



# Your Newborn

---

*\*Please refer to our Local Resources handout for a comprehensive listing of resources and services in the St. Louis Metro-Area for new parents and babies.*

## *Newborn Growth and Development*

### *Appearance and Presentation of the Newborn*

- **Head** – your newborn’s head may be molded or “cone-shaped” for the first 24 hours or so. It will assume a normal shape on its own. There is also a larger soft spot near the front/top of his head that may pulse or throb. That space between their skull plates will close in a few years, but dramatically reduce over the first year. Don’t poke it. ☺ There is a smaller soft spot on the back of the baby’s head that will close in a few months.
- **Eyes** – may be puffy and bloodshot from the delivery. Puffiness will reduce within 24 hours; bloodshot eyes may take a few weeks to heal, depending on how bloodshot they are
- **Nose** – wide and flat for great breastfeeding
- **Skin** – may be covered in downy hair called “lanugo” that will eventually fall off. Vernix is the white, cheesy substance that may still be in your babies leg folds and armpits; it will absorb on its own, or you may want to rub it away with a warm, wet cloth. There also might be acne, red rashes, blotches, birthmarks, bruises, etc. – most of which will disappear on their own. Call your midwife if a rash concerns you. Yellowing of the skin is called “jaundice”. Your midwife will assess your baby for this condition during your postpartum visits.
- **Genitals** – will be swollen initially, and reduce on their own within a few days.
- **Hands and feet** – may be a purplish-blue color for the first few hours after birth; they will normalize after the first day. It is normal for a baby’s skin to peel from her hands and feet. We like A&D ointment or coconut oil for cracked skin.
- **Mouth** – baby may develop a nursing blister or callous on its upper lip; which is normal and not painful for the baby. It may fall off and reform over time.
- **Birth marks** – Birth marks are common and most disappear after several years. If you have questions about your baby’s birth mark, please ask your midwife or pediatrician.
- **Breasts** – babies have swollen breast tissue (boys and girls) and may secrete “milk” due to maternal hormones in their system. It will disappear on its own within 2 weeks.

### *Normal Growth and Development to 8 weeks*

- **Reflexes** – your newborn will have several of these that the midwife described after the birth during the newborn exam. Some of which are: Startle reflex, Rooting reflex, Stepping reflex, and the Grasping reflex.
- **Schedules** – no schedule is the best approach. Allow baby to feed as often as she likes and sleep whenever she is tired.
- **Sleep** – newborns are not able to sleep like older children or adults. Newborns sleep a LOT. When they are awake – they are generally ready to nurse, then go back to sleep for the first few weeks. They require multiple feedings during the night and prefer to be sleeping next to you. We do not recommend scheduled sleeping or sleep training until the infant is at least 6-12 months old.
- **Common newborn behaviors:**
  - Gagging during the first several days of life to clear mucus
  - Irregular breathing patterns for short periods
  - Snort, squeak, groan, pant or pause in breath while sleeping
  - Hiccups
  - Sneezing to clear out fluid
  - Jerky, spastic, or quivering movements occasionally

- Spitting up during the first 6 weeks as baby learns to handle mother's milk flow and production of milk regulates
- Crying – Babies may cry a lot. Sometimes we can help them soothe, and sometimes we can't. Things to consider that might be upsetting to your baby:
  - Hunger
  - Over-stimulation
  - Needs cuddles or holding
  - Diaper change
  - Need for motion – rocking, swaying, etc.
  - Temperature – babies need warmth
  - Bright lights
  - Loud noises
  - Pain
  - Illness
- **Weight loss** – babies may lose up to 10% of their birth weight and regain it by the first 7-10 days
- **Rooting cues** – baby will show you he is ready to eat whenever he:
  - Is awake ☺
  - Is making noises
  - Sticks his tongue out
  - Smacks his lips
  - “Pecks” at your chest
  - Turns toward an object to latch on
  - Puts hands in mouth
  - Stirs while sleeping
  - Fussiness
  - Cries – this is the late cue
- **Newborn Senses:**
  - Touch – babies are sensitive to touch; it is one of the best ways to communicate with your baby – soft, gentle touches, stokes, rocking, bouncing, and lots of cuddling. Baby massage is a great way for you or your partner to bond with baby.
  - Vision – babies can focus on objects and faces 7-18 inches from their face. They prefer dark/light bold contrasts and human faces. They are able to slowly track objects. Bright lights may over-stimulate your baby.
  - Hearing – babies can hear extremely well and respond to high-pitched, soothing voices.
  - Smell – babies are excellent sniffers. They can smell mother's milk and recognize their parents by their smell.
  - Taste – babies have all taste sensories, but prefer the sweetness of breastmilk.
- **Milestones that may occur within the first 8 weeks (Simkin, Whalley, Keppler, 2010) :**
  - Staring at your face – birth – 4 weeks
  - Holding head up for a few moments – birth-4 weeks
  - Turning toward a sound – birth – 6 weeks
  - Smiling and cooing when you talk to him – 3-8 weeks
  - Holding head up for a sustained period of time – 5 weeks+
  - Brings hands together at her chest or belly – 6 weeks+
  - Laughing – 6 weeks+
  - Rolls from front to back – 8 weeks+
  - Grasps a toy – 8 weeks+

### *Caring for Your Newborn*

#### *Day-to-Day Needs*

- **Visitors** – visitors are lovely, but if they are sick or have a sick person in their home, consider asking them to come over once everyone is healthy. It is a good idea to have anyone wash their hands before handling your baby. Consider encouraging all of your able-bodied visitors to bring a meal or pitch-in around the house.
- **Temperature** – generally, if you are comfortable, so is your baby. Skin-to-skin is optimal for the first 2 weeks to help your baby stay warm. Dress the baby for the season when you are not doing skin-to-skin.

