



Newborn Guide

Welcome! We are glad you have chosen Stanford Children's Health, Altos Pediatric Associates to provide health care for your family. Your child deserves the best care available, and we are dedicated to providing it in a friendly yet professional office. In this guide, we have included child care basics that we think will be of help to you during the first weeks and months of your baby's life.

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About Your Baby

Remember that although your child is an infant, he or she is an individual and will quickly develop a personality of his or her own. Children of all ages need patience, love, and understanding, as well as good physical care. Your communication with our doctors and nurses will enable us to care for your child in the best possible way by working together as a health care team for your family. Soon you will be an expert on your baby, and we will rely on you to tell us whenever you think your baby is having problems. We always appreciate your advice on how we can best help you and your baby, and you should never hesitate to call if you have any questions or concerns.

The following sections will serve as a guide for you as you begin the job of parenting. Whether this is your first baby or a new addition to a big family, you will undoubtedly have questions about your baby. If your answer isn't here, don't hesitate to call us. We are here to help!

General Information

Visitors

You and your new baby will have many visitors during the next few weeks. Although their intentions are good, they may unintentionally expose your baby to illnesses. Therefore, do not allow anyone with a cold or other contagious disease to kiss or hold your baby. Grandparents, other relatives and friends often have excellent advice and suggestions about child care. However, knowledge changes from year to year, and what was good advice for them may no longer be considered proper child care today. You will come to trust your own judgment. Feel free to call us if you need help in sorting things out.

New babies

There are many things a baby may do which seem unusual or abnormal to new parents. Of course, it is important to be able to distinguish between signs of distress or illness and abnormal activities that all babies show. All babies sneeze, yawn, burp, hiccup, pass gas, cough and cry. They may occasionally look cross-eyed. Sneezing is the only way in which a baby can clean his or her nose of mucus, lint or milk curds. Many new babies will develop a stuffy nose even if they have no signs of an actual cold. In these cases, babies usually nurse well and do not have a fever. This is common and not necessarily a sign of ill health. Hiccups are little spasms of the diaphragm muscle. Your baby will cough to clean his or her throat. Babies cry for many reasons. Crying can mean that a baby is hungry, is too hot or too cold, needs a diaper change, is in pain, or simply wants to be picked up or carried. Sometimes babies cry for no apparent reason. It is important not to assume that a baby is hungry every time he or she cries. Rather than feeding a baby every time he or she cries, try to find out what it is that is making him or her uncomfortable. You will gradually learn what the baby's cries mean.

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Feeding

Breastfeeding

Breastfeeding is convenient and uses nature's own milk. The more we learn about breast milk, the more we realize that it is exceptionally well-designed for your baby. Breast milk contains the perfect balance of nutrients for babies, and it also contains antibodies which help to protect your baby against many common illnesses. Breastfeeding can be a very rewarding experience for both baby and mother. A comfortable position is essential. You are more likely to be successful when nursing if you and the baby are comfortable and in a quiet environment. During the first few days of your baby's life your breasts will secrete colostrum, a fluid which is good for babies but differs slightly from breast milk. Your milk will come in around the third or fourth day, and your breasts may become temporarily engorged. After your nursing is well established, feeding for 10 to 15 minutes on each breast is usually satisfactory. A baby can empty nearly all of your milk in that time.

These are some facts you should be aware of if you are nursing your baby:

- Breast milk is digested more rapidly than formula, so the baby may want to nurse as often as every two to three hours.
- Breastfed babies are likely to have more frequent and more watery stools than formula-fed babies. It is not unusual for breastfed infants to have a stool after just about every feeding.
- Before you leave the hospital, you might find it helpful to learn some of the different breastfeeding techniques. Although they may be awkward at first, most are easily adapted to with a little practice.
- Massage and expression of your breasts has a two-fold purpose. It will decrease engorgement and tenderness, which will make nursing easier for you and your baby.
- Breast milk may be expressed and stored for later use. The following guidelines are often helpful:
 - Store breast milk in a clean container.
 - Breast milk can be kept in refrigerator for three days and may be frozen for up to six months.
 - Freshly expressed breast milk can be added to already frozen milk if it is first chilled in the refrigerator.
 - Frozen breast milk can be thawed easily by placing the container in warm water. Heating on the stove or in the microwave is not necessary, and breast milk can be dangerous if served too hot.
 - Always date frozen breast milk.

