Congratulations on the birth of your baby at University of Washington Medical Center! This information is to help you when you take your baby home.

Caring for Your Baby

Your Baby’s Follow-up Appointments

Our pediatricians (doctors for babies) will check over your baby in the hospital. Tell our staff who you have chosen for your baby’s ongoing care. We will arrange your baby’s first visit according to the following schedule:

• **If you go home less than 48 hours after birth**, you can have a home visit by a trained nurse one or two days after you leave the hospital. Within the next two weeks, your baby needs to visit the pediatrician or other health care provider you have chosen. If you choose not to have a home visit, your baby needs a visit with the pediatrician or other health care provider two to three days after birth.

• **If you go home more than 48 hours (two days) after birth**, your baby needs a visit within two weeks.

• **If you are receiving medical coupons**, you will have 30 days to choose your baby’s Primary Care Provider (PCP) in your Healthy Options plan. Tell your DSHS worker you have given birth so he or she can send you medical coupons for your baby. Your baby will be covered for at least one year.

Bathing Your Baby

Sponge bathe your baby. Use a washcloth and water, but do not put your baby in a tub. Your baby will get clean and this is best for his or her skin. Use little or no soap and do not use lotions or powders.

Bathe your baby every two to three days in a warm room with no drafts. Start with the face, using a corner of the washcloth to clean the ears and nose. Wash, rinse, and dry all skin folds (under neck, under arms, between legs). Wash the baby’s bottom area last. Be sure the cord site is dry after each bath to prevent infection.
You do not need to wash your baby’s hair at every bath.

When your baby is a few weeks old and the cord is off, you can begin using a small baby tub.

**Cord Care**

Clean the area around your baby’s umbilical cord stump daily. First, wash your hands carefully. Then use a cotton ball soaked with warm water to clean between the cord and your baby’s tummy.

Keep the cord stump outside the diaper to help keep it dry. The cord stump will fall off in one to two weeks. Continue cleaning this area carefully for another week after the cord stump falls off.

The umbilical cord area on some infants will push outward and feel squishy, especially when they cry. This is called an *umbilical hernia*, which is a small hole in the muscles of the abdomen. This is not a serious condition and usually goes away by 12-18 months.

**Cleaning the Diaper Area—Girls**

Always wipe your baby girl’s diaper area from front to back to prevent urinary tract infections. Clean gently between the folds of skin.

Your baby girl may have white or pink mucus coming from her vagina. This is normal. It is caused by the mother’s hormones.

**Cleaning the Diaper Area—Boys**

Wash, rinse and dry carefully between the scrotum and legs.

If your baby’s penis is not circumcised, do not pull the foreskin back when washing. This may cause damage. The foreskin will pull back when your son is about four years old. No special care is needed until then.

If your baby is circumcised, you may note some yellowish secretion around the tip of the penis and the skin on the penis may be red and a little swollen during the first week. This is part of the healing process. Clean your baby’s penis gently with a warm, wet washcloth or cotton balls and dry carefully.

If you were told to use a gauze bandage for the first 24 hours after circumcision, change the bandage if it is dirty or dried out. If it sticks to the penis or diaper, warm water will help remove it.
Dressing Your Baby

Dress your baby as you dress yourself for the weather. Do not overdress your baby or use too many blankets, especially when sleeping. However, do put a hat on your baby when you take her or him outside. Babies can easily lose heat from their heads in cold weather, or get too hot if their heads are uncovered in hot weather.

Sleep Positioning for Your Baby

Place your baby to sleep on his or her back to prevent the risk of Sudden Infant Death Syndrome (SIDS). There should not be not soft blankets beneath your baby and no plush toys in the crib—only a tight fitting sheet over a firm crib mattress.

Babies rarely sleep through the night for the first few months. After eating, put your baby on his or her back to sleep, unless your care provider tells you something different. Recent research has shown this is the safest sleeping position.

Feeding Your Baby

Your baby will soon eat “on demand”—usually every two to four hours. If your baby chokes when breastfeeding or drinking from a bottle, sit your baby upright or onto his or her stomach and pat the back. Use the bulb syringe you received in the hospital to clear the mouth and nose.

Breastfeeding

During the first four weeks, you will know your baby is getting enough breast milk when:

- Your baby nurses at least eight times in 24 hours
- You hear your baby swallow when nursing
- Your baby has more than two wet diapers a day for the first three to five days, then five or more wet diapers a day.

