Newborn Care
Your Baby’s Care the First Days
Table of Contents

Welcoming Your Baby ................................................. 3
Newborn Characteristics ........................................... 4
Jaundice ........................................................................ 7
Circumcision ............................................................... 8
Breathing ..................................................................... 9
Caring for a Late Term Infant ...................................... 10
Feeding ........................................................................ 11
Handling and Holding ................................................ 15
Bathing and Nail Care ................................................ 17
Changing ..................................................................... 19
Dealing with Crying .................................................... 20
Know When Your Baby is Ill ...................................... 21
Safety the First Days at Home ..................................... 22
Hepatitis B Vaccine ..................................................... 25

Talk to your doctor or health care team if you have any questions about your care.
For more health information, contact the Library for Health Information at 614-293-3707 or e-mail health-info@osu.edu.
Welcoming Your Baby

Supporting you as you prepare to go home

The Ohio State University Wexner Medical Center is committed to providing specialized care for your needs after your baby is born.

Please ask questions and share your concerns with us, so we can give you the best support.

This book is designed to help you with your baby’s care for the first days at home until your first visit with your baby’s doctor.

Use this information to support the other important instructions you will get from your Maternity Center team about your baby’s care.

Family Centered Maternity Care

At Ohio State Wexner Medical Center, we practice Family Centered Maternity Care. Family Centered Maternity Care focuses on you and your family’s care needs during the child birth experience and throughout your stay with us.

We want you to feel comfortable and safe during this happy, life-changing event. We respect your family and cultural differences and commit to provide support for your individual needs.

Family Centered Maternity Care includes those family and friends who you tell us are part of your family. They can share in the birth of your baby as you choose. They will be welcome to take part in educational programs and baby care skills, so they know the care you and your baby will need after leaving the hospital.
Newborn Characteristics

Below are some things you may notice about your baby the first few days after birth. Beyond that, your baby’s doctor will give you more information about his or her growth and development.

Head and hair

- Your baby’s head may appear too large for his or her body. It is about ¼ of your baby’s total body size.
- Your baby may be born with a full head of hair or none at all. It is common for babies to lose their first hair by 1 year.
- Your baby’s head may look out of shape. This is from labor and delivery and is temporary.
- Handle your baby’s head carefully. Newborns have 2 soft spots, called fontanels, on their heads. These are areas where the skull bones do not yet meet to allow the head to grow. They are held together by a tough membrane.
- The fontanelle on the back of the head is shaped like a triangle and closes by 6 weeks of age. The fontanelle on top of the head is diamond shaped and closes by 18 months.

Eyes and vision

- You may not see tears when your newborn cries. Tear ducts may not work for the first few weeks after birth.
- Your baby’s eyes may have some swelling, which goes away in a few days.
- Your baby may look cross-eyed because eye muscles are weak at first. Over the next few weeks, eye muscle strength will improve.
- Eye color depends on skin tone. Eyes are blue-gray if fair-skinned or brown if dark-skinned. By 6 months to 1 year, eye color will be permanent.
- When showing your baby objects, hold them 8 to 12 inches away from his or her face.

Taste and smell

- Newborns can taste and smell at birth.
- Do not use heavy perfume or smoke around your baby. Smoke is also dangerous for your baby to breathe.
Hearing

• Loud noises may startle your baby, while soft noises may help calm.
• Your baby may turn his or her head to a familiar voice, especially mom or dad.

Skin

• You may see “whiteheads”, called milia, over your baby’s forehead, nose, and cheeks. These are plugged oil glands that will go away in several weeks.
• Your baby may have soft downy hair that covers the face and body, called lanugo. This goes away within a few weeks.
• A newborn’s skin is very sensitive to temperature changes. If your baby becomes too cold, his or her skin may appear blotchy with slightly bluish hands and feet. If overheated, a rash may develop.
• A newborn’s skin may be sensitive to detergents with fragrance or bleach. Use detergent without these things, such as Dreft.

Other things you may notice

• The breasts of boy or girl babies can look enlarged after birth. This will go away in about 2 weeks.
• The abdomen may be round or stick out a little, and you may notice some swelling around the genitals.
• Girl babies may have white vaginal drainage or a few spots of blood in her diaper.
• Your baby’s arms and legs may look bent. The arms and legs may also appear too short for the body because of their bent appearance. This is temporary.

Screening tests

Your baby will have some health tests before leaving the hospital. Finding health issues early and treating them is important for your baby’s health. You will get more information about screening tests from your hospital care team.

Heel Stick

After 24 hours, a few drops of blood will be taken from your baby’s heel to screen for 36 different health conditions. The results are given to the hospital and your baby’s doctor to share with you.

Critical Congenital Heart Disease

After 24 hours, the oxygen level in your baby’s blood is checked with a small sensor on the baby’s hand and foot. This helps find problems affecting the structure of the baby’s heart and how it works.

Hearing Test

Your baby is checked for hearing loss because it can impact speech and language development. There are 2 tests that may be done. Each test is safe and has no risk to your baby. You will get the results before your baby goes home.
Reflexes
Your baby will be born with many reflexes for survival and safety. These reflexes also help your baby’s doctor know if your baby has a healthy nervous system.

