

Bringing Home Baby

Postpartum and Newborn Care


Avera 

[Avera.org](https://www.avera.org)



Congratulations on your new bundle of joy!

When you bring your baby home from the hospital, **we want you to feel ready.**

A photograph of a man and a woman looking at their newborn baby. The man is on the left, wearing a blue shirt, and the woman is on the right, wearing a white lace top. They are both smiling and looking down at the baby, who is being held by the woman. The background is a soft, out-of-focus white.

In this booklet, we help answer your questions about taking care of your baby through the first 6 weeks. After that, your care team has helpful resources for the next stage of your baby's growth.

We want to make sure you have the tools and information needed to feel well supported as you embark on this beautiful journey of parenthood.

From bathing to breastfeeding, Avera's experts are here to help.

The information in this book are recommendations only and not meant to replace your health care provider's orders. Please call your health care provider if you have any questions.

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Postpartum Care

As you recover from childbirth, it's important to also take care of yourself. The postpartum period — 12 weeks following labor and delivery — is an important time for your health.

If you gave birth within the last year, it's important to talk to your health care provider about anything that doesn't feel right. It may be physical, but it could also include feelings of sadness, anxiety, and tiredness that make it hard to complete daily care activities for yourself, your baby or others. You know your body best. If you experience something that seems unusual or is worrying you, don't ignore it. Talk to your health care provider.



Postpartum Recovery

Your uterus will contract and shrink after delivery and should feel round and firm.

By 2 weeks after giving birth, you probably won't be able to feel it anymore. You may experience some cramping and this will eventually go away. Women who are breastfeeding may notice increased cramping with each baby.

To help with cramping, try a heating pad and/or oral pain medication (such as Advil® or Tylenol®) for relief.

Vaginal Delivery Care

During labor, your **perineum** (the area between your vagina and rectum) may stretch and tear, which can be painful.

To relieve pain or discomfort:

- Apply ice packs. Using ice packs in the first 24 hours after birth decreases the swelling and can help with the pain.
- Taking a warm bath can help relieve the pain or discomfort.
- Take medication (e.g., Advil® or Tylenol®) to help relieve pain.

Episiotomy Care and Stitches

If your doctor made a small cut to widen your vagina during delivery (**episiotomy**) to help get your baby out, you probably received stitches to help close the surgical cut or repair torn skin. Within a few weeks, your stitches will dissolve.

It's important to keep the stitches clean to help reduce your risk of infection and help with your recovery. If you are experiencing any discomfort, you can sit in a tub with a few inches of warm water up to your hips, also known as a sitz bath. Pat the area dry. This also helps relieve itching as it heals. If needed, you can apply a pain-relieving spray such as Dermoplast®.

Vaginal Discharge

It is common to have bleeding and discharge for several weeks after delivery. Use sanitary pads and remember to always wash your hands before and after changing your pads.

- Keep your pad clean and dry. Change when your pad feels moderately wet or damp.
- Gently wipe from front to back after going to the bathroom. It is important to always wipe from front to back to prevent infection.
- Do not insert anything into your vagina for at least 6 weeks.
 - This means: No tampons, **douching** or sex.

Vaginal Flow

- Will last 2 to 6 weeks.
- May see changes from bright red to pinkish brown to almost white in color.
- Your flow may be heavier when first at home due to increased activity.
- If bleeding seems excessive (more than one pad per hour for 2 hours in a row or passing a clot greater than the size of a plum), check with your doctor.
- Foul odor, fever or increased pelvic pain could indicate an infection — contact your doctor. Odor is usually described as fleshy, musty or earthy.



Cesarean Section (C-section) Care

A cesarean section (C-section) is when your doctor will make an incision in your stomach to help deliver your baby.

Full recovery after a C-section can take some time. It's important to take care of yourself to make sure your recovery goes well and to minimize any risks of infection.

Over time, the scar from your C-section will become thinner and flatter which will make it less noticeable.

Here are some guidelines to follow at home during the first few weeks after leaving the hospital:

If you experience any pain, it should go away after 2 to 3 days, but your incision may still be sensitive for 3 to 6 weeks.

- Only take showers as needed for the first 2 weeks.
 - After showering, gently pat your incision with a clean towel to dry.
- It is important to keep your incision cut area clean and dry.
 - DO NOT soak in a bathtub or hot tub, or go swimming, until your provider tells you it is OK.
- Steri-strips usually fall off within 7 to 10 days. If they are still there after 10 days, you can remove them.
- Wear cotton underwear. Cotton underwear is the best to allow good air flow to your incision.
- Don't lift anything heavier than 10 pounds or the weight of your baby. This could cause your incision to become damaged and possibly open.
- Listen to your body. If something hurts your incision, don't do it.
- Don't drive a car for at least the first couple of weeks or while taking prescribed narcotic pain medications.
- Call your doctor if you notice signs or symptoms of infection in your incision, like redness, greenish-yellow discharge, swelling, new or increased pain or foul-smelling odor.

Hemorrhoids

Hemorrhoids are enlarged blood vessels from the rectum and anus that become filled with blood. They can itch and hurt. They usually improve and will go away on their own. This can take anywhere from a few days to several weeks depending on their size, location and severity.

For comfort:

- Apply an ice pack to your rectum (butt area).
- Use over-the-counter hemorrhoid cooling pads with witch hazel (Tucks®).
- Apply topical anesthetic medicines such as a cream, ointment, or astringent wipes that have witch hazel or hydrocortisone and lidocaine, which can temporarily relieve pain and itching.
- Increase your water intake.
- Take stool softeners if recommended by your health care provider.

Bowel Function

After delivery, your body will go through a number of changes, all of which impact your postpartum poop (bowel movements). Regular bowel function usually resumes within 3 days. If it's been more than 4 days since you left the hospital and you still haven't had your first poop, call your health care provider for further advice and treatment.

Tips:

- Make sure to drink enough liquids. (8 to 10 glasses per day).
- Eat more fiber such as fresh fruits and vegetables, bran, whole-wheat breads, prunes or prune juice.
- A stool softener may be used. Talk to your health care provider or a pharmacist for recommendations.
- Perform light physical activity such as walking.



Know the Warning Signs After Giving Birth

Most women who give birth recover without any problems. Some women develop complications. Postpartum mothers must be on the lookout and take action when warning signs develop after leaving the hospital.

CALL 911 FOR:

When calling, remember to mention that you recently gave birth.



Chest pain



Trouble breathing



Seizures



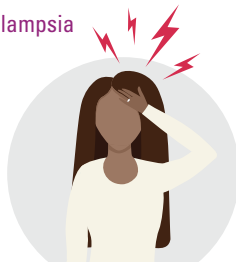
Thoughts of harming yourself or others

CALL YOUR HEALTH CARE PROVIDER FOR:

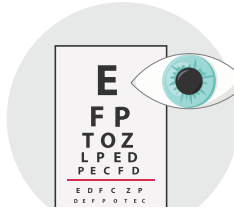
Signs of postpartum preeclampsia



Swelling in hands and face or sudden weight gain



Headache that does not improve with medication



Seeing spots or other vision changes



Upper right-sided stomach pain



Severe nausea/vomiting

Signs of postpartum hemorrhage



Bleeding that is soaking through one pad/hour, or blood clots the size of an egg or larger

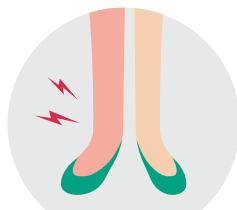


Feeling light-headed



Racing heart

Signs of other postpartum complications



Red or swollen leg that is painful or feels warm



An incision that is not healing



Sore breast(s) that are warm to the touch



Temperature of 100.4°F or higher

Family Planning

Ovulation and **menstruation** will usually start up again around 2 to 6 weeks after delivery for non-breastfeeding women. It may occur soon after that for breastfeeding women as well.

Breastfeeding is not a means of preventing pregnancy. Talk to your health care provider for family planning.

Starting Sex

- Healing takes about 6 weeks, so it's best to wait that long before starting intercourse. It is normal to not be interested in sex for several weeks because of being tired, the stress of caring for a new baby and fear of pain from stitches.
- Be patient and gentle, as sex may be uncomfortable at first.
 - Water-soluble lubricating jellies can be very helpful. This is especially true for breastfeeding women who may not produce as much vaginal lubrication.

Feeling Healthy

Nutrition

A well balanced diet will help your body replenish nutrients used during pregnancy and give you the energy you need to care for yourself and your family.

MyPlate.gov recommends fruits, vegetables, whole grains, protein foods, and fat-free or low-fat dairy products as healthy choices. Include a variety of protein foods such as seafood, lean meats, poultry, beans, peas, lentils, nuts and eggs.

- Limit or avoid foods and drinks higher in added sugars, saturated fat and sodium.

Nutrition and Breastfeeding

If you are breastfeeding, you will generally need more calories. The Centers for Disease Control and Prevention (CDC) recommends breastfeeding mothers eat an additional 450 to 500 calories of food calories per day. Ask your health care provider what they recommend as a vitamin and mineral supplement to help make sure you get enough to meet your needs.

Along with balanced meals, you should drink more fluids if you are breastfeeding. You may find that you become very thirsty while breastfeeding your baby. Water and milk are good choices.

- Try keeping a pitcher of water and even some healthy snacks beside your bed or breastfeeding chair.

Talk with your health care provider or a registered dietitian if you want to learn more about postpartum nutrition. You can also check out Avera.org/Lactation to find an Avera certified lactation consultant who can also help with advice about nutrition while breastfeeding.

Exercise and Weight Loss

Weight Loss – Stay Off the Scale

For the first month, think about regaining energy and feeling good, not about losing weight. Sometimes losing weight too fast can make you feel more tired. You may lose some weight without even trying, especially if you're breastfeeding. Once your energy level is back to normal, you can begin to lose weight.

Weight loss is most successful if done slowly. Keep your weight loss to about 2 to 4 pounds per month after the first month. It may take 6 to 12 months to lose the weight gained during pregnancy.