Call your baby’s health care provider or Lactation Services at UWMC if you have any questions about breastfeeding or if:

- Your nipples stay sore during a whole feeding
- You have cracks, bleeding or blisters on your nipples
- Your baby is more than three days old and your nipple pain is getting worse
• You have signs of a breast infection, fever, chills, flu-like symptoms, soreness, redness, or an ache in your breast
• Your baby takes more than 30 minutes to feed for two feedings in a row
• Your baby refuses to nurse.

**Bottle Feeding**

Your baby should eat at least 1½ ounces every 3 to 4 hours, or 6 times in a 24-hour period for the first week. Burp your baby after every ½ ounce.

Always hold the bottle, never prop it. Your baby could choke on the formula. Use feeding time to cuddle and snuggle with your baby.

**Spitting Up**

Spitting up is common in babies. The baby usually doesn’t notice the spitting and it usually causes no distress. It may occur because the baby has eaten more than the stomach can hold or when the infant burps. Although it is messy, it is usually not a cause for concern. Some babies spit up more than others, but most will decrease the amount of spitting as they start to sit and almost all stop by the time they are walking.

**Jaundice**

Jaundice is caused by a substance called bilirubin in your baby’s blood. Your baby’s skin and whites of the eyes will be slightly yellow.

Mild jaundice is common in newborn babies. You will see it on the second or third day. It disappears by the end of the second week.

Sometimes jaundice occurs for other reasons, such as blood problems, bruising or infections. The doctor may want to test how much bilirubin is in your baby’s blood.

**Stools (Bowel Movements)**

A newborn baby’s first stools, called meconium, are sticky and a green-black color.

Later, a breastfed baby’s stools will be soft and yellow. A bottle-fed baby has green-brown, more formed stools.
Taking Your Baby’s Temperature

If you think your baby has a fever, check by taking an underarm (anxillary) temperature. To do this, put the thermometer in your baby’s armpit. Make sure the silver tip is completely in the armpit. Hold the thermometer there and your baby’s arm over it for three minutes. Then read your baby’s temperature.

Call your health care provider if your baby’s temperature is 100°F or more. Your health care provider may also wish to be notified if your baby’s temperature is between 99.5°F - 99.9°F.

Other Concerns During the First One to Two Months of Life

Hiccups

Most babies hiccup from time to time. Hiccups are not harmful to your baby.

Sneezing

Sneezing is the natural way that a baby clears his or her nose. It does not mean that your baby is ill.

Skin

Newborns will often have dry and peeling skin for the first one to two weeks of life. This is normal. There are several other rashes that are also normal in newborn infants.

- **Salmon patches or “stork bites”**—patches of deep pink which are commonly located on the back of the neck, bridge of the nose, upper eyelids, and lower forehead. These are the most common birthmarks, especially in light skinned babies. They usually go away over time.

- **Mongolian spots**—large flat areas containing extra pigment which appear green or blue (like a bruise) on the lower back or buttocks. These are very common, especially in dark-skinned babies.

- **Milia**—tiny white bumps or yellow spots across the tip of the nose of chin. They are usually smooth to the touch and disappear in the first month of life.

- **Erythema toxicum**—a rash of red splotches with yellowish/white bumps in the center. They generally appear during the first few days of life and disappear within the first week or so. They do not need any treatment.
Crying
All newborns cry at times for no obvious reason. It is best to hold the baby and talk or sing to the baby until he or she stops (you can not spoil your baby at this age). You can also try wrapping the baby snuggly in a blanket.

Crossed Eyes
Most babies will sometimes have crossed eyes during the first 4-6 months of life.

Breast Swelling
Most babies, boys and girls, have some swelling of the breast because of the hormones they received from their mother during pregnancy.

Chin Quivering
The newborn’s chin often shakes or quivers during the first several months of life. This will disappear as the infant’s nervous system matures.

Cough
Your baby may cough and sputter after the first few breast or bottle feedings. Coughing should stop after your baby adjusts to the feeding routine.

Sleeping Habits
Every newborn spends most of the time sleeping. The baby should awaken every few hours to feed and should be content and alert for part of the day. It is normal for your baby to sleep the rest of the time.