Survival Reflexes
• Sucking and swallowing: Reflexes for feeding.
• Rooting: A reflex for feeding, the baby turns his or her head toward your hand if you stroke the cheek or mouth.

Safety Reflexes
• Gag Reflex: A reflex to prevent choking.
• Cough Reflex: A reflex to get rid of mucus.
• Tonic Neck Reflex: The baby lies in a “fencing” position.
• Moro Reflex: The baby thrusts out both arms and legs when he or she is startled.
• Grasp Reflex: If you place your finger in the palm of the baby’s hand, he or she will grasp very tightly.

Sleeping and waking
• Your newborn baby will probably spend a lot of time sleeping. Your baby may be very alert and gaze at you, or be very quiet and drowsy right after birth.
• During the next month, your baby will spend less time sleeping and more time awake.
• When awake, your baby’s behavior may range from alert to fussy. When the baby is quietly alert, this is the best time to feed and talk to your baby.
• Babies have different sleeping patterns. Some start to sleep “through the night” (for 5 to 6 hours at a time) by 2 to 3 months of age, but others take longer.
• Keep your newborn in your room close to your bed, but on a separate safety-approved sleep surface, such as a crib or bassinet. Learn about safe sleep on page 22.
Jaundice

About jaundice
Jaundice is a common and often harmless condition in newborn babies that causes yellowing of the skin and eyes. Normal jaundice may go away about a week or so after birth, but sometimes treatment is needed.

Jaundice happens when a normal body chemical, called bilirubin (“Billy Reuben”), builds up in the blood. As the old red blood cells are broken down, hemoglobin - the red part of the cells - is changed into bilirubin and removed by the liver. The build up often occurs because the liver of a newborn is not ready to keep up with bilirubin removal. This build up causes the skin and the whites of the eyes to become yellow.

There are different reasons why jaundice happens. It can be more common in premature babies.

Your baby will be checked for jaundice while in the hospital.

Treatment

- Treatment usually involves using special lights on the baby’s skin or putting a special type of blanket on the baby’s upper body (Photo-Therapy).
- Babies with more severe forms of jaundice may need different and faster treatments.
- Your baby may need a longer stay in the hospital, depending on the treatment needed.
- If you are breastfeeding, you may be asked to feed your baby more often.

When to call the doctor
Once you go home, call your baby’s doctor if your baby has any of the following signs:

- Skin turns more yellow after coming home from the hospital
- Arms, abdomen, or legs are turning yellow in color
- Whites of the baby’s eyes are yellow
- Hard to wake, fussy, or not feeding well
Circumcision

About circumcision
A circumcision is the removal of the piece of skin, called the foreskin, from around the end of the penis, called the glans. This is an elective procedure or surgery, which means you decide if you want to have it done.

If you decide to have a circumcision for your son, it is done in the hospital nursery by your baby’s doctor before your baby goes home.

How circumcision is done
The procedure takes about 15 minutes. The doctor uses a numbing medicine, so the baby feels little pain.

A metal clamp is used around the penis and a piece of it, called the bell, is slipped under the foreskin to protect the end of the penis. The skin is cut around the bell and removed, so the end of the penis can be seen.

The penis is sometimes wrapped in Vaseline gauze. If needed, special gauze or stitches are used for bleeding.

After the circumcision
- Your baby will be checked for bleeding for about an hour after the procedure.
- Many babies sleep for the first few hours, but try to wake him to feed.
- He may seem uncomfortable when urinating after the numbing medicine has worn off. Holding and swaddling will often soothe him.
- Swelling in the affected area will go away in 4 or 5 days.

Care at home
- Keep your baby off of his stomach for the first few days.
- Keep the area clean and dry.
- Use warm water only when washing, with no soap. Gently pat dry.

With each diaper change for the next 7 days or until the penis is healed:
- Wash your hands before and after.
- Don’t use diaper wipes directly on the penis. The alcohol in them can sting.
- Don’t try to remove the crust that forms on the wound. It is a part of healing.
- Apply Vaseline to the end of the penis until it is healed.

Call your baby’s doctor if you notice:
- More than a few drops of blood on the penis or if the diaper has a spot of blood larger than an inch across.
- No wet diapers or very few within 12 hours of the circumcision.
- Signs of infection, like redness, swelling, pus-like drainage, foul odor, or fever of more than 99.8 degrees F or 37.6 degrees C axillary (armpit).
- You have trouble exposing the glans.
Breathing

Baby’s breathing is different
Your baby’s breathing is not like your breathing. Babies take little breaths and use stomach muscles to help them breathe. You may even notice short pauses between some breaths. Babies sometimes breathe slower and shallower when sleeping. Become familiar with your baby’s breathing to know when there is a problem.

Suctioning your baby’s nose only when needed
Suctioning your baby’s nose is discouraged because it can cause the inside of your baby’s nose to swell, making congestion worse. Only use the bulb syringe if you see your baby’s nose is blocked with mucus or milk, and he or she is having trouble breathing easily.

Suctioning the sides of your baby’s mouth in the cheek area is a better option. Do not suction the back of the mouth or throat, which can cause gagging.