Exercise

Exercise promotes the return of good muscle tone after delivery. Walking can be started right away. Wait until your first postpartum appointment with your health care provider to do more intense physical activities, such as running or aerobics. Take your baby for a short walk, or even spend 10 minutes stretching.

- Drink enough fluids so that you are not thirsty. Limit the amount of caffeine and alcohol that you drink.
- Do not smoke. If you need help quitting, talk to your health care provider.
- Make sure to get plenty of rest.



Breast Changes After Delivery

After giving birth, your breasts will produce breastmilk. You may notice your breasts feel very large, tight and tender.

Choosing a Good Bra

Wearing the right-sized bra can make a big difference. If your bra is too tight, it may cause your breast to clog (clogged milk duct) and become irritated. Wearing a bra that's 100% cotton with wide straps that won't dig into your back and shoulders may be more comfortable. If you're breastfeeding, find a nursing bra that allows you to uncover one breast at a time.

Donating Breastmilk

Donate your extra breastmilk to the Avera Milk Collection Depot and help other new moms provide their newborns with the best nutrition. Contact your local Avera lactation center for more details.

Breast Care for Breastfeeding Women

Breastfeeding can help lower a women's risk of: high blood pressure, type 2 diabetes, and ovarian and breast cancer.

Your breasts will go through changes when you begin nursing your baby, and your body begins producing more breastmilk. This can cause swelling in the tissue of your breasts, called **primary engorgement**.

During this time, it is not due to excess milk in the breast. This is normal but can be uncomfortable.

Here are some helpful tips to keep you comfortable:

- Use warm or cold packs.
- Take warm showers.
- Breastfeed your baby every 2 to 3 hours.
- Take pain medications recommended by your health care provider.

For nipple pain/tenderness

- After breastfeeding, let the milk dry on your nipples. This dried milk can protect the skin.
- Lanolin or nipple cream can be used to soothe nipples. Make sure the product says “safe for infant consumption” before use in breastfeeding.
- Do not use alcohol, soap or scented cleansers on your breasts. These can cause the nipples to dry and crack.
- Do not wear nursing pads that are lined with plastic. They hold in moisture and can cause chapping.
- Silver nursing cups such as Silverette are OK to use to protect nipples. Do not use these at the same time as Lanolin cream to prevent yeast infections.

Engorgement

This painful condition happens when milk is not fully removed from your breasts.

Prevent engorgement by:

- Breastfeeding often.
- Apply ice packs to breasts and under arms.
- Take a warm shower or bath before breastfeeding to help release breastmilk.
- If breasts are so swollen that baby can't latch on, soften breasts before breastfeeding by expressing (pumping) some milk or by applying a warm pack.

Clogged Milk Ducts

If the milk duct in your breast is not drained well, it can become clogged (or blocked) which will prevent your breastmilk from flowing. Clogged milk ducts are most common in women who are breastfeeding, have recently given birth and choose not to breastfeed, or have recently stopped breastfeeding. Clogged milk ducts can also be caused by wearing a bra that is too tight. Most clogged ducts will go away after 1 to 2 days. Breastfeeding your baby or pumping your breastmilk consistently is the fastest way to resolve and prevent clogged ducts. It is important to empty the breast with the clogged duct completely during each breastfeeding session. When you squeeze your breast, it should feel lighter and produce little or no milk.

Mastitis

- Mastitis is when clogged milk ducts become tender and inflamed.
- It can cause fever, chills and flu-like symptoms. There is a risk of infection.
- If you have these symptoms along with swelling, pain, redness, a hard red lump or a fever of 100.4 or higher, call your health care provider.

Bottle Feeding Breastmilk

If you decide to express your breastmilk (pump and bottle), here are some tips:

- Wear a supportive bra all day.
- Avoid over stimulating your breasts by establishing a pumping schedule that works best for you, such as pumping every 3 to 4 hours.

Breast Care for Formula Feeding Women

After giving birth, your breasts will continue to produce milk even if you decide to feed formula to your child.

If you are not breastfeeding, here are tips to avoid discomfort:

- Avoid stimulation of nipples.
- Wear a tight-fitting bra.
- Apply cold compresses or ice packs.

For comfort with engorgement:

- Apply ice packs under your arms and above your nipple 4 times a day for 20 minutes each time.
- Express just enough milk by hand to make yourself feel more comfortable.



Caring for yourself

Parenthood is a major life change. Your emotions can span from joy to excitement to fear. It can take time for your emotions to return to your pre-pregnancy state. It is common for new fathers or partners to develop emotional changes, too. Be patient with yourself and with each other through this new journey.

Baby Blues

Baby blues are caused by mild depression soon after babies are born. It is attributed to hormonal changes, interrupted sleep and the personal challenges of childbirth. Baby blues usually happen within the first 2 days after delivery and can last up to 2-3 weeks. The condition usually resolves on its own. About 80% of new parents experience some form of baby blues.

Signs of baby blues:

- Weepiness or crying for no apparent reason
- Impatience
- Irritability
- Restlessness
- Anxiety
- Fatigue
- Insomnia (even when the baby is sleeping)
- Sadness
- Mood changes
- Poor concentration

What to do:

- Talk with someone you trust about how you are feeling.
- Eat a well-balanced diet. Having a new baby may cause you to eat unhealthy foods. Too many simple carbohydrates can make mood swings more pronounced.
- Keep a journal of all your thoughts and feelings.
- Get outside to enjoy fresh air and life outside the world of diapers, feedings and spit up. Sometimes just a different view for a few moments can make a huge difference.
- Ask for help with meals, other children, getting into a routine, or anything that allows you to focus on the joy of having a new baby and not just the pressure of juggling it all.
- Don't expect perfection in the first few weeks. Give yourself time to heal from birth, to adjust to your new baby, and for feeding and sleeping routines to settle in.

Postpartum Depression

Postpartum depression (PPD) is a mood disorder that can affect women after childbirth. About 1 in every 5 women experience PPD. Mothers with postpartum depression experience feelings of extreme sadness, anxiety and exhaustion that may make it difficult to complete daily care activities for themselves or for others. Symptoms usually start in the first 3 months to 1 year after birth.

Some of the more common symptoms include:

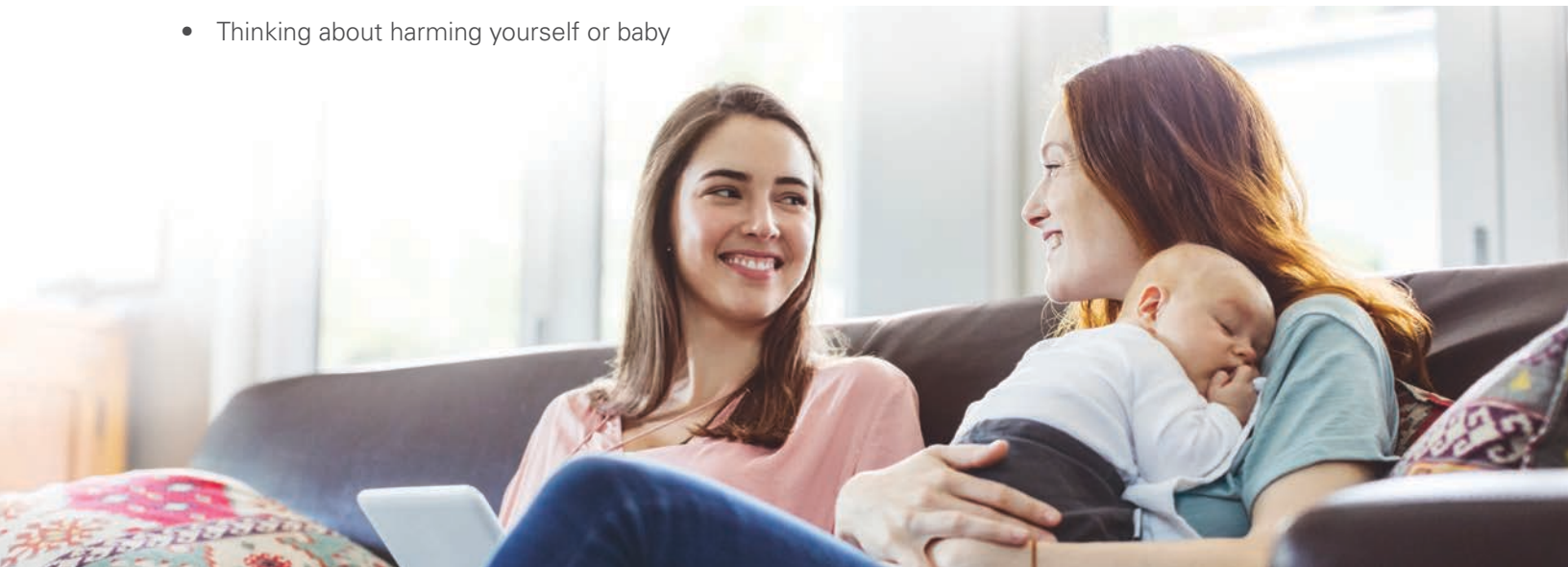
- Feeling sad, hopeless, empty or overwhelmed
- Crying more often than usual or for no apparent reason
- Worrying or feeling overly anxious
- Feeling moody, irritable or restless
- Oversleeping, or being unable to sleep even when baby is asleep
- Having trouble concentrating, remembering details and making decisions
- Experiencing anger or rage
- Losing interest in activities that are usually enjoyable
- Suffering from physical aches and pains, including frequent headaches, stomach problems and muscle pain
- Eating too little or too much
- Withdrawing from or avoiding friends and family
- Having trouble bonding or forming an emotional attachment with baby
- Persistently doubting the ability to care for baby
- Thinking about harming yourself or baby

How to help postpartum mood disorders:

There are effective treatments for postpartum mood disorders. Your health care provider can help choose the best treatment, which may include:

- **Counseling/talk therapy:** This treatment involves talking one-on-one with a mental health professional (counselor, therapist, psychologist, psychiatrist or social worker). Two types of counseling shown to be particularly effective in treating postpartum mood disorders are:
 - **Cognitive behavioral therapy (CBT)**, which helps people recognize and change their negative thoughts and behaviors.
 - **Interpersonal therapy (IPT)**, which helps people understand and work through problematic personal relationships.
- **Medication:** Antidepressant medications act on the brain chemicals that are involved in mood regulation. Many antidepressants take a few weeks to be most effective. While these medications are generally considered safe to use during breastfeeding, a woman should talk to her health care provider about the risks and benefits to both herself and her baby.