- **Cord care** – the umbilical stump will fall off between 5-14 days. Keep the area clean and dry. No need to swab the area with alcohol or anything else. If the site becomes swollen, red and/or oozes blood and pus, call your midwife.
- **Nutrition** – breastmilk is the only food that your baby needs for 1 whole year. No need to introduce water, cereals, or other foods until your baby shows great interest, has some teeth and can sit unassisted.
- **Breastfeeding** – please allow your baby to feed on cue – whenever she is interested, and at least every 2-3 hours. Often times breastfeeding issues occur because the baby isn't being nursed enough in the first few weeks. You cannot overfeed your breastfed baby. No need to schedule any feedings; baby will develop a schedule on his own.
- **Elimination patterns** - after meconium poo, the baby should have 5-12 stools per day that are a yellow, mustard seed-like stool. The sound of poo coming out can be loud and forceful.
- **Bathing** – your baby does not require a soapy bath or sponge bath. In order to build healthy immunity and microbiome, consider just cleaning the diapered area and the baby's hair, occasionally, under warm, running water. When you are ready, you may wash your baby in warm water by holding her head out of the water and using a mild soap to wipe down her skin.
- **Penis care** – *please refer to the hand out for Circumcision care for either the intact or circumcised penis.*
- **Vagina care** – wipe away poo from the front (top) of the labia to the back (bottom) toward the anus. Be gentle, use warm water and be sure to clean all the folds.
- **Diapering** – use the appropriately sized diaper and fold down the top flap to avoid covering the umbilical cord stump. We recommend using either wet cloths or “water wipes” to clean your baby's diaper area. Soap and alcohol in wipes are harsh on skin.
- **Interaction** – talk to, sing to, touch and massage your baby. Tell him what you are doing while you do it. Read books to him or tell him stories. Turn on soft music. Take a walk or sit outside and explain your surroundings. Show your baby pictures. Your baby likes the sound of your voice and likes learning about the world from you.
- **Sleep options** –
  - Co-sleeping – we recommend that you sleep with your baby in a bed that is free of many pillows or heavy blankets. A mesh side rail may be useful, or place your bed against a wall. *Co-sleeping should never be done on a couch, or if either parent is narcoleptic, under the influence of alcohol, sedatives, or narcotics, or if a smoker lives in the house.*
  - Co-sleeper – use a bassinet, Halo, nest, or raised pack-n-play right next to your bed. Be sure to dress the baby in warm clothing, or a swaddle sack
  - Baby in your room – this is the best way to hear and respond to baby quickly, if you choose not to co-sleep in any manner.
  - Baby in his own room – we do not recommend this option until your baby is 6 months old or more.
- **Soothing your baby:**
  - **Check yourself.** Take in a few deep breaths, feel your feet on the floor. Check in with your level of anger. Release it into the earth, blow it away, and approach your baby calmly. If you are frustrated, baby can feel it. Tell her that you are trying to help her calm down every step of the way until you find what works.
  - **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.*
  - Breastfeed – it's the answer to all life's problems ☺
  - Hold skin-to-skin
  - Baby wearing – we recommend wearing your baby around the house in a baby carrier of your choice. Both you and your baby will benefit from being so close together.
  - Diaper change
  - Warm water “bath” – hold baby in nice warm water with her head out of the water
  - Swaddling
  - Singing
  - Swaying side to side
  - “Shush” sound in baby's ear
  - Soft music
  - Bouncing – on birth ball as you hold baby close
  - Dim the lights
  - Remove noise
  - Use a “sound machine”

### *Books:*

*Consider checking these out from our lending library*

C.A.L.M.S.

Happiest Baby on the Block

Be Prepared!

Pregnancy, Childbirth and the Newborn

### *Online Resources:*

- [Kelymom.com](http://Kelymom.com)
- [Drmomma.org](http://Drmomma.org)
- [Mymommymanual.com](http://Mymommymanual.com)
- [Theleakyboob.com](http://Theleakyboob.com)
- [Drjacknewman.com](http://Drjacknewman.com)
- [Lalecheleaguestlouis.org](http://Lalecheleaguestlouis.org)

### References:

Greenberg, G. and Hayden, J. (2004). *Be prepared: a practical handbook for new dads*. New York: Simon & Schuster Paperbacks.

Olson, J., Immel, K., Peterzell, S. (2014). *Following the birth: your guide to postpartum*. Parker, Colorado: Plumtree Baby.

Simkin, P., Whalley, J., & Keppler, A. (2010). *Pregnancy, childbirth, and the newborn: The complete guide* (2nd ed.). Minnetonka, MN: Meadowbrook Press.