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Bottle feeding

To establish a bottle-feeding schedule, simply find a convenient schedule that is comfortable for you and your baby. Bottles do not require sterilization. They can be washed in hot, soapy water or in a dishwasher. The amount of formula that a baby will take increases gradually as he or she grows and the nighttime feedings are omitted. Whole milk should not be fed to the baby until he or she is 12 months of age.

Burping

Burping a baby to relieve swallowed air is an important activity that you should do during feeding. Babies usually swallow some air during feeding, and this can be relieved by burping. Burping is most easily accomplished by holding the baby over your shoulder and patting or rubbing the baby's back gently. It can be done once or twice during a feeding and then again after the feeding has been completed. If you wait until the entire feeding is completed, enough air can accumulate in the stomach to cause discomfort and prevent the baby from having an adequate meal. Burping may also cause some spitting up. It is not always necessary to hear a good burp after you finish feeding. Some babies simply do it themselves and don't need additional help.

Water

Supplemental water is not necessary. If you feel the need to give your baby an occasional bottle of water, it may be served at room temperature and does not need to be boiled.

Solids

Both breast milk and formula provide a balanced source of nutrition for your baby for many months. We do not recommend starting any solid foods before your baby is four to six months. At that point, we will help guide you in the process. We will provide you with further information during your well-baby visits.

Sleeping

Babies usually wake up several times each night for feedings during the first few weeks. At around four to six weeks of age, babies begin sleeping for longer stretches at night and night feedings should gradually be omitted. The American Academy of Pediatrics recommends that babies are put to bed in their own cradle, crib, bassinet or co-sleeper. The American Academy of Pediatrics recommends that babies do not sleep in their parents' bed due to increased risk of sudden infant death (SIDS).

For more details, please review the section on baby's comfort on page 13.

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A flexible schedule

Feeding schedules are usually most satisfactory if the baby is allowed to eat when he or she becomes hungry. New babies usually need to be fed about eight to ten times a day. Breastfed babies often want to nurse every two to three hours. If the baby sleeps more than three to four hours during the day, wake him or her for a feeding so that he or she is more likely to sleep for longer stretches at night. There is no need to wake the baby for feeding during the night, unless you are directed to do so by your doctor.

The amount of formula your baby takes or the duration of nursing will vary. Babies, just like adults, are sometimes not hungry! Most babies feed for 15 to 20 minutes at a time. Sometimes your baby will nurse both sides or take all of his or her bottle, and sometimes he or she won't. As your baby grows and gains weight, he or she will need more formula or milk. When your baby takes all of his or her bottle pretty regularly — and sometimes cries for more — it is time to increase the amount of his or her daily formula. Your breast milk production will gradually increase as your baby grows. The more often a baby nurses, the more milk your body produces.

Routine Baby Care

Bathing

Babies do not need daily baths. Bathing your baby once or twice a week should be fine. Before the umbilical cord has fallen off, babies should be sponge-bathed rather than bathed in a tub. After the cord has fallen off and the navel has dried, the baby can be bathed in a tub. Any mild type of baby soap is adequate. It is important not to try to clean the inside of a baby's ears with a cotton swab. These are intended for older children and adults and will only force wax and material deeper into the baby's ear. Wash your baby's face with plain water and a soft cloth. Avoid getting soap on the baby's face and keep your baby's nails trimmed to prevent scratches.

Never leave your child unattended during bathing!

Navel

The umbilical cord should be kept clean and dry after birth, and the diaper should be folded down so that it does not rub on it. When the cord is ready to fall off (usually between one and three weeks of age), there is often some bloody or oozy discharge, moistness, and occasionally some odor. This is normal for a few days. The umbilicus may be cleaned with rubbing alcohol until there is no more oozing. Should any signs of infection appear, such as increasing skin redness, swelling, fever or irritability, call us immediately.