These treatment methods can be used alone or together.



Mood Disorder	Facts	Potential Symptoms
<p>Postpartum Anxiety</p>	<ul style="list-style-type: none"> • About 1 in every 10 women experience postpartum anxiety • Symptoms usually occur in first 2 weeks but can last beyond 6 months 	<ul style="list-style-type: none"> • Constant worry • Feeling that something bad is going to happen • Racing thoughts • Sleep and/or appetite disturbances • Inability to sit still • Physical symptoms like nausea, dizziness, and/or hot flashes • Intrusive thoughts of harming yourself or baby
<p>Postpartum Obsessive-Compulsive Disorder (OCD)</p>	<ul style="list-style-type: none"> • About 1 in every 20 women experience postpartum OCD • Symptoms usually occur in first 2 weeks but can last beyond 6 months 	<ul style="list-style-type: none"> • Fear of making poor decisions • Fear that the baby will develop a serious disease • Fear of exposing the baby to toxins and chemicals • Constant need to check on baby • Obsessive handwashing • Intrusive thoughts about harming yourself or baby
<p>Postpartum Psychosis</p>	<ul style="list-style-type: none"> • About 1 in every 500 women experience postpartum psychosis • Symptoms come on suddenly, usually in first 3-14 days after birth • <i>If you experience any of these symptoms, call 911 or go to the nearest emergency room immediately</i> • <i>Please do not be left alone with your infant</i> 	<ul style="list-style-type: none"> • Delusions or strange beliefs • Hallucinations (seeing or hearing things that nobody else does) • Strange feelings, like something crawling on them • Can't remember how to do things they have done in the past • Extreme confusion • Rapid or nonsense speech • Feels like someone is controlling them • They don't like how they feel and may be afraid • Intrusive thoughts of harming yourself or baby

Dealing with Intrusive Thoughts

Intrusive thoughts are unwanted, recurring and distressing thoughts and/or images that can be unprovoked and difficult to dismiss. It is estimated that between 70-100% of mothers report unwanted, intrusive thoughts, but they can be experienced by both parents.

Intrusive thoughts tend to involve infant-related harm and cause shame and distress in the parents. These thoughts do not indicate the parent's actual wishes or intentions.

If you struggle doing normal daily activities, or if you go to extreme lengths to avoid triggers due to intrusive thoughts, you should contact your health care provider.



If mood swings and/or sadness become severe, or if you experience obsessive, distressing or anxious thoughts. There are treatment options to help you.

Contact your provider

Call 911

If you are having thoughts of harming yourself or others

Call 988

National Suicide and Crisis Lifeline (24/7, free)

Call or text "help" to 800-944-4773

Postpartum Support International Helpline
(8 a.m.–11 p.m.)

Call or text 833-852-6262

National Maternal Mental Health Hotline (24/7, free)



Newborn Care

Hygiene, Diapering and Bathing

For most babies, giving a bath 2 or 3 times a week is enough. Bathing your baby too much can dry out their skin.

Sponge or Washcloth Baths

It may be easier to give your baby sponge baths once you're home. Use a warm, damp washcloth to wash and dry the face, body and diaper area — in that order.

Tub Baths

- Throughout your baby's bath, make sure to pour water gently over your baby's body so they don't get cold. Cup your hand across your baby's forehead so the soap suds don't get into their eyes.
- You may prefer to give your newborn a swaddle immersion bath. This method is safe, keeps your baby warmer and reduces crying which helps baby feel calm. To do a swaddle immersion bath:
 - Put 3-4 inches of water in the sink or baby bathtub.
 - Wrap your baby loosely in a lightweight blanket or towel.
 - Once your baby is wrapped, place your baby in the water to where it is about shoulder height.
 - Unwrap, wash, rinse and cover up each limb individually. Repeat until the baby is completely washed. Wash the face and head last.
 - The water temperature should be about 100 degrees F and feel warm on the inside of your wrist. Keep the room warm and comfortable, about 74 degrees F.

Helpful Reminders

Never leave your baby alone in a bath. If you must leave the room, always take your baby with you. Even 1 inch of water can be deadly.

To prevent burns, make sure to feel the water with your elbow or inside of your wrist to check. Water should feel warm, not hot.

Baby towels with hoods are great and can keep your baby warm during drying.

Avoid using lotions, oils or cream on your baby's skin. If your baby's skin is very dry, you may apply a small amount of unscented lotion or cream to the dry areas after 2 weeks of age.



Nail Care

Trim or file your baby's fingernails 1-2 times a week. Be cautious. The baby's nails are fragile and can easily tear. It's easiest to trim nails using special baby nail clippers or a file when your baby is sleeping or feeding.

Bulb Syringe/Aspirator

- Use this to remove mucus or throw up from baby's nose or mouth.
- Squeeze air out before inserting tip in your baby's nose, then release.
- Squeeze contents out onto tissue or cloth.
- Rinse well between uses.
- Replace your bulb syringe if baby has frequent colds and if you are using often.

Laundry

Use a mild or unscented detergent for baby's clothing and blankets. Avoid using fabric softeners, as they are irritating to baby's skin.





Diaper Tips

- Whether you use cloth or disposable diapers, you'll use a lot. The average baby gets changed 70 times a week.
- Before changing your baby's diaper, make sure you have all the supplies you need within reach. You should never leave your baby unattended.
- When removing a boy's diaper, exposure to the air may cause him to urinate, giving you a surprise! Remove a boy's diaper slowly to avoid this.
- Always wipe front to back, taking extra care with baby girls to avoid wiping in the wrong direction. If the baby has skin folds, make sure no waste has gotten in there. With boys, clean under the scrotum and penis.
- Baby girls may have white or clear vaginal discharge for the first few weeks after birth. This is the baby's way of getting rid of mom's extra hormones from pregnancy. It is normal and ends after a few weeks.

Diaper Rashes

Diaper rashes are common. They are often caused by contact with poop, pee, baby wipes or cloth diapers that aren't completely washed. Luckily, rashes will go away within a few days if you treat it right away.

Tips for preventing and/or treating diaper rashes:

- Make sure to change your baby's diapers as soon as they become dirty, especially after they poop.
- If you use cloth diapers, wash them using dye and fragrance-free detergent.
- You can try to prevent rashes by keeping your baby's bottom clean and dry. You may use petroleum jelly to keep moisture away.
- Let your baby go without a diaper for part of the day to allow some air in healing the irritated skin.
- Try diaper rash creams but avoid using diaper powders; the baby could breathe it in if you're not careful.

If you don't notice an improvement or the rash has lasted for more than 3 days, call baby's provider.

Umbilical Cord Care

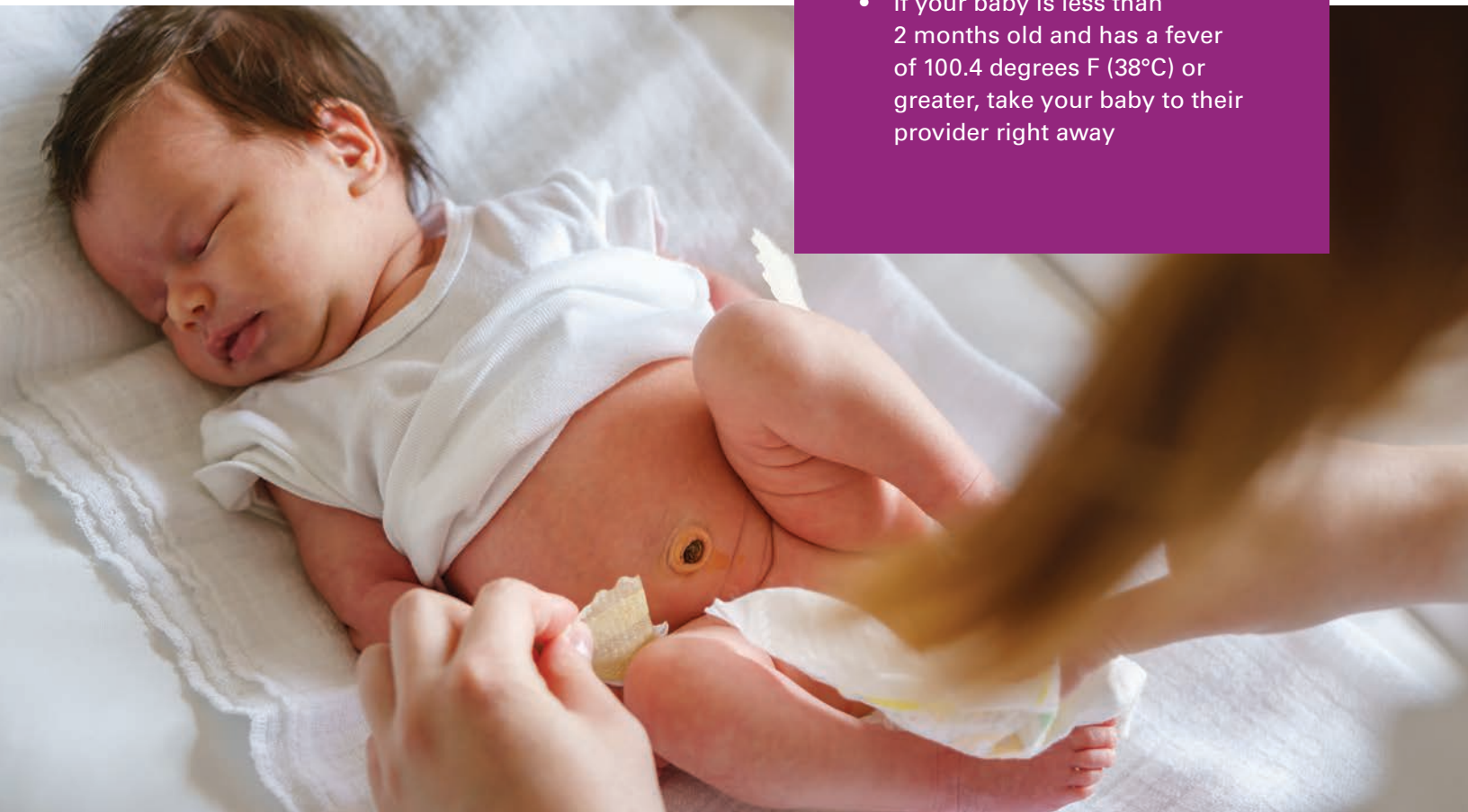
How to Take Care and Prevent Infection of Your Baby's Umbilical Cord Stump

