is directly related to the amount of mature milk you will have by day five.
- Learn your baby's feeding cues and feed on demand.
- Avoid supplementation with formula unless there is a medical indication.

## Assessing Your Newborn's Feedings

### Baby's stomach size

DAY 1	DAY 3	DAY 7	DAY 10
			
½ tablespoon	2 tablespoons	4 tablespoons	5-10 tablespoons

### Number of wet diapers

DAY 1	DAY 2	DAY 3	DAY 4	DAY 7
				
1	2	3	4	At least 6

### Color and texture of soiled diapers

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
				
Sticky black	Brownish	Greenish yellow	Dark yellow, soft	Yellow liquid, seedy

Contact your pediatrician if there are not enough wet and dirty diapers.



## Breastfeeding Basics

- While breastfeeding may be natural for a baby, it is a learned skill for parents. We encourage you to take a breastfeeding class before your baby is born.
- Breast milk is a natural food for babies that comes with many advantages for both mother and child. We encourage breastfeeding whenever it is possible.
- If you need help now, we encourage you to talk to a lactation consultant. For help, you can contact the UCLA Health BirthPlace office or ask your baby's provider for a recommendation.



### Breastfeeding: Days 1 to 3

For the first few days of life, a newborn sleeps much of the time and is content with a breast milk precursor found in the mother's breasts, called colostrum.

Colostrum is a thick, yellow-orange fluid that is rich in protein. It benefits the baby by giving him or her immediate protection against disease and infection. Colostrum also has a laxative effect and readies your baby's digestive tract for the milk she will be getting in a few days.

During the first few days of life, it is normal for babies to lose weight. It may take at least 10 days for your baby to regain her birth weight. Offering the breast frequently during the early days helps to bring milk in sooner and may help prevent severe engorgement.

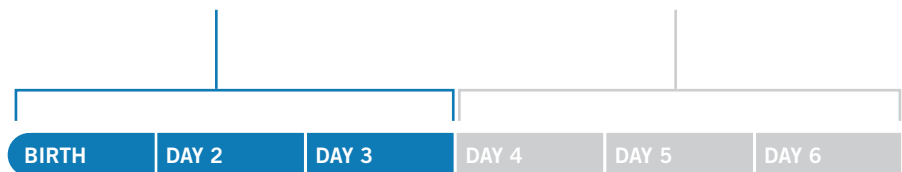
### Breastfeeding: Days 2 to 6

Milk comes in between days two and six of the newborn's life. As this happens, the colostrum increases in volume and becomes milky-white transitional milk. Signs that your milk is coming in include: full and tender breasts, leaking of milk, seeing milk around your baby's mouth, and hearing your baby swallow when feeding.

As this occurs, you may be aware of only mild breast changes or your breasts may become engorged, which means they will be swollen, hot, lumpy and painful. The best treatment for engorgement is frequent feeds every two to three hours for at least 10 minutes per breast.

It's normal to have a lot of middle-of-the-night feedings during the first weeks of your baby's life. These 2 am feedings help bring in your milk and build up your milk supply. The more often you nurse, the less swelling you will have.

For a few days, warm compresses, warm showers, breast massage or hand-expressing a few drops of milk prior to the feeding may help soften the nipple and the dark area surrounding the nipple, called the areola. Applying ice packs to the breast after a feeding can also be soothing.





## Breastfeeding: Getting Off to a Good Start

### BREASTFEED EARLY AND OFTEN

Breastfeeding is more successful when it begins as close to birth as possible. We encourage you to have your baby skin-to-skin right after delivery and to try breastfeeding right away. Ask for help if you need it. If separated from your baby, ask for help to get your milk supply started.

### SMALL AMOUNTS

After birth, your breasts will be soft and will make milk in small quantities. This is normal. The early milk is called colostrum and it is rich in vitamins and proteins. It is thick like honey and can be clear to yellow to orange in color. Colostrum coats the gut and helps protect your baby from sickness.

### FEED FREQUENTLY

Babies may be sleepy on the first day and on the second night may cluster their feedings. Offer both breasts frequently in the early days or practice hand expression and feed a little extra colostrum back to baby. Hospital staff can help you.

### INCREASED VOLUMES

Your mature milk “comes in” around days two to six. You will notice your breasts become heavy and full. The colostrum increases in volume, becomes more milky, and is easier to express.

### BREAST FULLNESS

Signs that your milk has come in include full and tender breasts, leaking of milk, seeing milk around your baby’s mouth and hearing your baby swallow when feeding. Engorgement is when your breasts are overly full, hot, swollen, hard and painful. Sometimes it becomes difficult for your baby to latch or milk won’t come out.

### MANAGING FULLNESS

You can avoid engorgement by waking baby to feed often. If necessary, use a warm compress 15 minutes before a feeding, or try breast massage and gentle hand expression. Warm showers with breast massage allow milk to come out and can also be helpful. Cold packs after feeding can help reduce swelling. Limit cold to 15 minutes about three to five times per day.

## Benefits of Breastfeeding

### Baby

- Colostrum prepares your newborn’s digestive system to function best.
- Breast milk changes throughout the day through the feedings, and as your baby grows, to perfectly meet his or her growing needs.
- Breastfed infants are sick less often. The immune system is strengthened and built by



### Mother



- Breastfeeding reduces risks of certain cancers, including breast and ovarian cancer.
- Breastfeeding is heart-healthy and reduces risks of heart disease.
- Breastfeeding causes the release of oxytocin, which promotes uterine contractions and helps decrease vaginal bleeding after delivery.

### Family/Community

- Breastfeeding is better for the environment.
- Except for your time, the cost to breastfeed is basically free.



## Breastfeeding:

# General Guidelines and Information



## Breastfeeding Positions

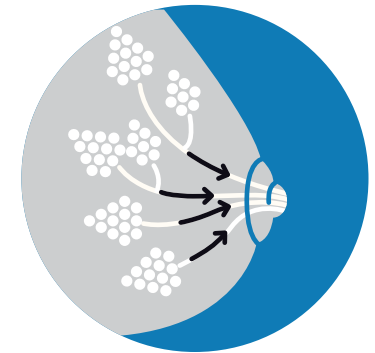
- When positioning the baby at the breast, keep baby's ear, shoulder and hip in one line.
- Hold baby close to body, belly to belly, chest to chest. Don't lay the baby on a pillow.
- Line up baby's nose with the nipple. Help baby's chin to touch the breast. Express a little milk and let it touch baby's nose. This will encourage a wide, open mouth.
- Use the arm supporting the baby to move baby farther onto the breast.
- Always bring baby to the breast. Don't try to insert breast into baby. That will cause a shallow latch and painful nipples.
- Ask for help with latching until you feel more confident.

### BEFORE YOU BREASTFEED

- Wash your hands frequently throughout the day.
- Find a comfortable position.
- Learn positioning and latching while in the hospital.