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Circumcision

Vaseline should be applied to the circumcision several times a day, and the area should be observed for signs of swelling, bleeding or infection. Should any of these signs occur, please call us. The healing process will take almost a week, and there may be some slight bleeding that leaves a stain on the diaper during the first few days. The baby may cry when urinating for the first few times after circumcision. These occurrences are all to be expected.

The uncircumcised baby needs no special care. There's no need to retract the foreskin, and in fact this should not be done.

Vaginal area

You may notice a small amount of white, sticky discharge from your baby's vagina. Many baby girls will have a bloody discharge from the vagina during the first few days of life. This is normal and is caused by the disappearance of the mother's hormones from the baby's blood, which occurs after the baby is born. These hormones also cause some breast swelling in many babies, both girls and boys. Both of these are normal occurrences and will disappear without any treatment. The labia should be spread and the area cleaned gently after each bowel movement. Always wipe from front to back.

Teething

Teething does not cause fever or illness in babies. However, it does cause babies to be fussy for a while. Fever should never be attributed to teething but rather should be considered a sign of illness elsewhere.

Rashes

Diaper rashes occur commonly in babies and are usually due to nothing more than excessive wetness. Simply leaving the baby exposed to the air without diapers will clear up a mild diaper rash. Diaper creams such as Desitin[®], A & D Ointment[®] or Balmex[®] can help clear simple diaper rashes. If the rash persists and these medications are not helping, call us for an appointment. A rash that is accompanied by a fever should always be checked by a doctor.

Bowel movements

Many parents become overly concerned with their baby's bowel movements. They anticipate that bowel movements will occur with a certain frequency and be a certain color and texture. These concerns are usually unwarranted. Normal bowel movements can be yellow, brown, green or any mixture of these colors. The normal frequency for bowel movements varies tremendously from baby to baby, ranging from 10 times a day (following each feeding) to once or twice a week, depending on the baby. Breastfed babies tend to have more frequent, looser stools than bottle-fed

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babies. Many babies will grunt and strain while having bowel movements. They may do this even if their stool is soft. This does not mean that they are constipated. This is usually just the normal amount of work that a baby has to do to pass stools. Babies who are constipated have hard pellet-like stools and should be given extra water throughout the day.

Behavior

- *Fussiness* — Most babies have a “fussy” time that may occur at the same time each day. This can be caused by many things: wet diapers, uncomfortable position, hunger, fatigue, gas pains, constipation, and even frustration and loneliness. You can treat the “fussiness” by trying to eliminate the cause. For those extra-trying times (and they will occur!), it is a good idea to enlist the help of another family member to try and quiet the baby while mother and father take a break. Keep in mind that a baby will not develop a true schedule for several weeks, and so tomorrow could be completely different for you and your baby.
- *Pacifiers* — You have probably heard many pros and cons regarding pacifiers. Many babies have a desire to suck even when they are not hungry. In such a case, a pacifier may be the answer.
- *Spoiling* — Crying is a baby’s way of letting us know that something is bothering him or her and he or she needs our help. You won’t spoil a baby by picking him or her up and trying to quiet him or her. Comforting a baby when he or she needs it will help to develop a secure, trusting relationship.

Baby’s comfort

- *Room temperature* — Try to keep an even, comfortable temperature in the baby’s room. Between 68°F and 70°F is a reasonable temperature, although 65°F may be adequate. On hot days, provide ventilation. On cold days, check on your baby to see that he or she is covered enough to be comfortable.
- *Bassinet or bed* — The mattress should be firm and flat. No pillow should be used. Protect the mattress with a waterproof cover. Cover the mattress with a mattress pad, and soft fitted sheet.
- *Clothing* — Your baby does not require any more clothing than an adult. Dress him or her according to the weather. Don’t overclothe your baby. This may result in overheating, which can cause your baby to become fussy and develop rashes.
- *Outdoors* — Weather permitting, you may enjoy brief outdoor jaunts with your baby. Take extreme care to avoid crowded sites with obvious sources of potential infection.