- Don't pull or pick your baby's umbilical cord. Within 1 to 3 weeks after birth, your baby's umbilical cord stump will dry and fall off on its own.
- Make sure to keep the stump area dry.
- Don't put clothes on your baby that are tight or will rub against the stump.
- Make sure your baby's diaper doesn't cover or rub against the stump.
 - If the diaper is too big, you can fold down the top edge of the diaper so it doesn't cover or rub against the stump.
- Do not give your baby a bath in water until the stump has fallen off and the area where the cord was attached is dry and healed. In the meantime, you can clean your baby with a damp wash cloth or sponge.

When to Call Your Baby's Health Care Provider

Until it falls off, you might notice that the cord stump will change color from yellow to brown/black. This is normal. However, you should call your baby's health care provider if you see:

- Redness or swelling around the stump
- Discharge or a bad smell coming from the stump
- The stump doesn't fall off by 4 weeks after the birth
- If your baby is less than 2 months old and has a fever of 100.4 degrees F (38°C) or greater, take your baby to their provider right away



Circumcision Care

Circumcision is a simple procedure. It is the removal of some or all of the extra skin covering the head of the penis.

Care for the Circumcised Penis

On average, it will take between 7 to 14 days for the circumcised penis to heal.

- Keep the penis clean and dry. This is very important.
- Apply a petroleum jelly cream (Vaseline) for 1 to 2 days after circumcision. Other than that, just leave it alone.
- Make sure to change your baby's diaper often.
- There may be a small amount of blood from the incision and the area may have some swelling. You might notice the head of the penis might be slightly red or black and blue.
- Yellow crusting over the head of the penis is normal. Do not clean off this yellow substance; it is part of the healing process.

If a Plastibell device was used:

- It stays on the penis until the incision heals. The Plastibell should fall off after 7 to 10 days.
- A dark or black ring around the Plastibell is normal. This disappears when the Plastibell falls off.

Signs and Concerns – When to Call Your Health Care Provider

- There is fresh, bright red bleeding from the surgical cut
- There is a bad smell or greenish discharge coming from the incision
- You notice an extreme amount of swelling of the penis and has continued for more than 2 or 3 days
- Your baby doesn't urinate within 12 hours after his surgery
- If the Plastibell does not fall off in 14 days or if it slips onto the penis shaft
- If your baby is less than 2 months old and has a fever of 100.4 or greater, take your baby to his provider right away.

Care for the Uncircumcised Penis

The best advice is to "leave it alone." Basic washing and rinsing on the outside of the penis is all you need to do.

- Gently clean only what you can see of the penis with warm water.
- Never pull, manipulate or retract the foreskin in any way as it can cause pain, bleeding or tears in the skin. Most boys will be able to retract their foreskin by the time they are 5 years old. Others might not be able to until teenage years.

Feeding Baby

General Overview

All babies are different – some like to snack more often, and others drink more at one time and go longer between feedings. As your baby gets bigger, so will their tummy. Most babies will drink more and go longer between feedings since their stomachs can hold more milk. In the first 4 to 6 months of your baby's life, all they will only need for food is breastmilk or infant formula.



Feeding Too Much or Too Little?

If you are concerned your baby wants to eat all the time — even when your baby is full — call your baby's provider.

Pacifiers may be used after feeding that can help comfort your baby. Sometimes your baby wants to continue sucking but is not hungry.

Note: If you are breastfeeding, wait to give your baby a pacifier until around 3 to 4 weeks of age, or when you have successfully established breastfeeding. You just want your baby to get used to your breast nipple first.

Burping

- Burping removes swallowed air from your baby's stomach.
- Burp by positioning your baby upright over your shoulder and gently patting the back; or hold baby upright on your lap, supporting head and chest and pat the back.
- Burp midway through feeding and at the end.
- Your baby may not always need to burp, or may need to burp more than once.
- Spitting up or wet burps is normal for many babies. Frequent burping and elevating baby's head may help.
- Let your provider know about any forceful vomiting.
- Hiccups are normal.



Feeding and Daily Diapers

- A dirty or wet diaper is a good sign that your baby is getting enough to eat. How often your baby has bowel movements will vary. It's based whether you feed breastmilk or infant formula.
- In the first few days after birth, your baby should have 2 to 3 wet diapers each day.
- After the first 4 to 5 days, a baby should have at least 5 to 6 wet diapers a day.

The American Academy of Pediatrics states that your baby should not receive any dairy or plant-based milk for the first 12 months of life.

Most newborns eat every 2 to 3 hours, or 8 to 12 times every 24 hours. Babies might only take ½ ounce per feeding for the first couple of days.

After that, babies will usually drink 1 to 2 ounces at each feeding. This amount will increase to 2 to 3 ounces by 2 weeks of age.

Breastfeeding is:

- 1 A gift to your baby
- 2 Important to your baby's health and growth
- 3 Especially important for babies who are sick or premature
- 4 A way you can provide for your baby in a special way that no one else can

Some moms are not able to breastfeed and this is OK. Talk to your health care provider for other feeding options.

Feeding Your Baby: Breastfeeding

You have a wonderful new little person in your life. Learning as much as you can about this unique person and becoming more comfortable with their care will help.

The first 2 weeks after delivery is an important time for building a milk supply. Breastfeeding often during this time will help you have enough milk for the weeks and months to come.

If you are able, it is highly recommended to exclusively breastfeed for the first 6 months of your baby's life and to continue breastfeeding while introducing other foods until your baby is 12 months.

Cont. on next page.

Feeding Your Baby: Breastfeeding (cont.)

Exclusive breastfeeding includes direct breastfeeding, expressed or pumped breast milk and safety-approved donor breast milk.

Most babies will not need solids until 6 months of age. Adding solids too early might lead to allergies.

Pay attention to the way your baby lets you know they are ready to breastfeed. Signs include:

- Waking up
- Making sucking motions with their mouth
- Bringing hands to the mouth
- Licking lips
- Turning head toward your breast
- Crying — this is baby's last way of saying "I'm hungry" and it can make feeding more difficult.

Preparing to Breastfeed

- Wear a nursing bra that opens easily for feedings and provides good support, day and night, for the first few weeks.
- Keep water or juice at hand to drink while you're nursing. You will feel thirsty. Drinking enough fluids contributes to having enough milk supply. Limit drinks with caffeine.
- Wash your hands before starting to nurse.

Call your health care provider or a lactation nurse if:

- Baby is nursing more than 14 times per 24 hours.
- Breasts do not soften after feedings.
- Baby's urine is dark after day 3.
- Baby's poopy diapers are still black or brown after day 5.
- Baby has not had a wet diaper within 12 hours or a poopy diaper within 2 days.

Best Positions for Breastfeeding

To begin, your baby should be positioned so that the nose is at the level of your nipple. Try to keep your baby's head, shoulders and hips facing mom's tummy to promote comfort.

Brush the baby's lips with the nipple of your breast. When your baby's mouth opens wide, quickly bring your baby to your breast. The entire nipple and a large portion of the areola (the pink or dark colored flesh around the nipple) should be in the baby's mouth. Be sure that you and your baby are comfortable and well supported. Use pillows or a nursing pillow to support the baby's weight. If you have large breasts, hold the breast up for your baby or support it by placing a rolled towel under it. This can help prevent nipple soreness or damage.

Some breastfeeding holds may work better for you and your baby than others. Proper positioning can help your baby latch on and also prevent nipple soreness and other breastfeeding issues.

Use different positions for each feeding so that you change where the baby puts pressure on your nipples. This will help all the milk ducts in your breast empty.

As you continue to breastfeed your baby, remember to switch your breast for each feeding.

Examples of common breastfeeding positions:



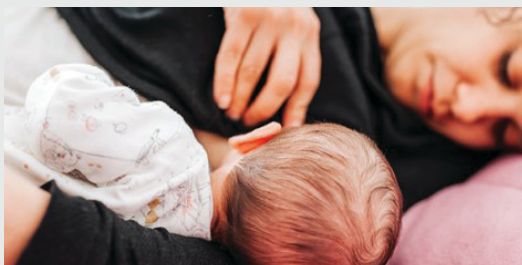
Cradle



Cross-cradle



Laid-back



Side-lying



Football



Pumping Your Breastmilk

Trying to balance work or school can be challenging and may require you to be away from your baby. The good news is that you can still feed your baby with breastmilk by pumping your breasts. Talk to your health care provider or lactation nurse to help you get started. Remember, don't give your baby bottles or pacifiers until you have successfully established breastfeeding. This helps you both get a good start so your baby can get used to your natural nipple first.

Types of Breastmilk

	Freshly Pumped Breastmilk	Thawed (Previously Frozen)	Leftover from a Feeding
Countertop 77°F (25°C) or below (Room Temperature)	Up to 4 hours	1 – 2 hours	Use within 2 hours after the baby is finished feeding
Refrigerator 37-40°F (2.8-4.4°C)	Up to 4 hours	Up to 1 day (24 hours)	
Freezer 0°F (-18°C) or colder	Within 6 months is best. Up to 12 months (1 year) is acceptable	Never refreeze breastmilk after it has been thawed. Throw away if any leftovers	

Contact a lactation professional with questions or concerns regarding your breastfeeding experience. If you are concerned about the safety of your milk, label it with the date it was expressed until you are able to receive guidance from a professional.