## While Feeding

- Many newborns don't nurse vigorously the first few days of life. They will suckle and pause, then suckle again. This is normal.
- After day three, babies need to sustain the feeding with audible swallows. Reach out to your provider if your baby is only "sleeping at the breast" and isn't feeding with audible swallows.
- Help your baby get started nursing by holding her close so that her lips touch your breast. This will prompt her to open her mouth and search for your nipple. Give your baby time to find it, as she is learning too.
- Touching your nipple to your baby's upper lip and nose initiates the rooting reflex as you bring the baby's chin into the breast, where the line of the areola meets the breast.
- Be sure your baby takes the breast into the mouth asymmetrically or off center with more areola in the mouth by the chin. Avoid nipple feeding.
- You can help your baby latch by grasping your breast with your thumb always opposite your baby's nose and fingers away from the areola. This grasp can help "shape" the breast so it is easier to take in more breast.
- Never pull the nipple from your baby's mouth, as this can hurt the nipple. To break your baby's suction, insert a clean finger into the corner of her mouth.
- Nursing time ranges from five to 30 minutes per breast. Offer both breasts at each feeding. (Allow your baby to finish one side and then offer the second side.) Alternate the side you begin with before each feeding.
- You may notice tingling or breast fullness while you are feeding, before and even between feedings. This is known as "the letdown." Some women feel it and some do not. Some mothers will notice the baby's eyes open more and they can hear more swallows or gulping at the breast with the letdown.

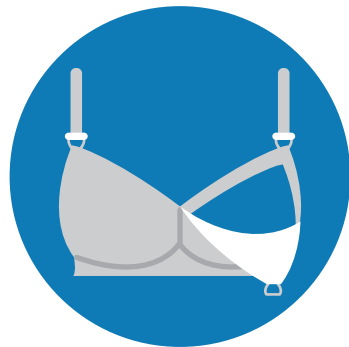


## After and Between Feedings



- **Burp your baby between your breasts.** This is often helpful in keeping the baby actively feeding. Hold your baby upright over your shoulder or sit the baby on your lap by supporting him with one hand in front, cupping the chin, and gently pat or rub his back with your other hand.
- You do not need to force your baby to burp or burp for a certain amount of time. Babies can burp if you sit them upright and slightly forward. Babies who need to burp will stop feeding and fidget at the breast. After the last breast, if your baby has fallen asleep, you don't have to burp and disrupt sleep. Hold him in your arms or upright on your chest until he falls into a deep sleep and then place him on his back to sleep.

- Shallow latching is the main cause of sore nipples. Learn deep latching with asymmetrical positioning to avoid cracked or sore nipples. Some women may experience some transitional soreness at the beginning. The best healing is to allow your own milk to air dry on the nipple. You may also apply ointments containing pure lanolin to the nipples after you allow your nipples to air dry. You do not need to clean off the lanolin before the next feeding. If nipple soreness is severe, you may need to see a lactation specialist.
- Wearing a nursing bra will provide support while allowing you to nurse easily. Place nursing pads inside your bra to prevent your nipples from sticking to the bra. Always air dry your nipples after nursing, before you replace the bra flap.



## Formula-Feeding Basics

An FDA-approved infant formula is the safest alternative to breast milk. Properly prepared infant formulas help babies to grow and thrive. Let us know if you have questions about using formula.

### There are three standard types of formula:



**1. Milk-based:** made from cow's milk protein



**2. Soy-based:** made from soybean protein



**3. Simple protein formula:** intended for infants with gastrointestinal issues

### MORE FORMULA INFORMATION

- Baby formula comes in three forms: powder, liquid concentrate and ready-to-feed.
- Properly prepared, iron-fortified infant formula is the recommended substitute for the first year of life.
- Never feed any other milks to baby, such as cow's, goat's, soy, almond, coconut, soy drinks (not soy formula) and/or low-iron formulas.
- Your baby does not need any additional water, as properly prepared formula gives them enough calories and fluids at the same time.

## Formula Feeding: General Guidelines & Information



### Safe formula preparation

Ready-to-feed formula is sterile and can be directly offered to your baby. Formula concentrate or powdered infant formula is not sterile and can harbor bacteria. Properly preparing and handling formula reduces the risks associated with its use. Here are the critical steps to make formula preparation safe.

- Always wash your hands with soap and water before handling the items required for formula preparation.
- Sterilize all the bottles and nipples for the number of feedings you are preparing. Boil them in the water for two minutes. Use tongs to remove and allow to air dry on a clean towel.
- Use clean, safe tap water. Measure enough water for the number of ounces you are preparing plus a little more. Bring water to a boil for two minutes. Turn off heat. Use boiled water within 30 minutes to prepare the powdered infant formula or formula concentrate. Bringing the water to a boil helps kill bacteria in the powdered infant formula.
- Always follow the formula package directions. Put boiled, but cooling, water into the containers, properly measured. Using the provided scoop, add level, nonpackaged scoops of powdered infant formula or concentrate according to package directions. It's always water first, formula second to get the right ratio of water to milk solids. Swirl to mix the water and formula together.
- Store safely prepared formula in the refrigerator for up to 24 hours. Once warmed or brought to room temperature, use it within an hour. When traveling, keep properly prepared formula on ice packs.

### Bottle Feeding

Whether it is breast milk or formula, you want to bottle feed safely.

#### HOLD BABY UPRIGHT

Find a comfortable place to sit and cradle your baby in an upright, semi-reclined position. It is important to avoid babies feeding flat on their backs. As your newborn is feeding, you can look into his or her eyes and sense behavioral cues of hunger, satiation, comfort or distress.

#### PACE FEEDINGS

Slowing the flow of milk allows your newborn to set the pace of the feeding. Hold your baby upright with the bottle perpendicular to the baby. Offer the nipple to your baby and once he has grasped the nipple, allow him to suckle before tipping the bottle up so that milk fills the nipple. Watch your baby for signs the flow is too fast and lower the bottle so he can pause and take breaks.

#### TAKE BREAKS

After an ounce or two of milk, take a break, burp your baby and switch the arm that is holding him. This allows your baby to have the benefit of feeding from both angles, similar to breastfeeding. This also helps with vision development. Giving your baby a little time to feel full from the feeding also prevents overfeeding.

#### LOOK FOR BUBBLES

When your baby sucks, there should be a steady stream of air bubbles entering

#### SAFETY INFORMATION

Published guidelines on the handling and storage of infant formula state that it is unsafe to feed an infant prepared formula that:

- Has been stored at room temperature longer than one hour or longer than recommended by the manufacturer.
- Has been stored in the refrigerator longer than 48 hours for concentrated or ready-to-feed formula, or 24 hours for powdered formula.
- Remains in a bottle one hour after the start of feeding and/or remains in a bottle from an earlier feeding.

the bottle. If there is not, the cap may be on too tightly or the holes in the nipple may be too small.