Ask your baby’s doctor about how and when to use a bulb syringe.

Gagging and choking
Your baby may need to clear out mucus or fluid at times. This may cause some gagging and choking, which are reflexes babies are born with.

If your baby seems to be having any trouble breathing, you can try using a bulb syringe first. Next, you can try sitting the baby up, supporting the head, and gently patting the back. You can also turn your baby over on your arm, again supporting the head and patting the back to try to clear things out.

If you think your baby is struggling to breathe, not breathing or looks blue in the face or mouth, call 911 right away.

Steps to use a bulb syringe
In Nose
1. Squeeze the air out of the bulb.

2. Keeping the bulb squeezed, gently place the tip of the bulb into the nostril, but not very far in.

3. Let the air come back into the bulb by letting go of your squeeze. The suction will pull the mucus out of the nose and into the bulb.

4. Remove the bulb from the nose. Squeeze many times onto a tissue to get rid of any mucus.

5. Squeeze soapy water into the bulb, shake and squeeze out. Fill with clear water and squeeze out until clean.

In Mouth
This is done in the same way as above, but instead of the baby’s nose, gently insert the tip into one side of the baby’s mouth (pocket of cheek).
Caring for a Late Preterm Infant

What “late preterm” means
A late preterm infant, also called a near term infant, is a baby born early between 34 and 36 full weeks of pregnancy.
Infants born a little early are often smaller than babies born at 40 weeks and can have special needs after birth to be aware of.

Feeding
Late preterm babies tend to feed slower and need to be fed at least every 3 hours, even at night.
• If your baby is feeding poorly, even for less than a day, call your baby’s doctor.
• If you are breastfeeding, be sure breastfeeding is going well before you leave the hospital. You may need to give some formula to your baby in addition to breastfeeding. Breastfeeding the late preterm baby can be challenging, but is best for the baby.
• You may be asked to start pumping or hand expressing right away.

Jaundice
Late preterm infants are more likely to develop jaundice than babies born at full term. Jaundice is a sign of rising levels of a substance called bilirubin. See page 7 for information about jaundice and treatments.

Breathing
Your baby may have a greater risk for breathing problems. If your baby has any trouble breathing, call your baby’s doctor or 911.

Temperature
Late preterm babies have less body fat and may be less able to regulate their own temperature. Keep your baby away from drafts and dress him or her in a layer more than you are wearing.

Sleeping
You may need to wake your baby to feed since late preterm infants need to eat at least every three hours. All babies should be placed on their back, alone, and in an empty crib for every sleep. Learn more about safe sleep on page 22.

Infections
Late preterm infants have less mature immune systems and can be more at risk for infections.
• Watch your baby for signs of illness, such as fever, problems breathing, and changes in skin color or behavior.
• Limit your baby’s contact with people who may be sick. Ask visitors who may be sick to visit later when they are healthy.
• Avoid taking the baby to crowded public places, such as malls or churches.
• Ask all visitors to wash their hands before touching the baby.

Follow up with the doctor
Your baby should be seen by the doctor 24 to 48 hours after the baby leaves the hospital. Your baby will be checked for jaundice, nutrition, and general health. This is a chance for you to ask questions as well.
Breastfeeding

Providing breast milk to your new baby helps to prevent allergies and infections. It is also easy for the baby to digest and has everything your baby needs to grow.

Breastfeeding can take some learning and practice for both you and your baby. While you are in the hospital, your bedside nurse and lactation consultant will help you to get started and provide support. You will also get the book, *Breastfeeding - A Guide for the Nursing Mother*, to take home.

Breastfeeding the First Days

The first milk you produce is called colostrum, which may look yellow and creamy, or clear. It provides the baby with important nutrients and infection fighting antibodies.

In 3 to 5 days, your breasts will feel fuller as your milk supply increases. Your milk now changes from colostrum to more mature milk.

Helpful tips to get started:

- Rest as much as you can. Try to sleep when your baby sleeps.
- Sit or lie down in a comfortable position.
- Offer the breast when he or she shows signs of hunger (see page 12) or at least every 2 to 3 hours, around the clock. You may need to wake the baby to feed.
- If your baby has trouble feeding or is too sleepy, place baby skin to skin on your chest (see page 16 about skin to skin). Wait several minutes and try again.
- Limit visitors the first few days. Focus on getting you and your baby comfortable with breastfeeding.
- Drink enough fluids. This helps you produce milk.

Your body makes as much milk as your baby needs. If you nurse every 2 to 3 hours, your body will make more than enough milk for your baby.

As long as your baby has wet diapers, has stools (poops), and is gaining the right amount of weight, then he or she is getting enough to eat.

**Signs your baby is getting enough milk:**

- 5 or more wet diapers in 24 hours by the end of the first week.
- 2 or more poops in 24 hours (look yellow and seedy) by the end of the first week.
- Gaining right amount of weight (may be 4 to 7 ounces per week). It is normal for babies to lose weight the first week, but your baby should begin gaining after that. Your baby’s doctor can guide you.

Get help within the first 5 days if you think your baby is not getting enough to eat. Call your baby’s doctor or a lactation specialist.