Learn more at Avera.org/Lactation.

Planning for Safe Breastfeeding

Your breastmilk naturally meets your baby's nutritional needs. Yet what you eat and drink can pass into your milk and affect your baby when breastfeeding. By making sure you are using the best practices in your lifestyle when breastfeeding your baby, you can help lower your baby's risk of developing asthma, type 1 diabetes, obesity, ear infections, sudden infant death syndrome (SIDS) and many more conditions.

Medications

- Although many medications do pass into breast milk, most have little or no impact when taken as directed, and they are safe to use when breastfeeding. Discuss your medications, including over-the counter, prescriptions, vitamins and supplements, including herbal, with your health care provider to ensure safe breastfeeding.

Alcohol

1 alcoholic drink =



12-oz.
of beer



1-oz. of
hard liquor



4-oz.
glass
of wine

- Not drinking alcohol is the safest option when you are breastfeeding. However, drinking a small amount of up to 1 standard drink per day should be considered safe. If you decide to have a drink, a good rule to follow is that for every standard alcoholic drink you have, it'll take a minimum of 2 hours for each drink to get out of your blood and out of your breastmilk. A standard drink is considered one 12-ounce beer, one 4-ounce glass of wine or a mixed drink containing 1 ounce of alcohol.
- Pumping milk after drinking alcohol and then throwing it away, also known as "pumping and dumping," does NOT reduce the amount of alcohol in your breastmilk quicker. The level of alcohol in your blood is what the level of alcohol will be in your breastmilk.
- Risks to your baby: Over sleepiness and hard to wake up, poor feeding, different milk taste.
- If you have concerns or struggle with alcohol use, talk to your health care provider.

Smoking/Tobacco (including e-cigarettes)

- Nicotine and other harmful chemicals are found in cigarettes, cigars, pipe tobacco and chewing tobacco. They can pass from you to your baby through breastmilk. This is true whether you are using tobacco yourself, or if you are just around secondhand smoke. Talk to your provider if you need help quitting.
- If you cannot quit using tobacco, limit use to just after feeding, so less nicotine gets into your milk. When you are done smoking, make sure to wash your hands with soap and water, change into different clothes before interacting with your baby.
- When you smoke, your milk supply may also decrease.
- If you decide to quit, it is OK to use nicotine patches or gum while breastfeeding.
- Risks to your baby: Rapid heart rate, diarrhea, vomiting, ear infections, increased risk of SIDS and pneumonia.

Caffeine

- Try to limit your consumption of caffeine drinks when possible as long as you are breastfeeding. However, if you decide to have a caffeinated drink, most experts state that consuming 300 to 500 milligrams per day is considered safe. A standard 8 ounces (1 cup) of black coffee is approximately 96 milligrams. High levels of caffeine are found in breastmilk 1 to 2 hours after drinking your beverage.
- Risks to your baby: Crying or fussiness that is not easy to calm, poor sleeping pattern.

DO NOT USE the Following During Breastfeeding

Cannabis, Marijuana, Hemp, THC and CBD

- As long as you are breastfeeding, you should not use products (even prescriptions) that have THC, including those containing CBD, to limit potential risks to your baby. THC and CBD chemicals can be found in marijuana and hemp.
 - The American Academy of Pediatrics states that no amount of marijuana has been proven safe to use during pregnancy or while breastfeeding.
 - THC, the main active chemical in marijuana, can be detected in breastmilk up to 30 days after consumption.
 - Marijuana levels are 8 times higher in breastmilk when used while breastfeeding, so your baby could consume 8 times more marijuana chemicals if they drink breastmilk after marijuana consumption.
 - Consuming marijuana or any product containing CBD and/or THC is a safety concern because it can impair your ability to care for your baby.
 - When you use marijuana, your milk supply may decrease.
 - Risks to your baby: Sleepiness, poor feeding, slower weight gain, delayed brain growth, delayed behavior and movement milestones, increased risk of ADHD and SIDS.

Methamphetamines

- There are case reports of infant death following exposure to methamphetamine through breastmilk.
- Risks to your baby: Potential neurobehavioral or psychomotor delays, growth restriction, increased risk of death.

Cocaine

- Risks to your baby: Seizures, choking, gasping, increased heart rate, increased breathing rate, increased blood pressure, vomiting, diarrhea, increased risk of death.

Heroin

- Risks to your baby: Over sleepiness and hard to wake up, slowed breathing rate, poor feeding, increased risk of death.



Talk to your provider for additional support if you have questions or need help with quitting.

Formula & Bottle Feeding

You may choose to feed your baby formula or there may be situations where you may need to give your baby formula instead of breastmilk.



There are 3 types of formula: liquid concentrate, ready-to-feed and powder. Talk to your baby's provider or nurse if you have questions about choosing an infant formula or if you are thinking of switching a formula brand or type.

Choosing an Infant Formula

- Make sure it is not expired.
- Make sure the container is sealed and in good condition. If there are any leaks, puffy ends or rust spots, do not feed it to your baby.
- Every formula is different. Be sure to read the directions before feeding to your baby. If the formula requires you to mix or prepare, it is important to use the same measuring spoon provided with the formula.
- If your baby is younger than 3 months old, was born early or has a weakened immune system, you may want to take extra precautions when preparing infant formula.

Types of Bottles

There are many types of bottles available. For your newborn, nursing bottles usually come in 3 basic sizes in the following ounces (oz.):

- 4 oz. (this is the common size used for newborns)
- 8 oz.
- 9 oz.

If your baby has special needs, check with your baby's provider for recommendations.

Formula Feeding Tips

- Check your formula's expiration date.
- Refrigerate any formula you mix ahead of time right away.
- Make only enough for 24 hours.
- Pour only the amount needed for 1 feeding in each bottle.
- Never add anything to formula, such as infant cereal, food, plant-based or cow's milk.

Using Well Water

Some wells can contain high levels of bacteria and nitrates, which can be harmful to your baby.

- Get your well water tested before you use it to mix your baby's formula.
- It is recommended to have your well water tested once a year to protect your family's health.
- If your well water tests poorly, purchase drinking water at a grocery store and only use that for formula.

Wash After Each Use

- Wash bottles in hot soapy water before using and after every feeding.
- There is no need to sterilize bottles.
- You can hand-wash bottles in hot soapy water or put them on the upper rack of the dishwasher.
- Use a nipple and bottle brush to clean hard-to-reach areas.
- Rinse well and dry bottles upside down on towel or drying rack.

Bottle Nipples

When bottle-feeding your baby, make sure the nipple hole is the right size.

- If your baby seems to be sucking too hard, you probably need a fast/medium-flow nipple.
- If your baby seems to be gulping often or drinking too fast, you probably need a slow-flow nipple.

Warming Your Baby's Bottle

- Warm cold formula by holding the bottle of formula under hot running water or submerge it in a bowl of hot water to room temperature. You can also use a bottle warmer.
- Never use a microwave to warm bottles of formula or breastmilk. Microwaving can cause the liquid to be too hot and burn your baby's mouth.
- Always swirl the bottle to be sure the heat is even, and test on your wrist for proper temperature. It should not feel hot. Bottles of breastmilk should be swirled rather than shaken.

Bottle Feeding

- Feed baby formula or breastmilk only at room temperature.
- Always hold the bottle for your baby while feeding.
- Do not use a bottle to feed your baby anything besides infant formula or breastmilk.
- Never use any items to prop the bottle up so you can do other things while baby eats.
 - Propping the bottle can increase the risk of your baby choking, ear infections and tooth decay.
- If your baby shows signs of no longer being hungry, don't force your baby to finish the bottle.

How to Feed

- Hold the bottle up to your baby's lips with milk in the nipple. When baby opens their mouth wide, give them the bottle.
- Keep your baby's head slightly up to help prevent choking.
- Burp your baby after every ounce for the first few weeks.
- If your baby stops sucking or turns away from the bottle, they are finished.
- Remove the bottle from your baby's mouth after they fall asleep.

Remember that feeding time is a special time for bonding with your baby.

Always hold your baby and interact with them while feeding.





Sleep and Crib Basics

You've made it home from the hospital and noticed your sweet bundle of joy always wanting to sleep.

Two words: *Enjoy it!*

What do I need in my baby's crib?

A tight-fitted sheet around the mattress.

That's pretty much it!

Do NOT Place These Items in Your Newborn's Crib

- Pillows
- Quilts
- Sheep skins
- Toys
- Stuffed animals
- Heavy blankets or comforters
- Bumper pads

In the first few weeks of your baby's life, newborns will spend most of their time sleeping, usually around 18 to 20 hours a day.

As a reminder, babies should always sleep on their backs for naps and at night. When your baby begins to roll over, you do not need to reposition the baby onto their back during sleep.


Sleep Safety and Cribs

Make sure your crib is safe by keeping it empty. Use a firm and flat (not inclined) mattress in a safety-approved crib, covered by a fitted sheet.

- Avoid placing your baby on thick blankets or fluffy padding.
- The Consumer Product Safety Commission's (CPSC) standards now require crib bars to be no further than 2 ³/₈ inches apart. You shouldn't be able to move a can of soda between the bars.
- You can contact the CPSC at 1-800-638-2772 or CPSC.gov if you have questions or want more information on crib safety.
- To keep your baby warm, you can use a sleep sack or have your baby wear a long-sleeve sleeper onesie.

What Does a Safe Sleep Environment Look Like?

The following image shows a safe sleep environment for baby.



Place babies on their backs to sleep for naps and at night.

Make sure your baby's head and face stay uncovered during sleep.

Use a firm, flat and level sleep surface, covered only by a fitted sheet.

Use a wearable blanket to keep your baby warm without blankets in the sleep area.