#### TIME TO EAT

Some babies will empty a bottle in five minutes while other babies will take 30 minutes with breaks.

#### NO PROPPING

To lower risk of choking, ear infections and insufficient intake, never prop the bottle or let your baby feed alone.

#### NO BOTTLES IN BED

Never put your baby to bed with a bottle.



# 3

## Pee & Poop

Since newborns spend so much of their day eating, they also spend a lot of time peeing and pooping. You can expect your newborn's bowel habits to change drastically in the first days of life and for them to produce more and more dirty diapers. The following covers everything you need to know about your newborn's bodily functions.



## Pee & Poop:

# What to Expect the First Week

**O**VER THE FIRST WEEK OF LIFE your newborn will have more bowel movements and wet diapers as he or she drinks more breast milk or formula.

You should keep track of the number of wet diapers and poop diapers for the first few days, and also track how often your baby is nursing or having a bottle.

After the newborn stage, breastfed babies may go four to five days without having a stool. You should not be concerned about this, and should not give enemas or suppositories unless your pediatrician provides that advice.

BIRTH	<b>DAY 1</b> Your baby should have at least one wet diaper and one meconium diaper. Sometimes parents see red or salmon-colored dust in the diaper, which is often mistaken for blood. This “red dust” is actually uric acid crystals caused by concentrated urine.
DAY 2	
DAY 3	
DAY 4	<b>DAY 2-3</b> As your baby starts to nurse or receive formula, her stool and urine should increase. Your baby should have at least two wet and dirty diapers on day two and three wet and dirty diapers on day three.
DAY 5	
DAY 6	<b>DAY 4-7 AND ONWARD</b> Within the first few days, your baby will have roughly five to 10 bowel movements and five to six wet diapers every 24 hours.
DAY 7	

## Types of Newborn Poop

Please note: The consistency and color of newborn stool varies, but if it is ever very hard or looks white or red, give your doctor a call.

TYPE	COLOR	CONSISTENCY
<b>MECONIUM</b>	Black tar poop	Sticky
<b>TRANSITIONAL STOOL STAGE 1</b>	Greenish black	Less sticky
<b>TRANSITIONAL STOOL STAGE 2</b>	Greenish yellow	More watery
<b>TRANSITIONAL STOOL STAGE 3</b>	Mostly mustard yellow with some green	Slightly chunky
<b>NORMAL NEWBORN STOOL</b>	Mustard yellow	Clumpy, chunky or watery

# Diapering Basics



- Diapering occurs frequently in the first weeks of life as some babies will have as many as 10 stools per day.



- At night, change diapers only when the baby wakes up to feed unless the diaper contains stool.

- Never leave the baby in a diaper soiled with stool because it can cause a diaper rash.

- Sometimes you might notice a strong ammonia odor after a good night's sleep. If this causes irritation, wash your baby's buttocks with soap and water before putting on a new diaper.



- You can choose to use disposable diapers or cloth diapers. Disposable diapers are easier to use, but cloth diapers are more environmentally friendly. Either is a good option.



- The first sign of a diaper rash is usually redness or small bumps on the buttocks or genitals. If you notice any irritation, use generous amounts of diaper rash ointment. If the rash doesn't improve in two to three days, call your pediatrician.



- Change your baby's diaper as soon as it is wet or soiled to prevent irritation.



# Cloth Diapers

- There are many types of cloth diapers on the market. If you go this route, take the time to find the right option for your family.

- Since cloth diapers can't keep wetness away from your baby's skin as effectively as disposable diapers, it is especially important to change cloth diapers as soon as they become wet or soiled.

- After changing a soiled diaper, dump the stool in the toilet and then flush cold water over the soiled area before you place it in the covered pail with other soiled diapers. Be sure to keep your wet and soiled diapers separate from other clothes.

- Diapers should be soft, absorbent, lightweight and not bulky.

- The shape of the diaper depends mainly on your preference.

- The size depends on the size of your baby, as a diaper that is too large will be bulky and uncomfortable.

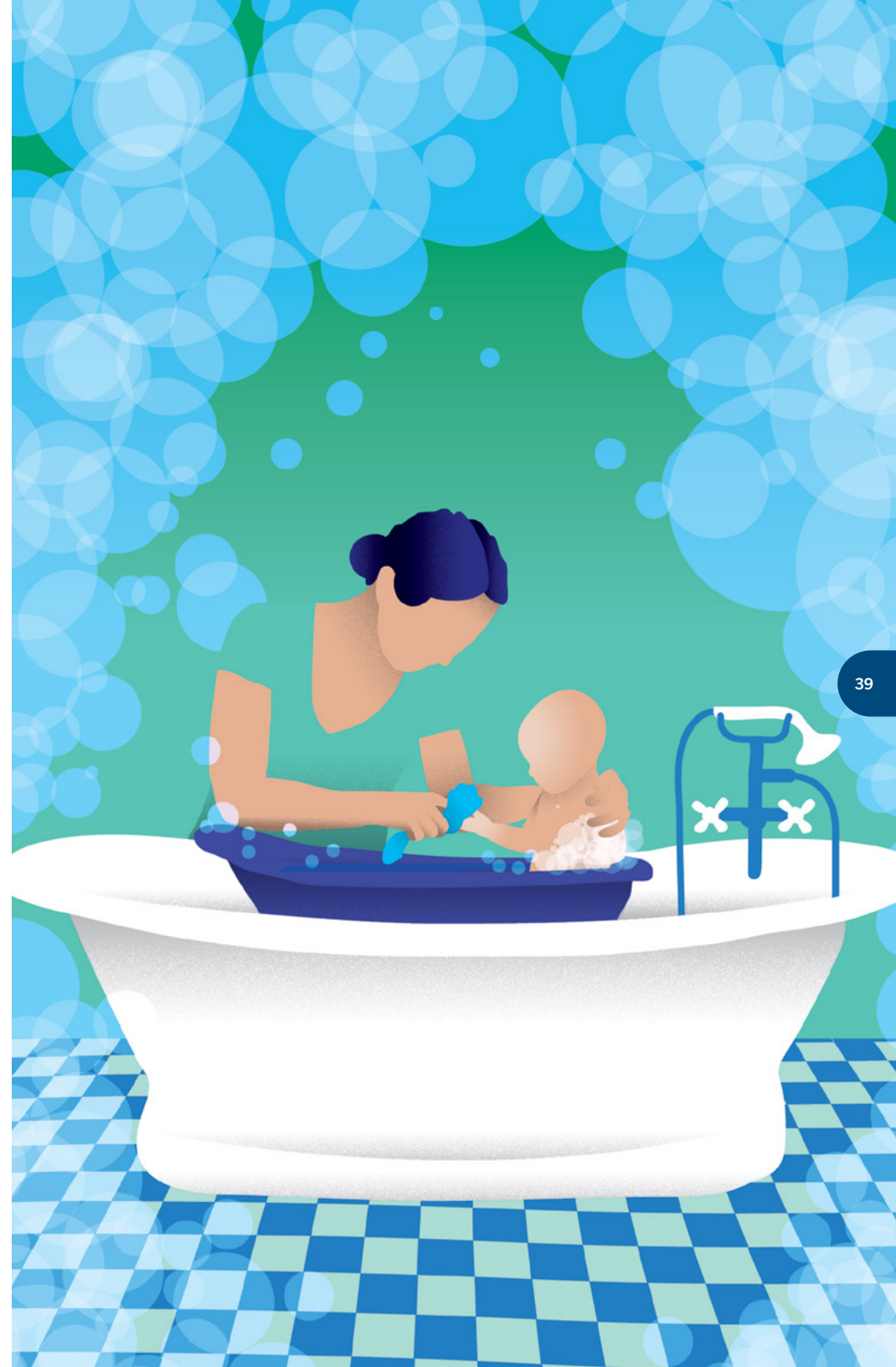
- Remove wet diapers and place them in a covered pail until you can wash them.

