DISCHARGE INSTRUCTIONS
FOR YOUR NEWBORN
SLEEPING

Back To Sleep
Healthy babies should sleep on their back. One of the most important things you can do to help reduce the risk of SIDS is to put your healthy baby on his or her back to sleep. Do this when your baby is being put down for a nap or to bed for the night.

Some babies at first don’t like sleeping on their back, but most get used to it and this is the best position for your baby. Although back sleeping is the best sleep position, your baby can be placed on his or her side. Be sure to rotate sides so that your baby’s head does not become flattened on one side. Use a firm mattress with no pillow. Pillows are not necessary as they can cause suffocation.

Your baby can be placed on his or her stomach when awake. Some “tummy time” during hours when your baby is awake is good for your baby.

Newborns sleep 18 to 20 hours each day at first. You will notice a sleep pattern develop with your child. Try to encourage a regular pattern of naps and night sleep. There is no need to keep the house quiet while your baby sleeps. Have the room at normal temperature, and avoid placing the crib in a drafty area. It is fine to run your air conditioning during hot summer months, but avoid having the cool air blowing on the baby.

EATING

Schedule For Feeding
You should feed your baby whenever he or she is hungry. Most babies eat every two to four hours. Do not wait longer than five hours between feedings.

Your baby’s stomach is small and will only hold one to three ounces at first. Large babies may need to eat more often and take more at each feeding.

Bottle feeding usually takes 20-30 minutes. When your baby is full, he or she will stop sucking and swallowing. She or he may pull away from the bottle. Don’t force your baby to drink more formula; your baby might spit it up.

Burping
In the middle and at the end of the feeding, you need to try to burp the baby. This will get rid of any air swallowed.

- Take the bottle out of your baby’s mouth.
- Position the baby on your shoulder, over your lap, or sitting on your lap.
- Gently rub and pat the baby’s back.
- Do not burp the baby too hard or the baby may throw up.

Most babies spit up a little after every feeding.

Is The Baby Eating Enough?
Many mothers worry about how much the new baby needs to eat. There are ways to tell if your baby is getting enough nourishment.

The baby should have at least six wet diapers a day. After feeding the baby should be relaxed and sleepy, not crying and fussy.
**BOWEL MOVEMENTS**

The baby’s bowel movements (stools) will change as the baby eats. The first two days, babies have black, thick bowel movements. The next two days, the stool is yellow-green in color.

When the baby is breastfed, bowel movements are yellow and soft. When the baby is fed formula, bowel movements are yellow-brown in color. Your bottle fed baby may have a bowel movement several times a day or skip a day or two. This is normal. Breastfed babies generally have several bowel movements a day. It is also normal for the baby to get red in the face and grunt when she/he has a bowel movement.

- If your baby acts sick or has diarrhea, call your doctor.
- If your baby’s stools are hard and small, the baby is constipated. Don’t’ give your baby a laxative. Call your doctor instead.

**DIAPERING**

**Care Of The Circumcision**

If your baby is circumcised, his penis may be swollen for about a week. Initially, the tip of the penis will be very red. Over the course of a few days it will slowly change to a more pink, fleshed-colored appearance as it heals.

He may have a LITTLE bleeding. This should stop in 24 hours. If you notice more than a little blood, please call your pediatrician. There may also be a yellow-white discharge on his penis on the second day after the circumcision. This is normal and will go away as your baby heals. A little Vaseline applied directly to the area will keep the crust soft and keep the diaper from sticking. With each diaper change, place a quarter size amount of Vaseline on a piece of clean gauze and place it on the tip of the penis. By the sixth day or so the skin is healed, the yellow crusting disappears, and the penis appears pink and normal. Warm water and soap applied to a soft cloth are all that is necessary for bathing. Wash the penis and scrotum gently. This will not harm the circumcision and is necessary for good hygiene.

His penis may be sore for a few days, so put his diaper and clothes on loosely.