IMPORTANT TO REMEMBER:

Give babies their own sleep space in your room, separate from your bed.

Remove everything from your baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys or other items.

Couches and armchairs are not safe for your baby to sleep on alone, with people or with pets.

Keep your baby's surroundings smoke/vape free.

Safe Sleep for Your Baby

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths

- Place babies on their backs to sleep for naps and at night.
- Stay smoke- and vape-free during pregnancy and keep your baby’s surroundings smoke/vape free.
- Use a sleep surface for your baby that is firm (returns to original shape quickly if pressed) flat (like a table, not a hammock, level (not at an angle or incline) and covered only with a fitted sheet.
- Stay drug- and alcohol-free during pregnancy and make sure anyone caring for baby is drug- and alcohol-free.
- Avoid products and devices that go against safe sleep guidance, especially those that claim to “prevent” SIDS and sleep-related deaths.
- Feed your baby breastmilk, like by breastfeeding.
- Avoid letting your baby get too hot and keep their head and face uncovered during sleep.
- Avoid heart, breathing, motion and other monitors to reduce the risk of SIDS.
- Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet or portable play yard) in your room, separate from your bed.
- Keep things out of baby’s sleep area—no objects, toys, or other items.
- If baby falls asleep in their car seat, stroller, swing, infant carrier or sling, move them to a firm, flat sleep surface as soon as possible.
- Offer baby a pacifier for naps and at night once they are breastfeeding well.
- Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.
- Get regular medical care throughout pregnancy.
- Follow health care provider advice on vaccines, checkups and other health issues for baby.
- Give babies plenty of “tummy time” when they are awake and when someone is watching them.



Feeding babies breastmilk by direct breastfeeding, if possible, or by pumping from the breast reduces the risk of SIDS. Feeding only breastmilk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.

For more information about the Safe to Sleep® campaign, contact us:

Phone: 800-505-CRIB (2742)

Fax: 866-760-5947

Email: SafetoSleep@mail.nih.gov

Website:

<https://safetosleep.nichd.nih.gov>

August 2022

Telecommunications Relay Service: 7-1-1

Try Giving a Pacifier at Nap Time and Bedtime

Pacifiers can help reduce the risk of SIDS, even if they fall out after your baby is asleep. If the pacifier falls out after your baby falls asleep, you don't have to put it back in.

Give your baby a pacifier for naps and bedtime. If you are breastfeeding, make sure your baby is used to your breast nipple before you start giving a pacifier. Some babies simply don't like pacifiers and it's OK if your baby doesn't want it.

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is the sudden death of a baby younger than 1 that doesn't have a known cause. Health care providers and researchers don't know the exact causes SIDS.

Accidental Suffocation and Strangulation in Bed (ASSB)

ASSB happens when something stops a baby from breathing, such as a blanket covering the face or a baby getting trapped between two objects, like a mattress and a wall.

Room Share – First 6 to 12 Months

For the first 6 to 12 months of life, have your baby sleep in your room, alone in a separate crib or bassinet, near your bed. This can help decrease the risk of SIDS by as much as 50%. Your baby should not sleep in your bed; bed-sharing is not recommended for any babies. Room sharing will make it easier for you to feed, comfort and watch your baby. Plan for a safe nighttime feeding so that you do not fall asleep before placing the baby back in the crib or bassinet.



Crying and Comforting Techniques

Crying is completely normal behavior. Crying is also how babies communicate. Your baby's cry can mean that they are feeling hungry, tired, frustrated or lonely.

Early increased crying is normal. It may seem like your baby cries more than other babies, but remember:

- At about 2 weeks, babies may cry more each week.
- After 2 months, babies cry less each week. Babies can be healthy and still cry five hours a day. It's normal.
- Call your baby's health care provider if nothing seems to comfort your baby.

Here are some comfort tips you can try when your baby is crying:

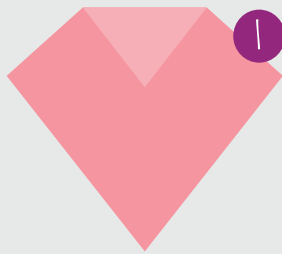
- Feed or nurse your baby.
- Give your baby a pacifier.
- Change baby's diaper.
- Give baby a warm bath.
- Hold baby by keeping their arms close and legs close to their body with your hand.
- Swaddle your baby.
- Make shushing sounds by rocking your baby in a gentle motion.
- Try walking with a slight bounce in your step.
- Gently massage baby's back.
- Try using a baby swing or a cradle.
- Take your baby out of the house for some fresh air and go for a walk.
- Take your baby for a car ride in an approved car seat.
- Provide skin-to-skin contact.
- Reduce stimulation in a loud environment.

Safe positioning for skin-to-skin contact:

- Be reclined or upright
- Place your baby high up in the center of your chest
- Make sure your baby is facing you
- Turn your baby's head to one side
- Straighten your baby's neck so it isn't bent
- Flex in your baby's arms and legs to the side of their body
- Cover your baby's back with warm blankets
- Sudden Unexpected Postnatal Collapse (SUPC) is rare. SUPC may happen when holding your baby in a skin-to-skin position deemed not safe. A seemingly healthy baby may show these signs:
 - Becomes pale or blue
 - Stops breathing
 - Becomes unstable or unresponsive

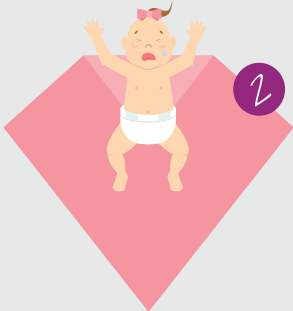
Always keep an eye on the baby. Distractions like your phone or visitors take more time than you think.

Swaddling in 6 Easy Steps



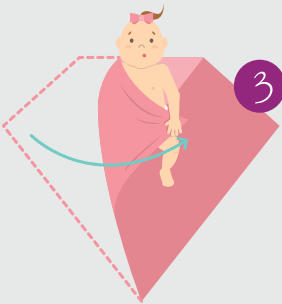
1

Spread a lightweight cotton or linen blanket out flat with one corner folded down. Choose the right size blanket for your baby.



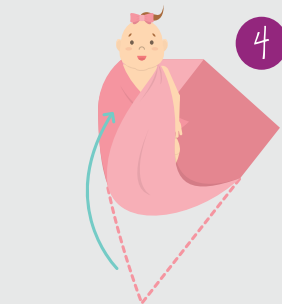
2

Lay the baby face up on the blanket with the baby's head on the folded corner.



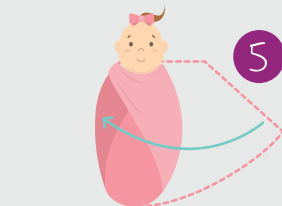
3

Straighten the baby's right arm, wrap the right corner over the body and tuck the blanket between the left arm and left side. It should make a "V".



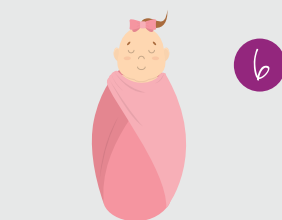
4

Tuck the baby's left arm down, fold the left corner over the body and under the right side of the body. A small flap should come down to the upper chest to form the other half of the "V".



5

Fold or twist the bottom of the blanket loosely and tuck it under one side of the baby.



6

Make sure the baby's hips can move and the blanket is not pulled too tightly around the baby. Wearable swaddle wraps also are available.

Safe Swaddling Tips

- You should be able to put at least 2-3 fingers between the baby's chest and the blanket.
- Babies should be able to bend their legs freely and with ease while swaddled.
- Some experts recommend swaddling with arms by sides; others recommend with hands by face.
- Never put or allow a swaddled baby to sleep on their stomach.
- Consider using a recommended sleep sack for extra warmth instead of a blanket in the crib.

Unswaddled Time

Be sure your baby also spends time unswaddled. When awake, babies need time to move, wiggle, touch and spend time skin to skin. These activities are important to their physical, mental and emotional development.



Never Shake

Preventing Shaken Baby Syndrome

As a parent of a newborn, you may feel frustrated and angry when your baby cries. You may try everything to comfort them, but nothing helps. No matter how you feel, never shake your baby.

Shaking a baby, even a little, is very dangerous. When a baby is shaken, their brain moves back and forth in their skull which can cause abusive head trauma, also known as Shaken Baby Syndrome.



“Remind yourself that these hard times will end.”

If you are frustrated or your baby won't stop crying, remember:

TAKE A BREAK – NEVER SHAKE!

Call someone to help take care of your baby so you can take a break.

If you are alone, put your baby down in a safe place, like their crib.

- Step away and take 10 deep breaths.
- This can help you calm down and refocus.
- Then return to your baby and try a different way to comfort.

Your Baby's Safety Is Priority!

Call the Childhelp National Child Abuse Hotline at 800-422-4453, available 24/7, if you're frustrated.

Trained operators will help you deal with the situation and keep you and your baby safe.

Babies have very weak neck muscles and do not yet have full support of their heavy heads.

When they are shaken, hit or handled roughly, their fragile brains can move inside the skulls and cause serious injuries such as:

- Blindness
- Eye damage
- Seizures
- Brain damage
- Delay in normal development
- Damage to the spinal cord (paralysis)
- Death

It can be frustrating and stressful when your baby won't stop crying, especially when your baby is sick. But remember, no matter how tired or upset you are, even if you have tried everything to stop the crying, never shake your baby. If you think your baby has been shaken or harmed, call your health care provider right away.

Babies with Colic

If you have tried everything to calm your baby, but they continue to cry nonstop, your baby may have colic.

- Colic most often starts when your baby is about 2 to 5 weeks old.
- It will get better when they are 3 to 4 months old.
- Colic is NEVER a sign that your baby is rejecting you — it's natural. You're not doing anything wrong, and even experts are not sure why colic happens.
- ANY baby can have colic, but it's temporary and can be overcome. Seek help if you need it, but remember it will pass in time.

Talk to your health care provider about child care options, counseling or other resources that can help.