Call the Ohio State Breastfeeding Helpline at 614-293-8910 for questions or support.
Feeding cues
Your baby will give you signals of hunger, called feeding cues, which may include:

- Clenched fists
- Hands to mouth
- Licking of lips
- Moving arms and legs
- Turning head toward your body
- Sucking sounds
- Crying

Your baby will also show signs when he or she is full, such as fingers open, hands down to the side, and relaxed arms and legs.

If your baby is crying, turning red, and moving arms and legs, you will need to calm your baby before he or she can feed.

Talk to your baby in a calm and soothing voice. Cuddling or placing your baby skin to skin on your chest can help him or her to calm down to be ready to feed.

Burping and spitting up
During feedings, newborn babies swallow air, which makes them feel full and uncomfortable. This may cause your baby to stop feeding too soon. If you breastfeed, burp your baby after the first breast. If you bottle feed, burp the baby after every ½ to 1 ounce he or she drinks. Try different burping positions because babies often burp better in one position over another.

Spitting up small amounts after feeding or burping is normal. Call your baby’s doctor if your baby is spitting up large amounts often or with force.

Burping Positions

Over the Shoulder
Hold your baby firmly against your shoulder and rub or pat your baby’s back with your hand. Provide support for your baby’s bottom and lower back with the other arm.

Sitting Up
Sit your baby in your lap with his or her body leaning forward. Support the chest and head with one hand while patting your baby’s back with your other hand.

Face Down on Your Lap
Place your baby face down on your lap with head resting on one leg and stomach area over the other leg. Support your baby with one hand. Pat, rub, or put gentle pressure on the back with the other hand.
Bottle basics

If you are using bottles to feed your baby breastmilk or an iron-fortified formula, no one type of bottle or nipple is better than another.

Your baby will help you decide which one is best by how he or she is able to use it. There are many types you can try. All infants should be on a low flow or slow flow nipple unless there is a medical reason to use another kind.

Getting started

• Sit down and get comfortable.
• Hold your baby, so he or she is sitting up and leaning back or lying on his or her side.
• Stroke the upper lip or cheek with your finger or tip of the bottle’s nipple. Your baby’s head will turn and mouth will open in response to the stroking.
• When you place the bottle nipple in your baby’s mouth, he or she should begin sucking.
• Hold the bottle at a slight incline, so the top of the bottle fills completely with breast milk or formula to prevent the baby from swallowing air.
• Burp your baby every ½ to 1 ounce he or she has had from the bottle. Try burping him or her if your baby wants to stop eating too soon.
• Your baby will tell you when he or she is hungry. Most newborns will feed every 3 to 4 hours when bottle-feeding. If your baby sleeps for longer than 4 hours, wake him or her to feed.
• Babies who are given breast milk may be hungry faster than babies given formula because it is easier to digest.

When baby is done eating

• Let your baby decide when he or she has had enough to eat. Do not force your baby to finish a bottle.
• Your baby may fall into a light sleep near the end. You may still notice some sucking movements. This is just a reflex and does not mean that the baby is still hungry.
• Throw away what is left over in the bottle after 1 hour (from the start of feeding time). Don’t reuse it later.

Make it skin to skin

Hold your baby close and talk softly during the feeding. Skin to skin contact can be done during feeding by undressing your baby part way and putting him or her on your bare skin. Your baby will enjoy the warmth and feel of your skin.

Sterilizing and cleaning bottles and nipples

Sterilize bottles and nipples before they are used the first time.

If your baby has health concerns, your baby’s doctor or nurse may ask you to always sterilize these items for your baby.

Dishwasher Method to Sterilize

• Wash nipples and bottles in the dishwasher.
• Your dishwasher has an internal heating element that will raise the temperature of the water to sterilize the items.
• Make sure the water in the house is set to no higher than 120 degrees Fahrenheit.
Other safety tips

• Do not let baby drink a bottle lying flat. Feeding a baby in this position increases the chance of ear infections, choking, tooth decay, and jaw problems.

• Do not lay a baby down with the bottle propped up. Propped bottles increase the risk of choking.

• Do not give your baby homemade formula. Formula made from cow’s milk (fresh or evaporated) does not have the same nutrients as commercially made formula. Babies also cannot digest cow’s milk.

Warming bottles

The safest way to heat a bottle is to run warm water over it.

Do not boil or microwave breastmilk or formula. This destroys the antibodies in breastmilk and the protein in formula. It may also heat unevenly or be too hot for the baby to drink.

Always check the temperature first before giving a bottle to your baby. Shake a few drops on your inner arm. The bottle is ready when it no longer feels hot or too cold.

Sterilizing Units

You can buy sterilizing units to clean bottles and nipples. Follow the manufacturer’s directions for use. Most units need water to be added. If it uses steam, wait for the unit to cool down after the cleaning cycle to avoid a steam burn.

General Cleaning

After sterilizing new bottles and nipples for the first time, they may be washed in hot water with dish soap. Wash items in a clean dishpan before washing other dishes. Remove the milk scum with a bottle brush. Clean nipples with a soft brush. Squeeze hot soapy water through the nipple holes, then rinse and let air dry.