- To wash your diapers, use hot water with a mild detergent. Avoid fabric softener, which can coat the fabric and reduce absorbency. You can dry them in the dryer or hang dry.

# 4

## Bathing & Body Care

It is important to keep your newborn's body clean and dry. That means giving your baby a sponge bath until his or her umbilical cord stump heals. After the cord is fully healed, you can move bath time into a sink or tub. There are also specific ways to safely and gently clean your newborn's eyes, nose, mouth and genitals. The following covers what you need to know about bathing and body care in the first weeks of your newborn's life.



# Bathing

**S**PONGE BATHE YOUR BABY UNTIL his or her umbilical cord stump heals, which can take three weeks. Be sure to gather all of the items you will need, including a washcloth, soap, cotton, safety Q-tips and a towel, before you start bathing your infant in a warm room.

## Sponge bath directions



**1** Wash your baby's eyes gently with water and a damp washcloth or sponge, followed by the nose and face.



**2** Wash the ears gently one at a time. You want to make sure that you do not pull on the ears. The wax should be removed once a week with the edge of a washcloth. Do not use any sharp or hard objects to clean the ears. You may use Q-tips to clean the outer part of the ears.



**3** Wash the arms, legs and body with soap and water. Try not to get the cord stump wet. As each body part is washed and rinsed, cover that area with a towel as soon as possible.



**4** Wash the scalp and hair with baby shampoo. Do this last so that your baby's head is not wet for too long.



**5** Do not wash the inside of your baby's mouth. If there are thick white patches that do not come off easily by gently scraping them with a clean fingernail, this may be thrush, and you should speak to your doctor.

## Tub bath directions



**1** Wash the face, nose and eyes the same way you would during the sponge bath.



**4** Wash her scalp and hair with baby shampoo two or three times a week. The soft spot is well protected, so don't be afraid to wash it.



**2** Lower your baby into the water feet first. Be careful so you don't frighten her. Stand or kneel at her right side, supporting her with your left forearm under her head, neck and shoulders, with your left hand spread out under her hips, supporting her back. Hold her feet and legs with your right hand with one finger between her ankles. If she appears frightened, you can try covering her body with a warm washcloth before lowering her into the water.



**5** Lift your baby out of the water, holding her in the same manner as when she was put in the tub.



**6** Lie her down on her stomach on a soft, warm, dry towel and cover her.



**3** Wash her entire body with soap and water.

**7** Dry her skin thoroughly and gently by patting with a soft, clean towel. Do not rub her skin roughly. Dry her back first and then turn her over and finish drying her body, paying special attention to the creases or folds behind her ears and in her neck, armpits, elbows, groin, buttocks, knees, toes and fingers to prevent chafing.

## Newborn Body Care



### The nose

Babies need to be able to breathe freely through their nose at all times. Since a baby cannot blow his nose, you can clean it out with a bit of clean cotton or a Q-tip dipped in water. Wash the nose by gently turning the cotton in the opening of the nose. If your baby has mucus in his nose, you can get it out with a nasal bulb syringe and saline drops. The best time to do this is after a bath, when the inside of the nose is moist. Never use sharp or hard objects to clean the nose or ears.



### The genitals

In both sexes, you should gently clean the genitals. Wash girls from front to back using a soft washcloth with mild soap and water. In an uncircumcised boy, it's not yet necessary to retract the foreskin.



### The nails

File and clean the fingernails and toenails on a regular basis. By keeping the nails clean, you can prevent infections of the skin that might occur if your baby accidentally scratches himself. When you file the fingernails, make them slightly rounded. File the toenails straight across and not rounded at the corners to prevent ingrown toenails.



### The eyes

You should gently remove any secretions from your baby's eyes with cotton balls and water. By turning the head from one side to the other while cleaning the eyes, the secretions will not run into the opposite eye. If there is a thick pus secretion in the eyes, call your pediatrician for instructions.



## Circumcision Care

**A**FTER YOUR SON'S CIRCUMCISION, there will be either a visible incision or small plastic ring placed around the head of the penis, called a Plastibell. At each diaper change, pull the skin back gently and place a piece of gauze with petroleum jelly on it on top of the circumcision site. This keeps the wound from sticking to the diaper. Make sure that the petroleum jelly is pure, without perfumes or other additives. You can also apply petroleum jelly directly to the inside of the diaper.

It takes about five days for the moist, raw skin to dry and become light

pink. If a Plastibell has been used, it takes about five to seven days for it to fall off. Be sure not to pull on the Plastibell, as it can cause soreness and bleeding. Good hygiene is all that you need to focus on right now.

If the Plastibell does not fall off after two weeks or if your baby has a fever or difficulty urinating and you notice swelling, foul-smelling discharge, more than a drop or two of blood, black or blue discoloration, or consistent redness that appears suddenly and does not disappear after a few days, call your doctor's office.

# 5

## Home & Travel

Kindness, consideration for others, love and cleanliness create an atmosphere of peace and serenity in the home. A baby absorbs this from his or her parents and will thrive in this environment. Here is what you need to know about bringing your baby home, including how to create a safe sleep environment, introduce your newborn to siblings, and safely travel with your baby in a car and an airplane.



# Home Life



46

## The Newborn's Room

**A** NEWBORN NEEDS A WARMER room than an older baby. For the first few weeks, keep the temperature of the room around 68 to 72 degrees, both during the day and at night. For older babies, keep the daytime temperature between 65 and 70 degrees.

The baby's room also needs fresh air, but be careful of drafts. Indirect ventila-

tion, achieved by keeping the door and windows open in an adjacent room, is often best for the first few weeks of life or if the baby has cold symptoms.