How to Take Your Baby's Temperature

Your baby's temperature may be taken several different ways. It's best to use a digital thermometer to check your baby's temperature under their arm (axillary). A rectal temperature is the most accurate, but it could irritate or injure the baby.

Do NOT use a mercury thermometer. Old-fashioned glass thermometers that contain mercury should not be used. If you have one, we recommend properly getting rid of it. Check with your local state laws or waste facility on how to dispose of mercury-containing products.

Reading Your Baby's Temperature

- Normal temperature is about 98.6° F (37° C)
- Can range between 97.6° to 99.6° F (36.4° to 37.6° C)

Taking an Underarm (Axillary) Temperature

What You Need

- Digital multi-use thermometer

How to Use

1. Be sure to read the manufacturer's instructions for your digital thermometer for proper use.
2. Place the silver tip of the thermometer high up in your baby's armpit.
3. Hold your baby's arm snug against their body until you hear a beep. To get a true reading, make sure the thermometer is against your baby's skin on all sides.
4. Remove gently and check the digital reading.
5. Before putting the thermometer away, make sure to clean it with soap and warm water or rubbing alcohol.

Taking a Forehead Temperature

What You Need

- Temporal artery thermometer

How to Use

1. Be sure to read the manufacturer's instructions for your thermometer for proper use.
2. Slide or aim the sensor across your baby's forehead to get the most accurate measurement.
3. The sensor will measure the heat waves coming off your baby's temporal artery. This is the blood vessel that runs across the forehead just below the skin.



Taking a Rectal Temperature

What You Need

- Digital multi-use thermometer (Label your rectal digital thermometer so it is not accidentally used in the mouth.)

How to Use

1. Be sure to read the manufacturer's instructions for your digital thermometer for proper use.
2. Wash the thermometer with warm, soapy water and rinse.
3. Wipe the thermometer dry or let it air dry.
4. Put a little bit of petroleum jelly or water-based lubricant on the tip of the thermometer.
5. Lay baby on his or her stomach across your lap or firm surface.
6. Turn the thermometer on.
7. Gently insert the thermometer into your baby's anus about ½ inch (for babies younger than 6 months), or until the silver tip of the thermometer is not visible.
8. There should not be any resistance. If there is, stop.
9. Hold your baby still. Leave the thermometer in place until you hear a beep.
10. Most thermometers will beep in less than 1 minute.
11. Remove gently and check the digital reading.
12. Before putting the thermometer away, make sure to clean it with soap and warm water or rubbing alcohol.

What to Do If Your Baby Has a Fever

Younger than 2 months old:

- Call your health care provider right away if your baby's temperature is 100.4°F (38°C) or higher.
- Dress your baby in light clothing.
- Don't overheat the room.
- Give extra formula or breastmilk to drink.
- DO NOT give a sponge or tub bath — this lowers the temperature too fast.
- Do not give fever medicines to babies under 3 months old unless directed by your provider.

Signs and Concerns

When to Call Your Health Care Provider

Even healthy babies get sick. Understanding the signs and symptoms of illness is important, so you know when to call a health care provider or 911. Make sure you have your baby's provider information saved somewhere that you can quickly and easily find.

Helpful Tips

- Save the information in your phone.
- Write the contact information on a piece of paper and have it somewhere that is visible and easy to find.
- Put a magnet on your fridge that has your baby's health care provider information.

For babies younger than 2 months, call your provider right away if:

- Fever/temperature of 100.4°F (38°C) or greater
- Skin with a new yellow color or skin that keeps getting more yellow (this could mean worsening of jaundice, a condition in which high blood bilirubin levels cause yellowish skin)
- Problems breathing (breathing seems hard and fast)
- No wet diaper for 8 hours
- Vomit that has a dark greenish color or blood
- Repeated vomiting (not spitting up) or projectile vomiting
- Constant crying for no reason and/or has a high-pitched cry for more than 1 hour
- Cries when moved or seems to be in pain
- Becomes unusually quiet or inactive
- Refusing to eat 2 times in a row
- Diarrhea (baby's poop is watery)
- Circumcision has not healed (for boys) in 14 days
- Baby was shaken or injured
- A rash that looks like bleeding under the skin, or purple/red freckles
- The umbilical cord stump doesn't fall off by 4 weeks after the birth

Call 911

- Baby is limp, not responsive, difficult to wake up or poor color
- Baby having a seizure (period of uncontrolled shaking due to disturbance in the brain)
- Baby's lips or tongue are turning blue
 - This condition is known as cyanosis which is a sign that your baby is not getting enough oxygen.

Poison Control (800-222-1222)

Call Poison Control at 800-222-1222 for any toxic or poisonous substance that your baby has swallowed or inhaled, or may have come into contact with baby's eyes or skin. Consider saving their number on your phone.



In general, trust your parenting instinct. When in doubt, call your baby's provider.

Car Seats

Always keep safety in mind in your care of baby. Here are some tips to keep your child safe.

Are you new to the ins and outs of car seats?

Find a car seat fitting station and let a certified child passenger safety technician help you. Look for a fitting station in your area. You can do so online at <https://cert.safekids.org/get-car-seat-checked>



Travel and Car Seats

One of the most important jobs you have as a parent is to keep your child safe when traveling in a vehicle. Use an approved, unexpired car seat for every car ride, no matter how short (or long) the trip. Children younger than age 12 should always ride in the back seat.

Other Helpful Reminders

- Do not take the infant out of the car seat while the vehicle is moving.
- All infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the height and weight allowed by the car seat's manufacturer.
- Most car seats can be used for two or more years. Make sure your car seat meets federal safety standards.
- Check **Recalls.gov** when buying or borrowing a car seat to make sure the car seat is safe for your child.
- The safest place to install your baby's car seat is the middle seat in the back row.
- When the base of the car seat is installed correctly, it should not be able to move more than 1 inch, side-to-side.
- Always keep the car window closed and the door nearest the baby locked.
- LOOK before you LOCK! Never leave your child alone in the car.
- Place your cell phone, bag or purse in the back seat as a reminder to check that your baby is not in the car seat when you arrive at your destination.

Car Seats at a Glance

	Age Group	Type of Seat	General Guidelines
	Newborns to age 2 and as long as possible	Rear-facing-only ————— Rear-facing-convertible	Make sure to read the instructions for height and weight limits that came with your car seat
	Children 2 and older (toddlers and preschoolers) who weigh at least 40 pounds	Forward-facing convertible ————— Forward-facing with harness	A forward-facing child safety seat is recommended until the child reaches age 4 AND 40 pounds

Learn more about appropriate car seats for your child at [NHTSA.gov/TheRightSeat](https://www.nhtsa.gov/TheRightSeat)

Proper Fit for Your Baby in a Car Seat

Don't use car seat inserts or supports that did not come with the seat.

Don't attach toys, wraps or other items to the seat.

Straps should be at or below the baby's shoulders in a rear-facing seat.

Harness straps should be snug enough that you can't pinch any slack.

Avoid bulky clothing, coats or snow suits under the snug harness.

Safety Tips and Reminders

Environment: Protect Your Baby from Passive Smoking

- It is important to keep your baby away from any smoke and tobacco products.
- Only smoke in a location where your baby won't be exposed, such as outside or in a separate room designated for smoking. Keep the door to that room closed.
- After smoking, make sure you wash your hands and change clothes before holding your baby to prevent exposure.

At Avera, we understand quitting can be a challenge. Talk to your health care provider for additional support to help quit smoking.

Technology: Television and Screens

- Real-life experiences are better for a baby's brain development than watching television or using tablets, smartphones and other electronic screens.
- The sound and lights from devices, even children's programs, can be distracting to babies and can keep them from doing activities that are more beneficial.
- Babies need to learn to focus on distance, depth and side-to-side tracking. When they look at single-dimensional screens on devices, it can slow down eye development.
- Experts recommend keeping babies away from devices and screens as much as possible to help your baby learn.

Product Recalls

All parents should monitor recalls of children's products. Visit CPSC.gov or SafeKids.org to be informed about product recalls by the Consumer Product Safety Commission or SafeKids Worldwide.

Other Safety Tips

- Never leave your baby alone around water.
- Never put a pacifier on a string around baby's neck.
- Never give honey to a baby younger than 1 year of age.
- Keep baby's crib positioned away from curtain cords and other strings.
- Never allow baby or child to play with plastic bags.
- Use outlet covers in unused electrical outlets.
- Install gates on stairs to prevent falls.
- Keep medications locked or out of reach of children and in child-resistant containers.
- Make sure matches and lighters are hidden and out of reach.
- Keep all cleaning supplies and other poisonous substances locked and/or out of reach of baby. Keep them in their original, labeled containers.
- Keep plants out of reach of toddlers — many are poisonous.
- Keep hot items, like coffee, out of reach; don't drink hot liquids while holding baby.
- Keep firearms locked, unloaded and out of reach.
- Keep your baby out of significant direct sun exposure during the first few months of life.
- Never leave your baby alone on a changing table, bed, high chair or in other high places. Don't leave your baby in a walker without watching them carefully.

Steps to Help a Choking Infant

- If a choking infant can no longer breathe, cough or make sounds, have someone call 911 immediately.
- Next, place the baby face down on your forearm. Your arm should be resting on your thigh.
- With the heel of your other hand, give the child five quick, forceful blows between the shoulder blades.
- If this fails to dislodge the foreign object, turn the infant on their back so that the head is lower than the chest.
- Place two fingers in the center middle of the breastbone, just below the nipples. Press inward rapidly five times.
- Continue this sequence of five back blows and five chest thrusts until the foreign object comes out or until the infant loses consciousness (passes out).
- If the infant passes out, tell 911 immediately if you have not already done so.
- Never put your fingers into the infant's mouth unless you can see the object. Doing so may push the blockage farther into the airway.



CPR for Infants

1. Place two fingers, held together, just below the nipple line.
2. Press down about 1½ inches.
3. Apply 30 compressions at a rate of about 100-120 per minute.
4. Allow the chest to recoil between each push.
5. Follow each set of 30 with 2 rescue breaths into the mouth.
6. Make each rescue breath a tiny amount of air.