**Care Of The Uncircumcised Penis**

The best advice for care of the uncircumcised penis is to “leave it alone”. Daily external washing and rinsing are all that is necessary. Do NOT retract the foreskin in an infant because it is nearly always attached to the head of the penis, which it covers. You may harm the penis, cause pain, bleeding and/or adhesions by forcing the foreskin back. It usually takes four to five years for the natural separation of the foreskin from the glans to occur. As boys mature, they should be taught to retract the foreskin and cleanse under it daily.

**UMBILICAL CORD CARE**

**What Is The Purpose Of The Umbilical Cord?**

Babies receive nourishment and oxygen in the womb through the placenta, which is connected to the inner wall of the mother’s uterus. The placenta is connected to the baby by the umbilical cord through an opening in the baby’s stomach. After the baby is born, the umbilical cord is clamped and cut close to the body in a painless procedure, leaving an umbilical stump.
Does the Stump Require Special Care?
The baby’s umbilical cord will fall off in 7-10 days. It must be kept clean and dry. Fold the baby’s diaper below the stump so it’s exposed to the air and not to urine (when the stump falls off, you may detect a little blood on the diaper, which is normal). To prevent infection, clean off the base of the stump with a cotton swab or gauze pad dipped in a little bit of rubbing alcohol with each diaper change.

While waiting for the cord to heal, avoid tub baths until the area heals completely, usually about seven to 10 days after the stump falls off.

In warm weather, keep your baby only in a diaper and T-shirt to let air circulate and aid the drying process. Avoid bodysuit-style undershirts until the cord has fallen off.

What Are The Signs Of Infection?
You should call your doctor if:

- The cord doesn’t fall off in two weeks.
- The cord smells bad.
- There is drainage from the bottom of the cord.
- The naval and the surrounding area become swollen or red.
- Your child develops a fever or appears unwell.

BATHING

How Often Should I Bathe My Baby?
Although some parents bathe their babies every day, until your baby is crawling around and getting into messes, a bath isn’t necessary more than once or twice a week. (Just wash the baby’s face frequently and thoroughly clean his genital area after each diaper change.) When you do bathe your baby, you may find it a little scary to handle your wiggly little one when he or she is all soapy and slippery, so keep a good grip. Most babies find the warm water very soothing.

Where Should I Bathe My Baby?
Instead of using a standard bathtub, which requires you to kneel or lean awkwardly over your baby and gives you less control over his movements, it makes sense to use the kitchen sink or a small plastic baby tub.

Giving A Sponge Bath
New babies have sponge baths until the cord falls off, to keep the cord dry. When giving a sponge bath:

- Keep the baby wrapped in a towel or blanket while you wash her face and head.
- Dry the washed parts of the body right away so that the baby doesn’t get cold.
- Follow the step-by-step directions below.

What’s The Best Way To Give My Baby A Bath After The Umbilical Cord Has Fallen Off?
Here’s how to do it and what you’ll need to make baby-bathing easy. With any luck, bath time will become one of the most enjoyable parts of your days together:

1. Assemble all necessary bath accessories (washcloth, baby soap and shampoo, baby lotion, clean diaper and clothes).
2. Fill the tub with 2 to 3 inches of water that feels warm but not hot, about 90 degrees Fahrenheit (32 degrees Celsius).
3. Bring your baby to the bath area and undress the baby completely.
4. Gradually slip your baby into the tub, using one hand to support the neck and head. Pour cupfuls of bath water over the baby regularly during the bath so he or she doesn’t get too cold.

5. Use soap sparingly (it dries your baby’s skin) as you wash the baby with your hand or a washcloth from top to bottom, front to back. Wash the scalp with a wet, soapy cloth. Use a moistened cotton ball to clean the baby’s eyes and face. As for your baby’s genitals, a routine washing is all that is needed. If dried mucus has collected in the corner of your baby’s nostrils or eyes, dab it several times with a small section of a moistened washcloth to soften it before you wipe it out.

6. Rinse your baby thoroughly with a clean washcloth.

7. Wrap your baby in a hooded towel and pat dry. If the baby has dry skin, or if there is some diaper rash, you may want to apply a mild lotion after the bath.