Disposable Bottles, Liners, and Nipples

Disposable bottle liners or nipples may also be used, but are more expensive. Liners are inserted into a bottle for each feeding and then thrown away. Bottle nipples are also used only once. Do not reuse these items.

Stove Top Method to Sterilize

1. Place the clean open bottles and other bottle parts in a large pan with enough water to cover them completely. Be sure the bottles are full of water to prevent them from breaking.

2. Cover with a lid and bring to a boil.

3. Boil for 15 minutes.

4. Remove them with tongs or spoons.

5. Let them air dry on a clean dish towel or dish rack for about 1 hour before using.
Handling and Holding

Picking up baby

From a flat surface, like a changing table or crib:

- Place the palm of one hand under the baby’s head and neck.
- Slide the palm of the other hand under the baby’s bottom and gently lift.

From a semi-upright position, like a car seat or swing:

- Slide both hands under the baby’s back using your fingers to support the head and neck.
- Your thumbs should be across the baby’s chest, holding firmly.

Always support your baby’s head and neck, using both hands.

Protect baby from illnesses

- Wash your hands before picking up your baby and ask others to also.
- Get up-to-date on your vaccinations, such as whooping cough (pertussis). Make sure family and others around your baby are too.
- Don’t let people that are sick get close to your baby.
- Wear a mask if you have a respiratory illness and ask others to also.

Holding baby

Cradle Hold
Place your baby in your forearm resting his or her head in the bend of your elbow. Use your hand to support your baby’s bottom and lower spine.

Football Hold
Place one hand under your baby’s head and neck. Slide the baby’s bottom between your elbow and hip in a tucked position.

Over-the-Shoulder Hold
Place your baby high enough that the baby’s chest rests on your shoulder. Use one hand to support his or her head and neck, and place the other under your baby’s bottom.
Skin to skin contact

Skin to skin contact, also called kangaroo care, is important in the first days and weeks of your baby’s life. Have skin to skin contact with your baby as often as you can. Partners can do this too.

Tips for holding your baby skin to skin:

- You should be sitting up when you do this and not sleeping. It is not safe for your baby for you to be asleep.
- Your baby may wear a diaper and head cover, or not wear anything.
- You can place a blanket over his or her back for more warmth or nest your baby inside of your clothing.
- Place your baby on your chest or between your breasts, so his or her stomach is toward your chest.

Skin to skin time has many benefits, such as:

- Better bonding with your baby by cuddling and touching
- Baby cries less
- Better start at breastfeeding by helping with latching on and interest in feeding
- Increases milk production for breastfeeding
- Helps regulate body temperature for both baby and mother
- Better recovery from delivery by helping to control postpartum bleeding
- Allows uterus to return to normal size quicker
- Moms report feeling more relaxed
- Can help with bonding for your partner

Support the baby’s head and body with your arms. Tuck in the baby’s legs and feet under his or her body.
Bathing and Nail Care

How often and when

• Give only sponge baths until the umbilical cord falls off and the area heals (usually in 1 to 2 weeks).
• You do not need to bathe your baby every day. Give a soap bath of the whole body 2 to 3 times a week. On the other days, wash just the hands, feet, and diaper area with soap and water.
• You choose when bath time is. It may be a good idea to wash your baby before a feeding. If given right after a feeding, your baby may vomit.
• Your baby’s doctor can tell you how to safely give tub baths when your baby is ready.

Safety tips

• Keep the water at about 100 degrees F. Use a bath thermometer or your wrist to test. It should feel warm, **not hot or cool**.
• **Never leave your baby alone**, not even for a second. Accidents can happen fast.
• Always support your baby’s head and keep a firm hold on your baby.

Gather your supplies

• Mild soap with no alcohol or perfumes
• Container of water (if not near the sink)
• Towels, regular or hooded
• Soft wash cloth
• New diaper
• Clean clothes
• Blanket
• Comb or brush
• Nail file

How to give a sponge bath

• Arrange supplies within easy reach, so you will not need to let go of your baby.
• Wash your hands.
• Test the water for a comfortable temperature to not burn or chill your baby.
• The room should be free of drafts, such as open windows or fans.
• Undress your baby and wrap him or her in a towel to keep warm during the bath.
• Unwrap just the areas you are washing, keeping the rest of your baby covered.

Washing the Eyes

• Use only water to clean the eyes. Do not use soap.
• Dampen a clean washcloth and wipe from the inside of the eye toward the ear.
• Use a new clean corner of the washcloth to clean the other eye the same way.

Washing the Face

• Wash your baby’s face with water, but do not use soap.
**After bath time**
- Dry your baby well and dress him or her.
- Comb or brush your baby’s hair.
- You can use baby lotion on the baby, except for the face.
- Do not use baby powder. It can be inhaled and cause breathing problems.

**Nail care**
- Clean your baby’s fingernails and toenails with a wet wash cloth.
- Keep them short to prevent scratches. It is best to use a nail file (emery board), instead of trimming or cutting.
- Work in a well-lit area.
- Gently rub back and forth with the file until the nail is short and smooth.
- Use care not to file on the baby’s skin.

**Washing the Ears**
- Use your little finger tucked inside a wet wash cloth to clean the ears.
- Never use Q-tips inside your baby’s ear.