Development: Birth – 6 Weeks

Brain Development

Your baby should:

- Be interested in watching things in their surroundings.
- Begin to follow the movements of people and objects.
- Observe faces and sometimes imitate expressions.
- Learn to trust.

Some tips to help your baby learn and grow:

- Change your baby's position and location often so there are new things they can see.
- Talk to your baby about what you're doing and see how they respond.

Language Development

Your baby should:

- Recognize the voices of parents.
- Begin to coo and gurgle during awake and alert times.
- Have different cries for different needs.
- Respond to sounds.
- Prefer voices to other sounds.

Some tips to help your baby learn and grow:

- Provide lots of different sounds for your baby to listen to.
- Read to your baby, even though they don't understand the words.
- Talk and sing to your baby frequently.

Social-Emotional Development

Your baby should:

- Enjoy watching people in their surroundings, especially faces.
- Be comforted by your touch and voice, and stop crying when held.
- Begin to smile at parents.
- Begin to develop a sensitivity to the moods and feelings of parents.
- Expect that their needs will be taken care of.

Some tips to help your baby learn and grow:

- Look at your baby often and talk to them as you care for them.
- As you hold your baby in your arms, smile and make little noises, and let them know you are happy to be there.
- Respond to your baby's needs when they cry. This teaches baby that you can figure out their needs.

Physical Development

Your baby should:

- Begin muscle development in a "head-to-toe" pattern.
- Try to lift their head — it will be wobbly and still needs lots of support.
- Move arms and legs; begin to bring fist to the mouth.
- Follow people and objects with their eyes.

Some tips to help your baby learn and grow:

- Dedicate 2 to 3 times each day for about 3 to 5 minutes of "tummy time" so your baby can practice lifting their head.
- Encourage your baby to follow an interesting object with their eyes by holding it 8 to 10 inches in front of him or her and moving it slowly side to side.

Immunization

Why immunize?



Protect your family: Vaccines give you the power to protect yourself and your family from getting sick.



They protect against serious illnesses such as measles, mumps, tetanus, chicken pox, meningitis and more.



Protect our society: Diseases like polio, diphtheria and rubella are becoming rare due to vaccinations. Until we eliminate disease, it's important to keep immunizing.



Vaccines are safe: The CDC and FDA take many steps to make sure vaccines are very safe. Vaccines have low risk of adverse outcomes and the benefits greatly outweigh the risks.



Infants should receive recommended immunizations according to the AAP and CDC to reduce the rise of sudden unexpected infant death.



Many preventive immunizations are covered 100% (at no charge) by most health plans. Check with your health insurance carrier to identify what is covered with your plan.

Child Immunization Chart

Birth	<input type="checkbox"/> Hepatitis B (HepB)
2 mo	<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP) <input type="checkbox"/> Haemophilus influenzae type b (Hib) <input type="checkbox"/> Hepatitis B (HepB) ³ <input type="checkbox"/> Pneumococcal (PCV) <input type="checkbox"/> Polio (IPV) <input type="checkbox"/> Rotavirus (RV)
4 mo	<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP) <input type="checkbox"/> Haemophilus influenzae type b (Hib) <input type="checkbox"/> Pneumococcal (PCV) <input type="checkbox"/> Polio (IPV) <input type="checkbox"/> Rotavirus (RV)
6 mo	<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP) <input type="checkbox"/> Haemophilus influenzae type b (Hib) <input type="checkbox"/> Hepatitis B (HepB) ³ <input type="checkbox"/> Pneumococcal (PCV) <input type="checkbox"/> Polio (IPV) <input type="checkbox"/> Rotavirus (RV)
EVERY YEAR	Flu and COVID-19 shot <i>Yearly after 6 months of age</i>
12 mo	<input type="checkbox"/> Chicken pox (Varicella: VAR) <input type="checkbox"/> Haemophilus influenzae type b (Hib) <input type="checkbox"/> Hepatitis A (HepA) (1 of 2) <input type="checkbox"/> Measles, mumps and rubella (MMR) <input type="checkbox"/> Pneumococcal (PCV)
15 mo	<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP)
18 mo - 2.5 yr	<input type="checkbox"/> Hepatitis A (HepA) (2 of 2) <i>Separate 2 doses by 6-18 months</i>
4-6 yr	<input type="checkbox"/> Chicken pox (Varicella: VAR) <input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP) <input type="checkbox"/> Measles, mumps and rubella (MMR) <input type="checkbox"/> Polio (IPV)
11-12 yr	<input type="checkbox"/> Human papillomavirus (HPV) ¹ prevents cancer. 2 doses before age 15 <input type="checkbox"/> Meningitis (Meningococcal: MenACWY) <input type="checkbox"/> Tetanus, diphtheria and pertussis (Tdap)
16 yr	<input type="checkbox"/> Meningitis (Meningococcal: MenACWY) <input type="checkbox"/> Meningitis (Meningococcal B: MenB) ²

1. If given to ages 15-26: HPV vaccine is given in 3 doses. Get first shot, wait 1-2 months; get second shot, wait 6 months; get third shot.
 2. Check with your provider to see if the meningitis vaccine is recommended for your child.
 3. Ask your provider whether re-vaccination might be right for your child.
 4. RSV immunization is ideal for all infants 8 months and younger.

Schedule immunizations today.
 Learn more at Avera.org/Shots

Looking Ahead: Child Care

The idea of looking for child care with a newborn can be overwhelming. However, starting early can help you prepare to make the decision that is best for your baby and family.

Be sure to give yourself plenty of time to make the best decision for your child's care. There are many types of child care to choose from, and it is important to find a provider that fits the needs of your child and your family. Decide if you want a family child care, a child care center or care in your home with a nanny. You can learn more about child care options at Childcare.gov.

At what age can your baby start child care?

Anytime that you feel ready and comfortable. You'll just want to make sure that the child care you're considering fits into your back-to-work timeline. Some child care centers have a minimum age requirement and won't accept babies until they reach a certain age.

Choosing Quality Child Care

When and where you decide to leave your baby in the care of someone else comes with its own set of benefits and challenges. To make a decision on what type of child care that will be the best option for you and your family, consider asking yourself these types of questions:

- Do you need child care every day or just a few hours a week?
- How much do you want to spend or can afford monthly for child care?
- Is your schedule flexible? Do you often work late hours unexpectedly? Are you able to leave your place of work every day at the same time?
- How close do you want your child to be to your home or work?
- Are you OK with having someone in your home and/or living in your home to take care of your baby?
- Are you OK with your child being around other children/babies?
- Is having a caregiver CPR-certified or well experienced in child care important to you?

Make sure the provider aligns with you and your family for things like discipline, learning, television time and other factors.

Child Care Center/Facility

Start early and ask for more details about the program. Some child care locations that accept infants often have long waiting lists. Depending on where you live and the demand for child care, some providers recommend searching as early as your first trimester.

Consider making a checklist to remind you of the things to ask that are important to you, what to look for and to record your observations.



Nanny or In-Home Child Care

- Make sure to ask questions about their training and experience and check references thoroughly.
- Find out what the adult/child ratio will be, especially with infants.
 - According to the [Childcare.gov](https://www.childcare.gov), 1 trained adult should not care for more than 3 to 4 infants.
- For in-home child care, the home or center should meet basic safety requirements.

Family/Relative Child Care

- Do a couple of test runs in advance to make sure the arrangement will work. That way, if it doesn't work out for you or your relative, you will be able to have some time to find a backup option.
- Don't know where to start? You can visit [Childcare.gov/state-resources-home](https://www.childcare.gov/state-resources-home) to find local resources on child care, financial assistance, support for children with special needs and much more.

Looking Ahead: Adding Your Newborn to Insurance

- Once your baby is born, the standard time frame to have your baby added to your insurance plan is 30 days.
- Call your insurance company within the 30 days and have baby's birth certificate and social security number ready.

Qualifying Events

When you have given birth or adopted a baby, it is considered a "qualifying event." Most carriers allow you to make changes to your health insurance plan when a qualifying event occurs.

You have 60 days from the date of the qualifying event to:

- Make changes to your current health insurance plan.
- Switch or change insurance carriers or purchase health insurance (if you don't already have it).

Call the number on the back of your insurance card to ensure your baby is on your family's health insurance plan.

Glossary

Areola

The dark area around the nipple of the breast

Cesarean Section

An incision to a woman's belly to help deliver a baby

Circumcision

The removal of the extra foreskin on the tip of the penis

Clogged Milk Ducts

A blocked tube that carries your breast milk from where it is made in your breast out to your nipple

Douching

Washing or cleaning out the inside of the vagina with water or other mixtures of fluids (e.g., soaps)

Engorgement

Swelling in the tissue of your breasts as a result from producing more breastmilk

Episiotomy

A cut to widen your vagina during labor and delivery to help your baby get out

Hemorrhage

Heavy bleeding that can happen as a gush or constant stream

Jaundice

A condition in which high blood bilirubin levels cause yellowish skin

Mastitis

Swelling of the milk-producing glands in the breast; may be caused by an infection or by clogged milk ducts

Menstruation

Commonly known as having your "period," it's the 2 to 7 days when a woman has blood and tissue leave her body through her vagina

Ovulation

The release of your eggs from the ovaries

Perineum

The area between your vagina and rectum

Plastibell Device

A bell-shaped device used as a circumcision technique in removing the extra foreskin of the penis

Postpartum

The period of time following childbirth

Preeclampsia

A pregnancy complication characterized by high blood pressure and signs of damage to another organ system

Primary Engorgement

Swelling in the tissue of your breasts

Scrotum

The bag of skin that holds and helps to protect the testicles

Umbilical Cord

A tube-like structure that connects your baby to you via your placenta

Umbilical Cord Stump

The remnant of the umbilical cord that is left on the baby's belly button following delivery, and eventually becomes dry and naturally falls off



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