Never use an open gas heater in a baby's room. Electric heat or a ventilated gas heater is better. If an open gas heater is all that is available, we advise you to open at least one window in the room for direct ventilation.

## Dealing with Older Siblings

**C**HILDREN OVER 6 YEARS OLD should join the adults in welcoming their newborn brother or sister, and can help care for the baby. If they want to hold and cuddle their new sibling, you can seat them in the middle of your bed and allow them to safely hold the baby under supervision. Children under 3 years

old are usually too immature to share much "pride of ownership" in the new baby since they are really only babies themselves. It's normal for siblings to feel jealous when a tiny (but popular) stranger becomes the center of attention. Include the siblings and introduce them as the "big brother" or "big sister" to family and friends.



47



# Safe Sleep

**T**HE AMERICAN ACADEMY OF Pediatrics updated its safe sleep recommendations in 2016 to protect infants against sleep-related deaths, including Sudden Infant Death Syndrome (SIDS). The following is what you need to know:



**1** Always put babies to sleep on their backs for the first year of life. As your baby gets older, she may roll from her back to her stomach, which is OK.



**2** The AAP recommends all infants sleep in the same room as their parents until they are at least 6 months old, and preferably 1 year old.

**3** Avoid these items in the crib



Blankets



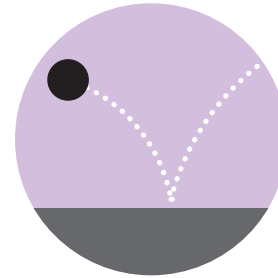
Bumpers



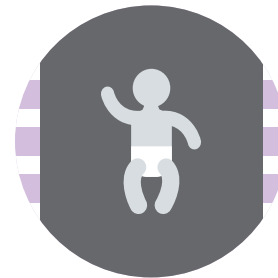
Pillows



Stuffed toys



**4** Babies should always sleep on a firm mattress that fits snugly in the crib, covered with a fitted sheet.



**5** The crib or bassinet should meet current safety standards. There should never be any loose or soft objects in it.



**6** Using a pacifier at nap and bedtime helps reduce the risk of sleep-related death, including Sudden Infant Death Syndrome (SIDS).

**7** Your infant can be brought into your bed for feeding or comfort, but should be returned to their own crib or bassinet before you go to sleep.

**8** Do not put your baby down to nap or sleep in:



Your bed



A sibling's bed



A car seat



A reclining sleeper



A stroller



A couch or armchair



An infant swing

# Traveling With Your Newborn



50

When going out with your newborn, try to avoid crowds for the first month and plan outings between feedings. Always have a bottle with breast milk or formula and extra diapers with you in case you are delayed.

## Child Safety on Airplanes

**A**IR TRAVEL IS GENERALLY OK IF your baby is in good health starting around 1 month of age. Be sure to talk to your doctor before any international travel.

To help relieve pressure in the ears during takeoff and landing, have your infant either nurse or take a bottle.

The safest place for an infant if there is turbulence or an emergency is in a child restraint system (CRS).

A CRS is a hard-backed child safety seat approved for use in both motor vehicles and airplanes. The CRS must be government approved and have the following message on it or you might have to check it as baggage: "This restraint is certified for use in motor vehicles and aircraft." The CRS should be no wider than 16 inches. You can only use it in a window seat and not in an emergency row.



51

# Child Safety in the Car

**Y**OUR CHILD MUST ALWAYS RIDE in a car seat when in the car. The following are details about the types of car seats that are safe for newborns and infants.

- All infants and toddlers should ride in a rear-facing car safety seat until they are 2 years old.
- Infant car seats are small and have carrying handles. They may come with a base that can be left in the car.
- Convertible car seats can also be placed in a rear-facing position, but they have higher height and weight limits (up to 30 to 40 pounds), which make them ideal for bigger babies. Convertible seats usually have a five-



- point harness that attaches at the shoulders, at the hips, and between the legs.
- 3-in-1 seats can be used rear-facing, forward-facing, or as a belt-positioning booster. These seats are

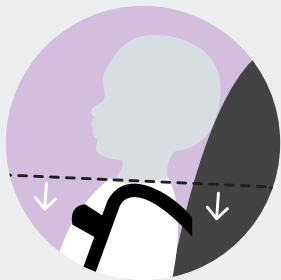
bigger in size, so adequate space in the vehicle is required. They may have higher rear-facing height and weight limits (35 to 40 pounds) than infant-only seats, which make them ideal for bigger babies.

## Common Car Seat Concerns

**Baby slouches down or to the side in his car seat:** You can place blanket rolls on both sides of your baby and place a diaper or small blanket between him and the car seat's crotch strap. Do not place padding under or behind him or use a car seat insert unless it came with the seat or was made by the seat's manufacturer.

**Child's feet touch the seat when in a rear-facing position:** Don't worry if your child's feet touch the vehicle seat. He can easily bend his legs to keep comfortable. Also, it is rare for there to be leg injuries in the event of an accident.

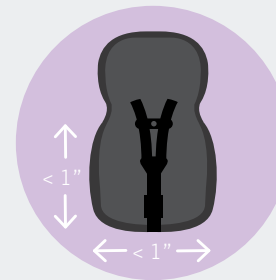
## Installation Tips for Rear-Facing Seats



**1** Place the harness in your rear-facing seat in the slots that are at or below your baby's shoulders.



**2** Ensure that the harness is snug and that the harness clip is positioned at the mid-chest level.



**3** Make sure the car safety seat is installed tightly in the vehicle. If you can move the seat at the belt path more than an inch side-to-side or front-to-back, it's not tight enough.



**4** Make sure that the seat is at the correct angle so your infant's head does not flop forward. Many seats have angle indicators or adjusters that can help prevent this.

# 6

## Preventive Care

Our goal as pediatric primary care doctors is to prevent disease in children. Fortunately, we have vaccines to protect kids from many contagious diseases that took a terrible toll in the past. This section includes information on vaccinations, the well-child exam, the standard health care schedule for children, and over-the-counter medications.



## Health Care Schedule

# Birth to 18 months

**T**HE FOLLOWING IS A GENERAL health care schedule from birth to 18 months that includes when we'll want to see your infant in the office for a well-child exam.

During many of these visits, we will give your baby vaccines. Please ask your child's pediatrician about the vaccine schedule that their office follows from birth to 18 years.

If you're looking for more detailed information, the Centers for Disease Control and Prevention (CDC) has charts that cover recommended immunizations by age for both children and adults.