**Washing the Hair and Scalp**
- Cradle your baby’s head in your hand, with his or her back lying on your forearm.
- Wet your baby’s head with water.
- Use mild soap or shampoo and place it on the wash cloth.
- Apply lather to your baby’s head. Gently rub the lather over the head from front to back. Keep soap out of the eyes.
- Rinse the head with clean water and gently pat dry with the towel.

**Washing the Body**
- Use mild soap and work up a lather on the wash cloth.
- Start with your baby’s neck and wash the back, tummy, arms and fingers.
- Rinse the wash cloth, then rinse the area just washed with water.
- Clean your baby’s diaper area starting at the front and moving to the buttocks.
- Rinse and dry your baby with a clean soft towel.

**Cord Care**
- Leave the cord alone and open to the air.
- Fold the diaper down, so the cord is not covered.
- If the cord is dirty with urine or poop, clean with warm water only and pat dry.
- Call your baby’s doctor if the cord has a foul odor, a thick yellow or green discharge, or the skin around it is red.
Changing diapers

Your nurse will show you how to change your baby’s diaper while in the hospital.
Change the diaper when it becomes wet or dirty. This will help prevent skin rashes.

Bowel movements

What to Expect

- Most babies will have a sticky greenish-black bowel movement within 48 hours.
- The poop, sometimes called stool, will change to greenish-brown, then to a light yellow, mustard color. Breast milk stool will become watery and a mustard color. Formula stool is more formed and yellow.
- Once babies are 4 days old, they often have 3 to 4 stools each day. After the first month, your baby may have stools less often. Soft stool is normal.

Call your baby’s doctor if:

- Your baby has diarrhea or very loose stool for more than 24 hours.
- Your baby’s stool is very hard to pass.

Do not give your baby home remedies or medicine unless told by your baby’s doctor.

Urine

- You can expect 1 diaper per day for the first 5 days, then 6 to 8 wet diapers each day after that.
- Babies can lose fluids very fast. If you think your baby is not getting enough liquids, try feeding every 2 hours.
- Call your baby’s doctor if your baby is not having enough wet diapers.

Change the diaper as soon as possible when it is dirty.
Gently wash and dry your baby’s bottom every time you change the diaper.
Pat dry or let air dry before diapering.
Use only diaper creams your baby’s doctor recommends. Do not use baby powder.
If the rash does not get better, call your baby’s doctor.

Call your baby’s doctor if:

Diaper rash

Diaper rash is caused by urine and bowel movements sitting against the baby’s skin. The skin can become sore and look red.

If your baby has diaper rash:

- Change the diaper as soon as possible when it is dirty.
- Gently wash and dry your baby’s bottom every time you change the diaper.
- Pat dry or let air dry before diapering.
- Use only diaper creams your baby’s doctor recommends. Do not use baby powder.
- If the rash does not get better, call your baby’s doctor.

Use a wet washcloth or baby wipes to gently clean the area well. Be sure to clean between all folds of the skin and genitals.

- For girls – Clean the genitals from front to back. This avoids getting stool into the opening of the vagina or urinary track, which may cause an infection.
- For boys – Gently clean the penis. See page 8 about circumcision care.
Dealing with Crying

Why babies cry
Most babies cry a little each day. Crying is a way of telling you his or her needs, such as being hungry, wet, thirsty, cold, or bored. It can also be a way to release tension.

It is normal for babies to:
- Cry on and off
- Keep crying when you are trying to comfort them
- Cry more in the evening hours when tired
- Have a red face, clenched fists, hard and tight stomach, arched back, legs pulled up to their stomach, or stiff legs
- Cry for a long time

A crying baby can frustrate and worry parents. Crying often makes parents think there is something wrong. Understanding what is normal will not make your baby stop crying, but it can make you feel better about yourself and your baby.

Soothing a crying baby
Respond to the crying quickly to prevent your baby from becoming too upset. This will not spoil your baby.

Try these actions to calm your baby:
- Cuddle or swaddle your baby in a blanket and hold him close to you.
- Place your baby’s head near your heart.
- You can use pacifiers with your baby, once breastfeeding is going well. Never use a string to attach the pacifier around your baby’s neck.
- Rock, walk with your baby, or take him or her for a ride in a stroller or a car.
- Talk to your baby in a steady, soft voice.
- Sing, hum, or coo softly to your baby.
- Turn on something with a rhythmic sound, such as music, a fan, or a clothes dryer.
- Keep the lights low and the room quiet.

Try to stay calm and take a break if you feel yourself getting too upset. Have someone watch and comfort your baby while you relax.

Call your baby’s doctor for advice if you feel your baby:
- Cries too much
- Has cries that are loud, piercing, or do not stop
- Cries more than 3 hours each day and more often than 3 days each week

Never shake a baby
Never shake your baby. Shaking can cause damage to your baby’s brain or even death, called Shaken Baby Syndrome. Crying is the main reason that babies are shaken.

If the stress becomes too much or you feel you are losing control, gently place your baby in his or her crib for 10 to 15 minutes while you do something relaxing. This will not hurt your baby.