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Equipment and Supplies

- Car seat (children should remain in rear-facing seats until they're 2 years old)
- Rectal thermometer
- Bulb syringe
- Acetaminophen preparations (i.e., Tylenol®)
- Bandages (i.e., Band-Aids®)
- Rubbing alcohol
- Diaper cream
- Electrolyte solution (i.e., Pedialyte®)
- Liquid allergy medicine (i.e., Benadryl®)
- Children's sunscreen (SPF 30)
- Petroleum jelly (i.e., Vaseline®)

Illness

You will soon learn your baby's own special signs of discomfort when he or she is not feeling well. Listed below are some of the more common signs and symptoms of possible illness:

- Increased fussiness
- Vomiting and/or diarrhea
- Refused feeding
- Fever
- Rash
- Difficulty breathing
- Decreased alertness, responsiveness or change in normal pattern of behavior

Fever

Fever is not an illness but a sign of illness. In a baby who is younger than three months of age, a temperature greater than 100.5°F may indicate a more serious infection. Therefore, please call immediately. In older babies and children, it is safe to treat fever with acetaminophen (i.e., Tylenol®) if the child is uncomfortable. How the child is acting is more important than how high his or her temperature is in determining whether a serious illness is present.

Jaundice in Newborns

Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color.

Bilirubin is removed by the liver and comes out in the stool. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin. Most babies have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and might cause brain damage. Every newborn baby is checked for jaundice in the first few days of life using a simple skin test or blood test. If the level of jaundice seems elevated, additional blood testing may be done to follow the amount of bilirubin more accurately.

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It is important that your baby is seen by a nurse or doctor when the baby is between 3 and 5 days old because this is usually when a baby's bilirubin level is highest.

Some babies have a greater risk for high levels of bilirubin, including babies who:

- Were born early (more than two weeks before the due date)
- Have jaundice in the first 24 hours after birth
- Are being breastfed and it is not going well
- Have a lot of bruising or bleeding under the scalp related to labor and delivery
- Have a parent, brother or sister who had high bilirubin and received light therapy

Most jaundice requires no treatment. It resolves with good feeding and stooling, as stooling helps promote the clearance of the bilirubin. When treatment is necessary, your baby will be placed under special lights (specialized phototherapy) while he or she is undressed to lower the baby's bilirubin level. This usually requires the baby to be in the hospital. Jaundice is treated at levels that are much lower than those at which brain damage is a concern.

In breastfed babies, jaundice often lasts for more than two to three weeks. In formula-fed babies, most jaundice goes away by two weeks.

Immunizations and Office Visits

We like to see new babies by one week of age for their first visit. However, we may need to see the baby sooner if there are concerns about feeding or jaundice. The purpose of the first visit is to find out how things are going with you and your baby and to make sure there are no problems. By the two-week visit, most babies should have reached or exceeded their birth weight. After this visit, your baby should be seen at one month, two months, and then every two months until the age of six months for routine immunizations. After that, we would like to check the growth and development of your baby at approximately three-month intervals until the age of 18 months. From two years old on, we'd like to see your baby once every year.

Health supervision visits include:

- A review of your baby's growth and development
- A discussion of your child's physical and mental condition
- Complete physical examination
- Anticipatory guidance regarding your baby's growth and development in the coming months
- Appropriate immunizations and laboratory tests
- An opportunity for you to ask questions

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Immunizations are given according to the recommendations of the American Academy of Pediatrics. We will discuss the purpose of these vaccines and their possible side effects at the appropriate visits.

Household Safety and Accident Prevention

Accidents and poisoning by household products are the most common causes of death and serious injuries in children. The majority of these accidents are easy to prevent, which makes them even more tragic. Preventing such accidents must become routine in all households with children. Here are some basic guidelines for home safety.

First year of life

Even newborn babies have the ability to roll and turn unintentionally. Never leave a baby, no matter what age, unattended on a surface from which he or she can fall and be injured. When changing or washing a baby, keep one hand on a wrist or an ankle if you must turn away for a moment. Never leave a baby unattended in a bathtub, no matter how shallow the water. A baby can drown in a few inches of water. Keep babies away from hot water faucets. The temperature of the hot water heater should be turned down to 120°F. Cribs should have railings that cannot be released from the inside and are too narrow for your baby to get caught between the bars (2-3/8" or less distance between bars). Bumpers and pillows should not be used due to increased risk of SIDS. Harnesses, zipper-type blankets and other restraints are dangerous and should not be used. Toys should have no sharp edges and should be unbreakable and too big to put into the mouth. For automobile travel, infants and children must be secured in an appropriate child passenger restraint seat (safety seat or booster seat) in the backseat of a vehicle until they are at least eight years old or 4'9" in height. All commercially available car seats should be federally approved.