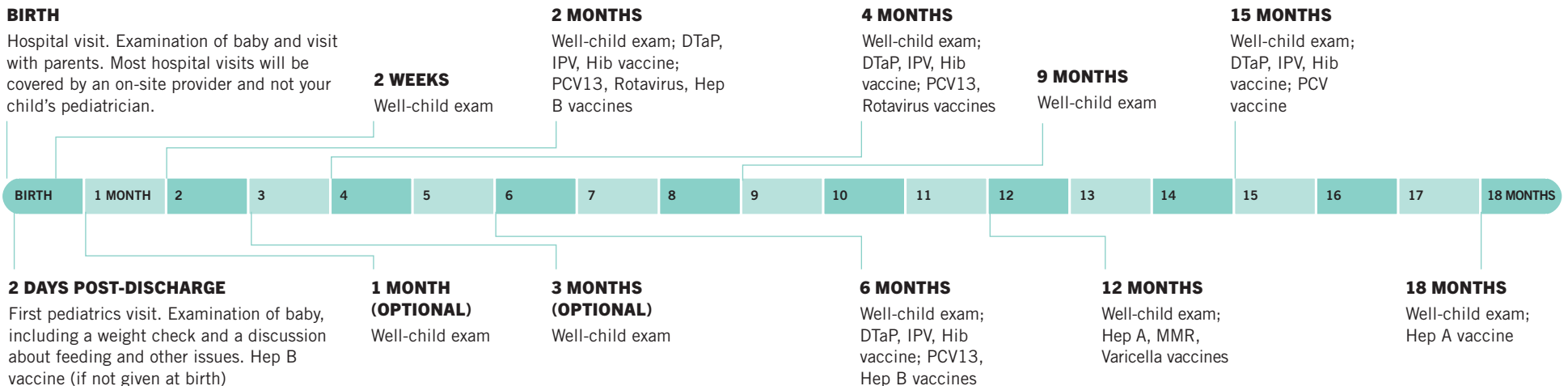
**CDC website:** [cdc.gov/vaccines/vpd/vaccines-age.html](https://www.cdc.gov/vaccines/vpd/vaccines-age.html)



## The well-child exam

A well-child exam will always include a history of events since the last visit, a complete exam, a discussion of findings and suggested recommendations, and information on feeding and development. We will discuss more serious problems as needed in separate visits.

Regular well-child exams and vaccinations continue at regular intervals until age 18. Your doctor is always available for appointments related to acute illnesses and injuries, or to discuss your child's development, social-emotional growth or any other factor related to their health and wellness.



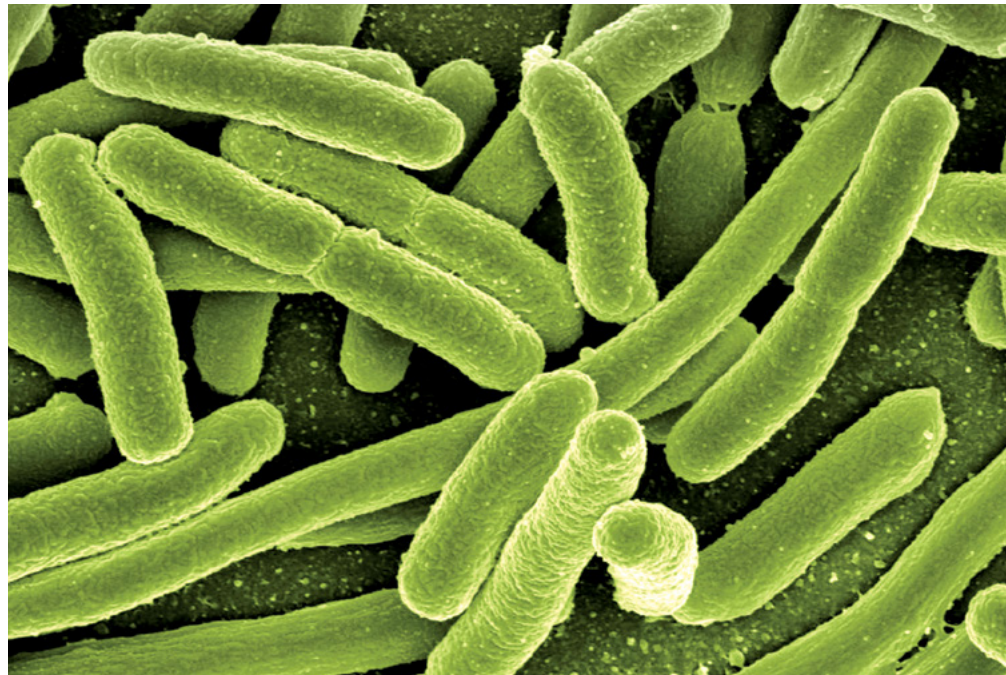
# Vaccines

**S**IX ROUTINE VACCINES ARE recommended for children between birth and 6 months of age. These first vaccines protect your child from eight serious diseases that are caused by viruses and bacteria. These diseases include: diphtheria, tetanus (lock jaw), pertussis (whooping cough), Haemophilus influenzae type b, hepatitis B, polio, pneumococcus and rotavirus.

Before there were vaccines, these diseases injured and killed many children and adults. For instance, polio paralyzed 37,000 people and killed about 1,700 people per year in the 1950s; Haemophilus influenzae type b was the leading cause of bacterial meningitis in children under 5 in the 1980s; and about 15,000 people used to die each year from diphtheria. Without vaccinations, these diseases will come back, which has happened in other parts of the world.

## FIRST-YEAR-OF-LIFE VACCINES

- **DTaP:** Diphtheria, tetanus and pertussis
- **IPV:** Polio
- **HIB:** Haemophilus influenzae type b
- **Pevnar:** Pneumococcal 13
- **Rotarix:** Rotavirus
- **MMR:** Measles, mumps and rubella
- **Varicella (VZV):** Chickenpox
- **Hepatitis A**
- **Hepatitis B**



## Vaccine Risks

**V**ACCINES CAN CAUSE SIDE effects, like any other medicine. These are mostly mild “local” reactions, such as tenderness, redness or swelling where the shot was given or a mild fever. Side effects typically occur in up to one in four children. They appear soon after the vaccine is administered and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not. Among the most serious reactions to vaccines are severe allergic reactions to a substance in a vaccine. These reactions happen in less than one in a

million shots and usually occur soon after the shot is given, when medical staff can deal with them.

The risk of any vaccine causing serious harm or death is extremely small. Getting a disease is much more likely to cause harm than getting a vaccine.

## Vaccine Precautions

If your child is sick on the day they’re supposed to get a vaccine, we may want to put them off until he or she recovers. It’s usually OK for a child with a mild cold or a low fever to get a vaccine, but with a more serious illness, it may be better to wait.

## How Vaccines Work

### IMMUNITY FROM DISEASE

When a child gets sick with one of these diseases, their immune system keeps them from getting the same disease again, which is known as immunity. But getting sick is unpleasant and can be dangerous.