**Tips For Safe Bathing**

Bath time can be fun for you and your baby, but you can’t be too cautious. Start early by teaching your baby water safety basics, and keep these safe bathing tips in mind before you plunge in:

- Never leave your baby unsupervised, even for a minute. If the doorbell or the phone rings, and you feel you must answer it, scoop him or her up in a towel and take the baby with you.
- Never put your baby into a tub when the water is still running (the water temperature could change or the depth could become too high).
- Make the family tub safe: Outfit it with a rubber bath mat and a cushioned spout cover. Also be sure that any sliding glass shower doors are made with safety glass.
- Make sure the bath water is comfortably warm (96 to 100°F). Babies generally prefer a much cooler tub than you probably do.
- Fill the tub with only 2 to 3 inches for newborns and infants up to six months old and never more than waist-high (in sitting position) for older children.
- Use soaps, shampoos, and bubble baths sparingly as they can dry out your baby’s skin and may cause rashes.
- Shampoo your child’s hair at the end of her bath to avoid having her sit in shampoo-filled water, which also can lead to urinary tract infections.
- Set your water heater to 120 degrees F. A child can get third degree burns in less than a minute at 140 degrees.
- Do not allow your child to touch the faucet handles. Even if he can’t move them now, he’ll be strong enough to do so soon and that could lead to serious injury.

**DRESSING**

As a general rule, infants should be dressed in the clothing that adults need to be comfortable, plus one additional thin layer (i.e.: a onsie or a light receiving blanket). Though a 70 degree house isn’t necessarily dangerous, an over-bundled infant will usually feel warm when felt on the back.

**Summer Dressing**

In the summer, babies are usually fine in just a diaper and T-shirt.

- Check the baby for a red, raised rash when the weather is warm. This heat rash may mean the baby is too warm.
- Put a hat or bonnet on your baby’s head when you go outdoors. The sun will bother their eyes and may make him or her fussy.
- Keep your baby’s skin and head covered if she is going to be in the sun. Since babies have delicate skin she or he may get severe sunburn. The best thing to do is to keep your baby out of the sun since sunburn can cause cancer.
**Winter Dressing**
In the winter, the temperature indoors should be kept between 68 and 75 degrees F.

- Layer the baby’s clothes. Usually your baby will be warm enough in a T-shirt and diaper with a one piece sleeper over them. If you need a sweater, the baby probably needs one too.
- If you go outdoors in cool or cold weather, put a hat or cap on the baby. Babies can lose a lot of heat through their head and get cold quickly.
- When your baby is sleeping, swaddle your baby loosely in a light blanket. Cover your baby with another light or medium weight blanket.

**Swaddling The Baby**
To swaddle the baby:

- Fold down one corner of the blanket to make a triangle. Put the baby’s head on the fold.
- Wrap your baby with the blanket under the arm and tuck the corner under the baby’s other side.
- Pull the corner below the baby’s feet up over the legs and tuck it under the baby’s chin.
- Wrap the other side and pull the third corner across and around the baby.

**HEALTH ISSUES**

**When To Call Your Baby’s Doctor**
- Has a sharp, high cry for no reason or is unusually fussy.
- Feels hot or has a dry mouth.
- Doesn’t eat in his/her usually way.
- Breathes in a different way (slower, faster, and noisier).
- Acts like she has a cold.
- Fever, especially when accompanied by signs of illness.
- Vomiting (not just spitting up) especially if it is green or projectile.
- Refusal of food several times in a row.
- Excessive crying.
- Listlessness.
- Loose, runny stools if there is mucus, blood, or a foul odor.
- Unusual rash.

**Temperature**
Your best bet these days is to use a digital thermometer (these can be bought inexpensively in any supermarket or pharmacy), which can be used to take rectal (in the bottom) or axillary (in the armpit) temperature readings. Taking a rectal temperature gives the most accurate reading of body temperature in infants and young children – but if the thought of it makes you squeamish, taking an axillary temperature is the next best choice.