Toddler years

Remember that children play at ground level. Storage cabinets for wash products, disinfectants, furniture polishes and other household products are usually located at this level. These products should be removed to a safe place, or you can have the cabinets fitted with childproof fasteners. Don't put these materials in empty soft drink bottles because children may think they are drinks!

Medications should also be kept in a safe place out of reach. Since children are often taught that medicines are good for them, they may try to take them on their own. Children will climb onto a sink to reach a medicine cabinet in the bathroom. This location is not safe unless the door has a childproof latch. Don't keep loose medications in your purse, which may be left on a table in the reach of children. Always request childproof bottles from the pharmacist when obtaining medications, even for yourself. Even over-the-counter medications such as Tylenol®, Motrin®, and aspirin can be dangerous and should be obtained in childproof bottles.

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Matches and cigarettes must be kept out of sight and out of reach. Cigarettes are sometimes eaten by children who are mimicking their parents, and they are very poisonous when eaten. Furthermore, passive smoking has been proven to be detrimental to your child's health.

Guns should be kept locked up, and ammunition should be kept in a separate site. If you must use a space heater, get the kind that turns off when it is tipped over and keep the front protected. Use fire screens on fireplaces. When cooking, always turn the handles of pots and pans away from the front of the stove. Children are easily tempted by the aromas of cooking foods and may reach for a pot handle, tipping the contents on top of them. This is a common accident that can cause severe burns. For the same reasons, tablecloths should not be allowed to hang within a toddler's reach, as he or she may grab it for support and pull the dishes onto him or her. Electrical outlets should be protected by plastic covers. Don't use long extension cords, which can trip a child. Protect stairways and doors with gates. Children like to put small objects such as beans, nuts, and buttons in their nose, ears, or vagina. Keep these articles out of reach, and don't give them to children as toys.

Preschool years

The same precautions listed under "Toddler years" apply to children in this age group. In addition, you must become aware of the risks that children can encounter when they begin to leave the constant supervision of their parents. In this period, children become more adventuresome and explore their environment. Parents must teach safety from the beginning. Children should be taught not to cross the street alone or play in the street. They should know not to play with tools or kitchenware unsupervised. Barbeques and other outdoor fires are a great attraction and temptation for children and should not be left unattended when children are nearby.

Families with swimming pools must be especially careful. Many classes on swimming are available for small children. However, parents should not assume that a child who has had swimming lessons is safe unsupervised near a swimming pool. A child has little stamina or endurance. If your child falls into a pool, he or she may drown from exhaustion within a few minutes. Children who are taught to swim at an early age may not be aware of the risks of swimming unattended, and they may not understand that water can be dangerous. They may wake up at night and decide to go for a swim, with tragic results. Every pool must have an absolutely childproof gate and, if possible, a cover in place when unattended.

The most important fact to remember is that if parents teach their children about safety early and set a good example, it soon becomes natural habit. Children will not learn safety by themselves unless they are hurt first. This is the wrong way to learn. Remember that most accidents and injuries are caused by negligence, not bad luck. They are

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avoidable. Also, if they are treated promptly and properly cared for, many illnesses can be prevented from becoming serious.

Never Leave Your Child Alone In a Car

According to the U.S. National Highway Traffic Safety Administration (NHTSA), heatstroke is the leading cause of non-crash-related vehicle fatalities for kids 14 years old and younger in the U.S. From 1998 to 2018, 744 children died from heatstroke after being left inside a vehicle's passenger compartment.

These deaths are entirely preventable.

Temperatures inside a vehicle can reach deadly levels in just 10 minutes, which is why it is vitally important to never leave a child alone in a parked car. Keep the keys out of the reach of children and look in both the front and back seats of the vehicle before locking the door and walking away.

Remember: Look before you lock.

See nhtsa.gov and safekids.org for more information and tips on how to stay safe.

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