### IMMUNITY FROM VACCINES

Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child’s immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

## Signs of a reaction to a vaccination include:

- High fever
- Weakness
- Paleness
- Unusual behavior
- Non-stop crying for three or more hours
- Difficulty breathing
- Hoarseness or wheezing
- Swelling of the throat
- Fast heartbeat
- Hives
- Dizziness
- A seizure or collapse

If any of these symptoms occur, call your doctor’s office or 911. Keep track of what happened, the date and time it happened, and when the shot was given. You can file a report online at [vaers.hhs.gov](https://vaers.hhs.gov) or by calling 1-800-822-7967.

# Other Reactions

**T**HE FOLLOWING PROBLEMS HAVE been associated with routine childhood vaccines. By “associated,” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn’t prove that a vaccine caused a reaction, but does mean it is probable.



## DTaP Vaccine

### MILD PROBLEMS

Fussiness (up to 1 in 3 children); tiredness or poor appetite (up to 1 in 10); vomiting (up to 1 in 50); swelling of the entire arm or leg for one to seven days, usually after the fourth or fifth dose (up to 1 in 30).

### MODERATE PROBLEMS

Seizure (jerking or staring) (1 in 14,000); non-stop crying for three hours or more (up to 1 in 1,000); fever above 105 degrees Fahrenheit (1 in 16,000).

### SERIOUS PROBLEMS

Long-term seizures, coma, lowered consciousness and permanent brain damage have been reported very rarely after the DTaP vaccination. These cases are so rare we can’t be sure they are caused by the vaccine.



## Rotavirus Vaccine

### MILD PROBLEMS

Children who get the rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week of getting a dose of the vaccine. Rotavirus vaccine does not appear to cause any serious side effects.



## Pneumococcal Vaccine

### MILD PROBLEMS

During studies of the vaccine, some children became fussy or drowsy or lost their appetite.



## Polio, Hepatitis B, and Hib Vaccines

These vaccines have not been associated with any problems other than local reactions.

# Fever and Pain-Reducing Medications

This chart lists safe dosing amounts for fever and pain-reducing medications for infants. Regardless of their weight, do not give children under 6 months old ibuprofen.

CHILD'S WEIGHT	ACETAMINOPHEN (160 MG/5 ML)	IBUPROFEN INFANT DROPS (50 MG/1.25 ML)	IBUPROFEN CHILDREN'S LIQUID (100 MG/5 ML)
	Give every 4 hours	Give every 6 hours	
6-11 lbs	1.25 mL	Not safe	Not safe
12-17 lbs	2.5 mL	1.25 mL	2.5 mL
18-23 lbs	3.75 mL	1.875 mL	4 mL
24-35 lbs	5 mL	2.5 mL	5 mL

# Over-the-Counter Medications & Vitamins

## DIPHENHYDRAMINE (BENADRYL OR GENERIC)

Medication for itching, allergies or hives that can be given every 6 hours. Follow dosing instructions on label.

## COLD AND COUGH MEDICINE

Avoid in children under 6 years old.

## NON-MEDICATED SALINE NASAL DROPS OR SPRAY

Use 2 to 3 drops in each nostril to treat nasal congestion, as needed. Use a suction bulb to clear mucus.

## HYDROCORTISONE 1% CREAM

Use as directed by your physician to treat eczema or itchy skin.

## EARWAX REMOVAL DROPS (DEBROX OR OTHER)

Use 3 drops to affected ear, or as recommended by your physician.

## VITAMIN D (POLYVISOL, TRIVISOL, DVISOL)

The American Academy of Pediatrics recommends that all infants and children take at least 400 IU of vitamin D per day starting soon after birth.

**CALIFORNIA POISON CONTROL**  
800-876-4766

**NATIONAL POISON CONTROL**  
800-222-1222

# 7

## For Mothers

Your body goes through many physical and emotional changes during pregnancy and after delivery. Contact your provider if you have trouble urinating, problems breathing, constipation, hemorrhoids, or if you show signs of infection or postpartum depression.







## Postpartum Depression

**P**OSTPARTUM DEPRESSION, OR more broadly, perinatal mood and anxiety disorders, are common. In fact, data suggests that one in seven moms, or 10 to 15 percent of women, suffer from postpartum depression. Early diagnosis and treatment are essential to the well-being of both mother and child.

The most obvious difference

between what is known as the “baby blues” and postpartum depression is that the baby blues should resolve on its own within one to two weeks. Postpartum depression does not go away on its own, and may intensify with time if a woman is not treated by a health care professional.

Other perinatal mood and anxiety disorders, including panic disorder,

obsessive compulsive disorder and generalized anxiety have symptoms like a fluttering, racing heart; rapid, deep breathing; trouble sleeping; loss of appetite; difficulty focusing; or repeated thoughts of disturbing things happening to your baby.

In rare cases, women experience postpartum psychosis, which requires immediate medical attention. Symptoms of postpartum psychosis include delusions, hallucinations and disorganized thinking.

New moms have an increased risk for postpartum depression if they have a personal or family history of depression or anxiety; a history of postpartum depression after a previous pregnancy; stressful or traumatic life events; poor social support; poor partner support; a baby who is sick, premature or difficult to console; or low self-esteem.

If you are experiencing any symptoms of postpartum depression or another perinatal mood or anxiety disorder, talk to your provider. They can connect you with the support and services you need. Medication and counseling/therapy can help treat PPD. With the right treatment, women recover and move forward as healthy, engaged mothers.

### Signs of postpartum depression include:

- Ongoing and intensifying anxiety or depression
- Crying a lot over an extended period of time
- Trouble bonding with your baby
- Intense guilt about not feeling happier
- Feelings of helplessness or inadequacy
- Loss of interest in usual activities
- Suicidal thoughts



## Sleep and Nutrition For Mom

**I**N THE FIRST FEW WEEKS OF A baby's life, your primary responsibility is to feed your baby and take care of yourself. This is the perfect time for caregivers and other family members to handle other household tasks.

If you can, sleep when the baby is sleeping. Don't feel obligated during this transition period to entertain fam-

ily or friends. When possible, a walk outside will help your body recover from childbirth and also give you a break.

Eat a healthy and balanced diet while your body is healing from childbirth. If you don't have time to cook, ask other caregivers or family members to help plan and prepare nutritious meals.



## Medications While Breastfeeding

Most medications and immunizations are safe during lactation and breastfeeding. If you have a question about a specific medication, ask your doctor or your child's pediatrician, or check the National Institutes of Health's public Drugs and Lactation Database, called LactMed: [ncbi.nlm.nih.gov/books/NBK501922](https://ncbi.nlm.nih.gov/books/NBK501922). Information in this database is regularly updated.