Once your child is older than 3 months, a tympanic (ear) thermometer may also be used, although they are not as accurate (they tend to give falsely low readings in young children) and are not recommended by the AAP for young infants.

Be aware that temperature strips (which are placed upon someone’s forehead to give a reading) have been found to be poor indicators of true body temperature, especially in infants and children, and should be avoided. The digital thermometer is best for temperature taking at home.
Taking A Rectal Temperature

- Lubricate the tip of the thermometer with a lubricating jelly (check the manufacturer’s directions to see whether water-soluble jelly or petroleum jelly is recommended).
- Place your baby’s head face down across your lap, supporting the baby’s head, or on a firm flat surface such as a changing table.
- Press the palm of one hand firmly against your baby’s lower back to hold him still.
- Using your other hand, insert the lubricated thermometer through the anal opening, about ½ to 1 inch (about 1.25 to 2.5 centimeters) into the rectum. Stop at less than ½ inch (about 1.25 centimeters) if you feel any resistance.
- Steady the thermometer between your second and third fingers as you cup your hand against your baby’s bottom. Soothe your baby and speak to him quietly as you hold the thermometer in place.
- Wait until you hear the appropriate number of beeps or other signal that the temperature is ready to be read. Read and record the number on the screen, noting the time of day that the reading was taken.

Taking An Axillary Temperature

- Remove your child’s shirt and undershirt (the thermometer should touch skin only, not clothing).
- Insert the thermometer in your child’s armpit. Fold your child’s arm across his chest to hold the thermometer in place.
- Wait until you hear the appropriate number of beeps or other signal that the temperature is ready to be read. Read and record the number on the screen, noting the time of day that the reading was taken.

Here are some additional tips to keep in mind:

- Never take your baby’s temperature right after he has had a bath or if he has been bundled tightly for a while – this can affect the temperature reading.
- Never leave a child unattended while taking his temperature.

Temperature should be taken only if the baby feels hot or is droopy. A baby’s average temperature is 98.6 to 99 degrees under the armpit and 99.6 to 100 degrees rectally. Temperatures greater than these in your newborn should be reported to your pediatrician.

**BREAST FEEDING**

There are several advantages to breast feeding: It is inexpensive, convenient, satisfying, and provides protection against illness. Breast feeding is a super way to feed babies. It usually takes 2 to 5 days for your milk supply to start, and it begins as watery liquid called colostrums. As your baby sucks at the breast, your body is stimulated to produce milk, and once your milk supply is well-established (this may take several days) you will find that the more baby sucks, the more you will have to give.

Determining Whether You’re Breastfed Baby Is Getting Enough Milk

Even though you can’t see how much milk your baby takes while nursing, you can tell whether breastfeeding is off to a good start if you know what to look for. This is what should be happening when breastfeeding is going well.

Your milk should “come in” at 2 to 4 days after delivery. If your baby seems hungry after most nursings and you do not think your milk has come in by the fifth day, consult your health provider.

Your baby should latch on correctly to your breast and suck rhythmically for at least 10 minutes on each breast. He or she may pause periodically but should nurse vigorously throughout most of the
feeding. A baby usually gets more milk from nursing at both breasts than from nursing on one side only. Alternate the side you start feedings on, so both breasts receive comparable stimulation and emptying.

**Your baby should appear satisfied after nursings and probably will fall asleep at the second breast.** If your baby falls asleep and will not take the second breast, try to divide suckling time between the two sides. A sleepy baby will eat more milk by nursing for 5 minutes at each breast than 10 minutes at one. Breastfed infants who appear hungry after most feedings, chew their hands after nursing or want a pacifier may not be getting enough milk.

**Your newborn baby should nurse at least eight times in 24 hours.** A pattern that works well for many infants is nursing at 1.5 – 3 hour intervals throughout the day, with a single 5 hour stretch during the night. Time the feedings from the beginning of one nursing to the beginning of the next. Four hour intervals (six nursings in 24 hours) are too long for a newborn; few breastfed babies gain adequate weight that way. Don’t be surprised if you need to wake your baby up to feed. Some babies just don’t demand to be fed as often as they need to.

