

Your Baby

Tips on Behaviors and Care for Your Newborn

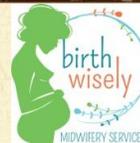


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General Appearance and Color

The swelling or “cone head” will reduce over next few days. Babies have a round belly and face with legs and arms drawn in. Your baby’s skin tone should have a healthy pink hue to it. If the baby appears yellowish, call your midwife. This is likely normal newborn jaundice. Your midwife will let you know if you need to visit a doctor for further assessment and treatment. Jaundice can also be seen in the baby’s eyes. If the yellow color covers the baby’s belly and goes into the baby’s thighs, contact your pediatrician for a recommendation. If the baby is yellow, lethargic, and won’t eat, this is very serious and you may want to visit your pediatrician as soon as possible.

It is possible for your baby to be over-bundled. Baby will appear red, be irritable, and be too warm to the touch. Baby may even become lethargic. If this happens, unwrap your baby and place him skin-to-skin. Cover parent and baby with a cotton blanket. Cotton clothing for the baby will allow more air flow if you choose to dress your baby.



CALL AT ANY TIME WITH CONCERNS:

Jen Jester, BSM, CPM
Birthwisely@gmail.com
314-374-8901
www.birthwisely.com

Online and Local Resources:

Breastfeeding - www.kellymom.com

Baby growth and development - The Wonder Weeks app

Community - Parenting Resources, Kangaroo Kids, Cotton Babies, and La Leche League all offer free parenting and breastfeeding groups

WIC Offices: Complete listing at <http://health.mo.gov/living/families/wic/locations.php> (1-800-392-8209)

How To Know Your Baby is Normal & OK

- Breathing should be easy for the baby and may have periods of irregular breaths. The baby may pause between breaths for up to 15 seconds. Baby’s take about 40-60 breaths per minute
- Baby’s heart rate is normal if it is 100-160 beats per minute. It may be slower when in a deep sleep, or faster when crying.
- If baby’s temperature reaches 99°F or higher, contact us right away. Normal temp is 97.7-99.0°F If the temperature exceeds 104°F, proceed to the ER or Urgent Care.
- Your baby may gag, sneeze, spit-up, or hiccup. They may also quiver occasionally.

When to Call for Help

- Call your midwife if your baby is grunting, flaring its nostrils, or seems to be pulling in around its ribcage when breathing; has a high pitched inconsolable cry, isn’t feeding well, or seems lethargic
- Call 9-1-1 if the baby isn’t breathing, has blue face, lips, or trunk, baby is unresponsive and lifeless, baby is actively bleeding
- Proceed to hospital if:
 - Temperature exceeds 104°F
 - Baby is vomiting excessively
 - Baby has diarrhea

Care for Your Baby

Skin -to-Skin

Skin-to-skin will help regulate your baby's temperature, enhance bonding, regulate blood sugars, facilitate breastfeeding, and much more. Do this over the next several days and weeks.

Feeding

Nurse your baby as often as possible, at least every 2 hours. Your baby is hungry if:

- She wakes up.
- Thrusts his tongue.
- She sucks her hand.
- He "pecks" on your chest or shoulder.
- He salivates.
- She turns her face and opens her mouth to take a breast.
- If your baby is difficult to wake up, try skin-to-skin.

Nurse every 3 hours, at least, but often more frequently. Hold your baby tummy-to-tummy; baby's nose aligned with your nipple. Allow your baby to reach for the breast with a wide, open mouth - head will be tilted back slightly, just as we drink from a glass. Give your baby as much of your breast as possible to avoid nipple pain. Your baby's lips should be flanged out. Detach with your finger immediately if you are experiencing any pain. Latch again. Repeat as necessary to protect your nipples.

Cord Care

Your baby's umbilical stump will dry and fall off on its own. Please keep it dry. No peroxide or alcohol necessary.

It may fall off within 5-10 days.

The umbilical stump might become red and stinky just before it falls off. This is normal. If you are concerned, drop a bit of breast milk on it to facilitate healing. Do not submerge your baby in water until the umbilical stump has fallen off. Sponge baths are the best way to clean your baby during this time. We strongly encourage you to refrain from bathing the baby for the first few weeks to aid the baby's long term immunity.

Diapers

A great way to see your baby is getting enough milk.

- Baby should have one wet diaper per day of life until day 4
- After day four, there should be 5-8 wet diapers per day
- Poop is sticky, black and thick on days 1-3; 1-2 times per day
- Poop turns green days 3-4; 2-5 times per day
- Poop should be a mustardy yellow from day 5 onward; 3-8 times per day

Understanding Sleep/Wake Cycles:

First stretch of sleep for a new baby is around 5-6 hours.

Sleep State: Baby's tend to spend about 60% of their time sleeping (King, et al, 2015) - usually in short naps of about 30 min-3 or 4 hours - day or night.

Quiet or Deep Sleep: baby has smooth, rhythmic breathing with occasional startles and suckles
Active: baby's breaths are irregular with some body movement, fluttering eyes, occasional smiles and cries

Awake State:

Drowsy: baby has irregular breaths, varied levels of activity, and may open and close eyes or barely hold them open with some smiles and noises

Quiet: baby has regular breaths, with minimal movement, wide eyes, with bright/attentive face
Active: baby has irregular breaths and smooth movements with variable activity with open eyes and little facial movement and some smiles and sounds

Crying: baby has more irregular breathing than in other states and increased body movements with darkening skin color - baby may require consoling

PLEASE DO NOT SHAKE YOUR BABY FOR ANY REASON – this will damage your baby's brain. Please PUT THE BABY DOWN IN A CRIB AND WALK AWAY – find a quiet space to release anger or cry; then call Jen. She will help you and your baby.

References:

- Davis, E. (2012). Heart and hands: A midwife's guide to pregnancy and birth. Berkeley: Ten Speed Press.
- Dunnewold, A., & Sanford, D. (1994). *Postpartum survival guide*. Oakland, CA: New Harbinger Publications.
- King, T., Brucker, M., Kriebs, J., Fahey, J., Geger, C., Varney, H. (2015). *Varney's midwifery*. Burlington, MA: Jones & Bartlett Learning.
- Lim, R. (2001). *After the baby's birth: A complete guide for postpartum women*. Berkeley, CA: Celestial Arts.

Updated by Jen 8/2017