Ask for help if you still don’t feel able to calmly care for your baby.
Know When Your Baby is Ill

Taking a temperature
Take your baby’s temperature if your baby is eating poorly, feels warm to the touch, is more irritable, or is hard to wake.

With new babies, a temperature below 97.6 degrees or above 99.8 degrees Fahrenheit (F) may be a sign of an infection.

Most doctors want you to take your baby’s temperature under the arm, called an axillary temperature. Normal axillary temperature is 97.6 degrees F.

Use a digital thermometer for newborns. You can buy one for about $5 at most grocery and drug stores. They are more accurate that other types. Glass thermometers contain mercury and can be dangerous if they break.

Taking Baby’s Temperature
- A good time to take it is when your baby is asleep or feeding.
- Clean the thermometer before and after with soap and water, or rubbing alcohol.
- Place the silver end of the thermometer in the middle of your baby’s armpit and press the button to start.
- Hold the baby’s arm firmly against his or her body until the thermometer beeps.
- Read the temperature. Under the arm is usually a degree lower than by mouth.

Signs of possible illness
Call your baby's health care provider if any of the following signs occur:

- Temperature greater than 99.8 degrees F axillary (under the arm), if your baby is less than 2 months old.
- Fewer than 6 to 8 soaking wet diapers in 24 hours.
- Diarrhea that is 2 or more loose, watery bowel movements over a 24-hour period.
- The white areas of the eyes or skin are yellow.
- Your baby vomits 2 or more feedings over a 24-hour period.
- Lack of interest in feeding or your baby skips 2 feedings in a row.
- Poor muscle tone or your baby feels floppy when held.
- Difficulty keeping your baby awake.
- Convulsions (seizures).
- Rash on any part of your baby’s body.
- Redness or discharge from your baby’s circumcision, eyes, or around the umbilical cord.
- High-pitched crying for 3 or more hours, and your attempts to soothe or calm your baby do not help.

If your baby seems ill, take his or her temperature and write it down. Do not give your baby any medicine. Your baby’s doctor will tell you what to do.

Normal axillary (under the arm) temperature is 97.6 degrees F.
Safe sleep

Babies sleep safest **Alone**, on their **Back**, and in a **Crib** (ABCs of safe sleep). You will get more information about this from your hospital care team.

**Alone**
- Share the room – not the bed – with a baby.
- A baby should only sleep in an empty, safety-approved crib, bassinet, or Pack ‘n Play.
- A baby should never sleep with an adult, child, or pet.
- A baby should never sleep on a couch, chair, or bed.

**Back**
- A baby should always sleep on his or her back.
- A baby will not choke while sleeping on his or her back.
- A baby can breathe easier while sleeping on his or her back.

**Crib**
- A baby should only sleep in an empty, safety-approved crib, bassinet, or Pack ‘n Play. No bumper pads, pillows, soft toys, stuffed animals, or blankets. These items can suffocate or strangle a baby.
- Use only a firm mattress with a fitted sheet in the crib.
- A baby should not be overdressed for sleep. Sleep clothing should be lightweight. Fitted, appropriate-sized sleepers, and sleep sacks are best.

For More Information
CelebrateOne
www.celebrateone.info

Sudden Infant Death Syndrome (SIDS)

SIDS is the sudden and unexplained death of a healthy baby. SIDS cannot always be prevented, but you can lower the risk by following these steps:

- Follow the ABCs of safe sleep every time, for every sleep. Tell others who care for your baby to do the same.
- No smoking near your baby, not at home or when driving. More babies die of SIDS when they are around smoking.
- Breastfeed your baby. Babies fed breastmilk are at lower risk for SIDS than are babies who were never fed breastmilk.
- Use a pacifier, but only after your baby is breastfeeding well.
- Immunize. Research shows vaccinated babies are at lower risk for SIDS.
- Tummy time will be important when your baby gets a little older.

For More Information
National Institutes of Health
ww.nichd.nih.gov/sts
Infant CPR and first aid

Knowing CPR and first aid is important to protect the health of your baby. You and anyone caring for your baby can take a class.

**Resources for local classes include:**

- American Red Cross  
  www.redcross.org
- American Heart Association  
  www.americanheart.org
- Ohio State Wexner Medical Center Newborn Care Classes  
  www.wexnermedical.osu.edu/ObEdu

Safety with pets

You need to help your pet adjust to the new baby, just as you would for another child. Here are some ideas:

- Take your pet in for a check-up, get needed vaccinations, and check for parasites.
- Before leaving the hospital, take a clean blanket from home to the hospital to wrap the baby in. Once the baby’s scent is on the blanket (after 24 hours), let your pet sniff the blanket. Talk softly while the pet is sniffing and give praise.
- When coming home from the hospital, enter the house first and greet your pet.
- Some pets become “protective” or “watchful” of the baby. Do not leave the baby alone with a pet. Accidents happen very quickly.
- Spend time every day with your pet. This helps lessen anxiety, resentment, or jealousy.

Use your vet as a resource for other ways to help your pet adjust or deal with issues that may come up.

Poison prevention

Newborns are at risk for poisoning, even if they are not yet crawling and getting into things.