**Your breasts should feel full before each feeding and softer after feeding.** You should hear your baby swallow regularly while breastfeeding. One breast may drip milk while your baby nurses on the other side. After your longest night interval, your breasts should feel particularly full.

**Your baby should urinate six or more times a day.** Most breastfed babies wet their diapers after every feeding. The urine should be colorless, not yellow. Dark urine or a red “brick dust” appearance on the diaper could suggest that your baby is not getting enough milk. You may have difficulty telling whether a super-absorbent diaper is wet; put a piece of toilet tissue between the baby’s bottom and the diaper surface to help you be sure.

**Your baby’s bowel movements should look yellow – somewhat like a mixture of cottage cheese and mustard – by the fourth or fifth day of life.** These are called “milk stools”. If your baby is still having dark meconium or greenish brown “transition” stools by 45 days of age, he or she may not be getting enough milk.

**Your baby should have four or more bowel movements each day.** Many breastfed infants pass a stool with every nursing during the first 4 weeks of life. If your newborn baby is having fewer than four stools each day, it might mean he or she is not getting enough milk.

**Your nipples may be slightly tender for the first several days of nursing.** Usually, tenderness is present only at the beginning of the feedings, and discomfort is gone by the end of the first week. Severe nipple pain, pain that lasts throughout a feeding or pain persisting beyond 1 week probably means our baby is nursing incorrectly. If your baby isn’t latched on properly, your nipples will hurt and your baby may not obtain enough milk. If your nipples are very sore, ask your baby’s health care provider to check your infant’s weight and refer you to a breastfeeding specialist who can evaluate your nursing technique.

**After 2 or 3 weeks, you may be aware of the sensations associated with the milk ejection or milk let-down reflex.** The feeling can be described as a tingling, pins-and-needles, or tightening sensation in your breasts as the milk begins to flow. When let-down occurs, your baby may start to gulp milk and milk may drop or spray from the other breast. Just hearing your baby cry can cause your milk to let down, even before your baby latches on. Although some women breastfeed without noticing signs of the milk ejection reflex, failure to perceive letdown sensations could mean that your milk supply is low.

**Once your milk has come in, your breastfed baby should gain about 1 ounce each day for the first few months of life.** The only way to be absolutely certain that your baby is getting enough milk is to weigh him or her regularly. If your baby is not gaining weight appropriately, it is possible that your milk supply is low or that your baby is not nursing effectively. Such breastfeeding difficulties are easier to
remedy if they are recognized and treated early. Your baby’s health care provider can work with a breastfeeding specialist to develop a feeding plan tailored for you and your baby.

**Helpful Hints:**

- Your baby should be awake for 10 to 15 minutes before feeding. A sleepy baby will not nurse well.
- When you are holding your baby ready to nurse, touch your baby’s cheek to your nipple. Your baby will turn toward your nipple and begin to suck. This is called the “rooting reflex”.
- Make sure the entire nipple and surrounding dark area (aureole) is in your baby’s mouth.
- Be sure your baby’s nose is not covered by your breast when nursing. Baby has to breathe through the nose and will not nurse if unable to breathe.
- To remove your nipple from baby’s mouth, push your finger into baby’s mouth. This will break the suction and baby will release your nipple without discomfort to you.
- The size of the breast has nothing to do with the amount of success to be expected of breastfeeding. A small-breasted mother can produce just as much milk as a mother whose breasts are larger.
- Just because your mother or other close friend had difficulty or was unsuccessful with breastfeeding does not mean you will have the same type of problem or experience. Success at breastfeeding is not hereditary. Try to listen only to the positive experiences that people have had.
- Each new situation is different and yours is going to be successful. The key is to seek help with any problem that you may be having. The solution is usually simple but if you don’t ask, the problem will become even more distressing.

Many women who have successfully breastfed are anxious to help other mothers so that they will have the same degree of success. This type of help is often very beneficial as long as they do not insist that you do just as they did. Remember, there is no right way to do anything and what worked for them may be a disaster for you. So rely on us and, most importantly, rely on your own common sense. You usually know what is best for you.