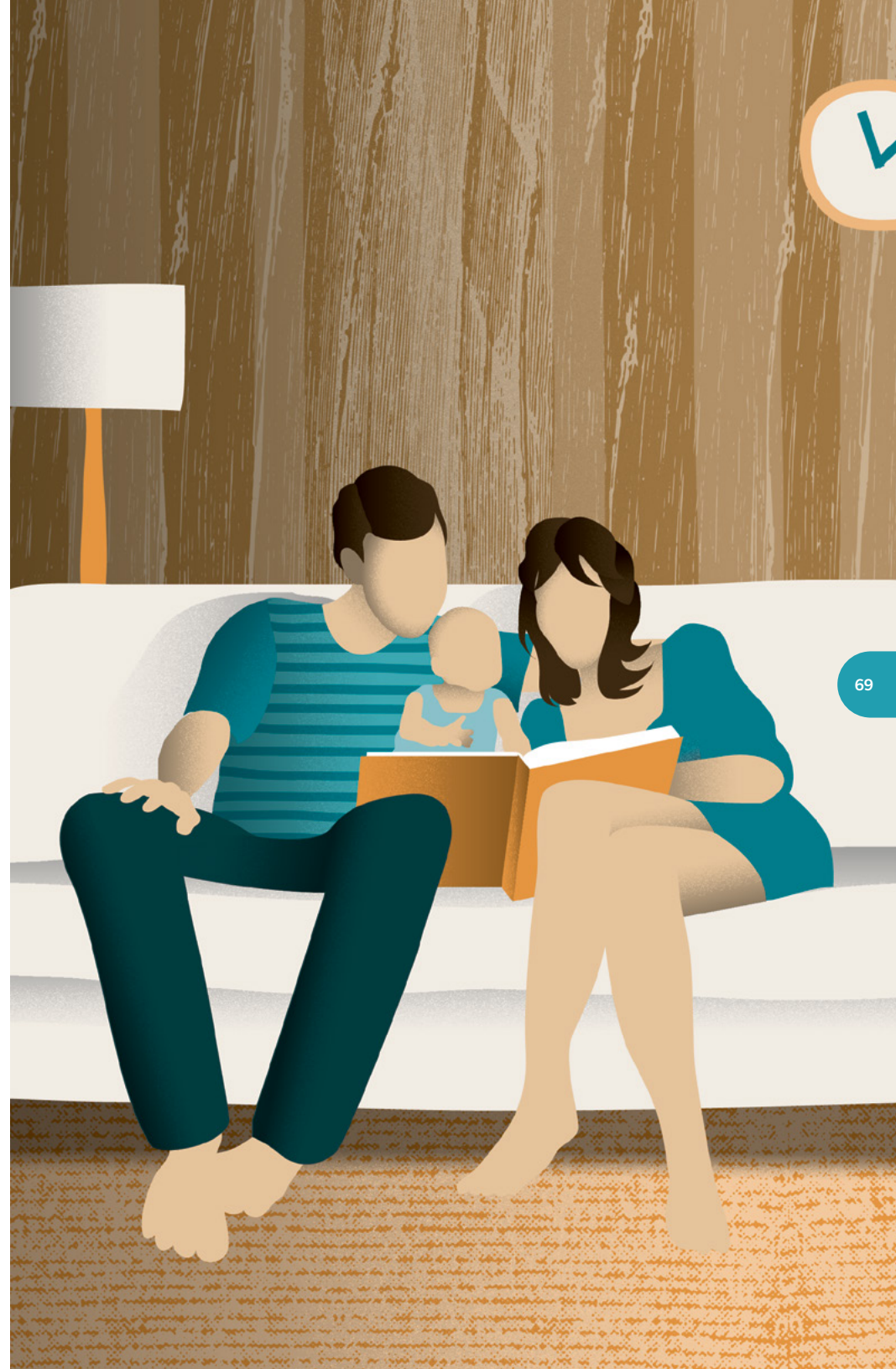
You also need to drink plenty of fluids, especially if you are breastfeeding.

Remember that as a new mom, you must take care of yourself so that you can take care of your baby. Try to get enough sleep and eat healthy meals from the start so you have enough energy for the postpartum phase and beyond.

# 8

## Additional Resources

In the early days of parenthood, learn all you can about what to expect when it comes to newborn sleep, feeding, and general health and wellness. The following pages include resources recommended by UCLA Health pediatric providers.



## Books You Might Find Helpful



**“Caring for Your Baby and Young Child, 7th Edition: Birth to Age 5”**  
American Academy of Pediatrics



**“The Happiest Baby on the Block”**  
Harvey Karp



**“The Nursing Mother's Companion, 7th Edition”**  
Kathleen Huggins



**“What to Expect the First Year”**  
Heidi Murkoff



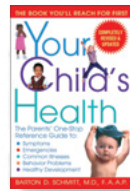
**“Heading Home with Your Newborn: From Birth to Reality”**  
Laura A. Jana MD FAAP and Jennifer Shu MD FAAP



**“Touchpoints- Birth to Three”**  
T. Berry Brazelton and Joshua D. Sparrow



**“Baby 411: Clear Answers & Smart Advice For Your Baby's First Year”**  
Denise Fields and Ari Brown M.D.



**“Your Child's Health: The Parents' One-Stop Reference Guide to: Symptoms, Emergencies, Common Illnesses, Behavior Problems, and Healthy Development”**  
Barton D. Schmitt



**“Healthy Sleep Habits, Happy Child”**  
Marc Weissbluth

## Websites You Might Find Helpful



### PARENTING RESOURCES

- American Academy of Pediatrics parenting website [healthychildren.org](http://healthychildren.org)



### HEALTH INFORMATION

- Centers for Disease Control and Prevention: Vaccine information [cdc.gov/vaccines](http://cdc.gov/vaccines)
- American Academy of Pediatrics [aap.org](http://aap.org)
- The National Institutes of Health [nih.gov](http://nih.gov)
- Shot by Shot: Vaccine stories [shotbyshot.org](http://shotbyshot.org)



### EXPECTANT AND POSTPARTUM MOTHERS

- What to Expect [whattoexpect.com](http://whattoexpect.com)
- Postpartum Support International [postpartum.net](http://postpartum.net)
- NIH Drugs and Lactation Database (LactMed) [ncbi.nlm.nih.gov/books/NBK501922](http://ncbi.nlm.nih.gov/books/NBK501922)



### GENERAL BABY WEBSITES

- Baby Center [babycenter.com](http://babycenter.com)
- Kidsource [kidsource.com](http://kidsource.com)
- Kids Health [kidshealth.org](http://kidshealth.org)



### SAFETY WEBSITES

- Poison Control [aapcc.org](http://aapcc.org)
- Safe Kids Worldwide [safekids.org](http://safekids.org)
- SafetyBeltSafe U.S.A. [carseat.org](http://carseat.org)
- U.S. Consumer Product Safety Commission [cpsc.gov](http://cpsc.gov)



### SPECIALTY GROUPS

- Parents of kids with infectious diseases [pkids.org](http://pkids.org)
- An orthopedic website created by a pediatric orthopedic surgeon [orthoseek.com](http://orthoseek.com)

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