Here are some things to keep in mind:

- **Tell other children not to give your baby anything to eat or drink without your approval.**
- Carbon monoxide is a deadly gas that you cannot see or smell. Install a carbon monoxide detector before your baby comes home. Check the monitor often and change the batteries as needed.
- Read labels carefully and follow directions for product use or medicine dosing instructions.
- **Act quickly! If you think your child has swallowed poison, call the Poison Control Center or dial 911.** Have the substance you think your baby has swallowed with you when you call.

Central Ohio Poison Control Center

1-800-222-1222 (in Ohio)  
1-866-688-0088 (TTY hearing impaired)
Safety at home

Falls
- The dressing table, bed, or couch are areas a baby can fall from. Keep one hand on your baby at all times.
- Stay near your baby when your baby is in a swing, infant seat, or high chair.
- If you have to leave your baby alone in a room, put the baby in the crib or playpen.

Strangulation
- Strings should be removed from sleepers. The strings could wrap around your baby’s neck or toes and stop circulation.
- If your baby uses a pacifier, do not fasten or tie the pacifier around the baby’s neck, clothes, or bed.

Other Points
- Keep your baby on his or her back after feeding when not being held.
- Place one or more smoke detectors and carbon monoxide detectors in the hallway near your baby’s room. Check them and change the batteries every six months.
- If you must leave your house without the baby, it is important to leave your baby with a competent caregiver you trust.
- Choose baby furniture and other items by checking with the US Consumer Product Safety Commission (CPSC). If you buy any pre-owned items, check the website for recalls and other things to look for.

For More Information
Infant safety topics:
Centers for Disease Control and Prevention
www.cdc.gov/parents/infants/safety
Product safety and product recalls:
CPSC
www.cpsc.gov

Be safe driving home

General Safety Tips for Infant Seat Use
- Rear-facing car seats for infants are always placed in the back seat.
- Check the expiration date sticker on your car seat. This is the date it was made, not the date of purchase. Most car seats expire in 5 or 6 years.
- Keep harness straps snug. You shouldn’t be able to pinch any excess material on the harness straps.
- Rear-facing, harness straps should be at or below your baby’s shoulder level.
- Adjust the chest clip, so it is at armpit level on your baby.
- Place the car seat at a 30 to 45 degree angle to keep your baby’s head from dropping forward, according to the seat instruction manual. Rolled towels can be put along the sides of your baby for more support.
- Never place padding or a blanket under or behind your baby, or between your baby and harness. These can compress in a crash and make the harness loose.
- Keep your car’s seat belt or lower anchor straps locked and tight. If you can move the car seat from side-to-side or front-to-back more than 1 inch, it is too loose.

For More Information
Buckle Up With Brutus
www.Buckleup.OSU.edu
About Hepatitis B
Hepatitis B Virus (HBV) infects and damages the liver. The disease can lead to severe illness, lifelong HBV infection, cirrhosis of the liver, liver failure, liver cancer, and even death. Babies vaccinated against HBV infection are protected from the disease.

Your baby will get the first shot before leaving the hospital.

How babies can get HBV
HBV is spread by direct contact with the blood or body fluids of an infected person. A baby can get HBV from an infected mother during birth.

At first, babies may not look or feel sick, but as they grow up, they may have serious liver damage.

Why vaccinate babies
Hepatitis B vaccine is recommended for all babies because of the high risk that children younger than 18 years of age, if infected, will carry the disease the rest of their lives, passing it to others. This is called being a carrier.

Vaccination also protects children from HBV if they are exposed to infection as teenagers or adults.

Although HBV infection has no cure, it can be prevented with the Hepatitis B vaccine.

It is safe for babies
It is safe for your baby. More than 100 million people in the United States have had the Hepatitis B vaccine.

The most common side effect is soreness where the shot was given and a mild fever. Serious side effects are rare. Complete information about the vaccine is on the next 2 pages of this book.

How the vaccine is given
Hepatitis B vaccine is given in a series of shots.

• The first shot is given before your baby leaves the hospital.
• The next shots will be given with other vaccines at well child check-ups with the doctor (before 6 months and between 6 months to 18 months).

If a mother has HBV in her blood when her baby is born, her baby will need the first shot of hepatitis B vaccine within 12 hours after birth. Hepatitis B immune globulin, called HBIG, is also given. The baby will get the next two shots of hepatitis B vaccine as recommended by the doctor or clinic.

For More Information
CDC Immunization Program
1-800-232-2522
www.cdc.gov/hepatitis
Hepatitis B Vaccine

What You Need to Know

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

**Acute hepatitis B virus infection** is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:
- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

**Chronic hepatitis B virus infection** is a long-term illness that occurs when the hepatitis B virus remains in a person’s body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:
- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:
- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

2 Hepatitis B vaccine

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 3 or 4 shots over a 6-month period.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:
- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.
3 Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**
  
  If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.

- **If the person getting the vaccine is not feeling well.**
  
  If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

**Minor problems** following hepatitis B vaccine include:

- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

**Other problems that could happen after this vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

5 What if there is a serious problem?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a **severe allergic reaction** or other emergency that can’t wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

**VAERS does not give medical advice.**

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

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**Vaccine Information Statement**

**Hepatitis B Vaccine**

7/20/2016

42 U.S.C. § 300aa-26