**Bottle Feeding**

When you bottle feed your baby, you should be seated comfortably. Hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. Air in the stomach may give baby a false sense of being full and may also cause discomfort. A slight outward tension on the nipple will prevent baby from gagging.

Never prop up the bottle or leave baby alone to feed. The bottle can easily slip into the wrong position. Remember too that baby needs the security and pleasure of being held at feeding time. It’s a time to relax and enjoy each other. Baby should never take a bottle to bed. Bed bottles are a cause of ear infections and tooth decay.

There are many varieties of formula on the market today. Each formula comes in many forms of preparation including powder, liquid that must be diluted, and individually prepared bottles that need only to be opened, the nipple screwed into place and the baby fed.

The following is a brief explanation of some of the terms used on the cans of formula so that you will know what you are buying and how it should be prepared. It is also important to compare costs when you are buying the convenient forms of formula. They may save you a few moments in preparation time, but the increased cost may not be worthwhile for you.
Concentrate
This means that the formula in the can is in concentrated form and must be diluted with water according to the instructions to create a formula that has the proper number of calories per ounce for the baby. Always follow the instructions carefully or the formula will be too strong or too weak for the baby. Water straight from the tap may be used for dilution and formula may be given to baby at room temperature or even right from the refrigerator. If you are using water from a city reservoir, there is no need to sterilize the water or bottles which you use to prepare formula.

Ready-to-Feed
The formula in this can is already diluted and sterilized and needs no further preparation than merely cleaning off the top of the can before opening and pouring into a clean bottle. It is now ready to feed the baby. Never dilute this formula or the baby will be receiving a greatly reduced number of calories per ounce.

Nursettes or Ready-to-Feed Bottles
These 4-6-8 ounce bottles are already mixed, sterilized, and processed so that all you do is remove the lid and screw on the nipple. The bottle is ready to feed to the baby in a few seconds from the cupboard shelf. These can be used only once and any remaining formula must be discarded, as with any bottle of formula. The cost of these varies, but is roughly three times the cost of the concentrated liquid with the possibility of wasting formula.

Powdered Formula
The powder is much like the concentrate in that it must be mixed with water before use. It dissolves easily when mixed with water. Powder is ideal to supplement breastfeeding when only an occasional bottle is used. It stores on the shelf and can be used a scoop at a time. The cost of powdered formula is a little less than the concentrated liquid per ounce and is available in a one-pound can.

Please note the instructions for mixing powder and liquid are very different and you will need to make sure you have the proper instructions. Recommendations concerning the type of formula will be given to you before you leave the hospital. Occasionally baby does not tolerate the first formula selected.

If it causes cramps or diarrhea you should not try changing the formula yourself. Please call us at the office, so that we can help you make an informed decision. Remember all babies spit up some the first few days. Do not interpret normal spitting as a formula intolerance.

Formula Preparation
The amount of formula your baby takes will vary from one bottle to another. Babies have a right not to be hungry sometimes, just as you and I, and you can’t make a baby want to eat.

Most babies feed for 15-20 minutes. You will find that your baby takes about 3 to 4 ounces of formula with each feeding (sometimes more or less). As your baby grows, you will naturally increase the mount of formula you feed your baby. But for now, 3 to 4 ounces should satisfy your baby. Any formula left over at the end of a feeding should not be re-used.

A simple modern way to prepare formula is to mix a 24-ounce supply and put it in clean nursing bottles. Once mixed, the formula should be refrigerated. Note: Ready-to-feed formula needs no preparation with water. Nipples and bottles may be washed by dishwasher or by hand, rinsed with hot tap water and allowed to air dry.

Burping
Burping baby helps to remove swallowed air. Even if fed properly, both bottle and breastfed babies usually swallow some air. The way to help get rid of this air is to burp or bubble your baby. Hold your baby upright over your shoulder and pat or rub the back very gently until a burp comes up. Another way
to burp is to hold baby in a sitting position (baby leaning slightly forward) on your lap with your hand supporting the stomach, and gently rub baby’s back.