Congratulations on your new baby! We are delighted to welcome you to our practice and look forward to caring for your family today and for years to come.

If this is your first child, it can be overwhelming at first while you adjust to having a new baby in your life. We are here to help, so please do not hesitate to contact us if you have any concerns or questions. You will have many questions, and we have answers.

To get you started, we’ve put together some information to help you navigate this first month of life.

Table of contents

Skin-to-Skin...............................3
Breastfeeding.............................3
Formula Feeding...........................6
Pacifiers.....................................8
Spitting Up..................................8
Elimination..................................8
Jaundice....................................9
Belly button (umbilicus)................9
Rashes/Marks...............................10
Bathing......................................10
Growth.......................................11
Crying........................................11
Sleeping.....................................12
Milestones.................................12
Safety.........................................12
When to Seek Medical Attention....14
Vaccinations...............................15
Checklist....................................16
Skin-to-Skin:

Most hospitals in our area are becoming “Baby Friendly” which means they are keeping mothers and their newborn babies together during the first 1-2 hours immediately following birth. As soon as the baby is born, he placed on the mother’s abdomen skin-to-skin (or chest if C-section). The baby is not cleaned, weighed or taken from mother unless immediate medical treatment is needed. There are many benefits to this practice—the baby’s body temperature, breathing and heart rate stabilizes more quickly; blood sugar levels stay elevated, and if the mother chooses to breastfeed (which we highly encourage, as human milk is best for baby) the baby latches more easily and usually on his own.

During this skin-to-skin time, the baby will go through nine transitional stages: 1) The birth cry, 2) Relaxation after the crying stops, 3) Awakening where the eyes open and mouth, head, and shoulders move, 4) Activity which includes the rooting reflex, 5) Rest (this can happen throughout the transition process), 6) Crawling/sliding across mom’s body to find the breast, 7) Familiarization which includes licking, touching, and massaging with hands, 8) Suckling at the breast (possibly nursing but not necessarily), 9) Sleep. If for some reason mom has to be separated from baby following birth, dad can hold the baby skin-to-skin through the early transitional stages as well.

Breastfeeding:

The first milk, colostrum, is a nutrient-rich superfood, vaccine, probiotic, and laxative all in one. It is not produced in nearly the same volume as the breast milk mother will produce once her milk ‘comes in’ fully, and for good reason. The newborn does not need the same volumes of milk in the first couple days of life as she will need in subsequent days. Only in very rare cases is formula supplementation needed, such as extreme newborn jaundice and latching problems leading to dehydration.

If you intend to nurse, and we encourage you to give it a try due to all the benefits inherent in babies receiving mother’s milk, don’t be shy about asking to see a lactation specialist while you are in the hospital. She will be able to show you different feeding positions and ensure that the baby is latching properly, which will keep you both comfortable during feeds.

It is important to attempt to nurse as soon as you are able (usually within the first few hours after giving birth), but don’t worry if it is several hours or if it takes several attempts before the baby latches well and begins sucking. Your baby does not need formula in the
Breastfeeding continued...

first few days after birth; just a few drops of colostrum is all your baby needs for nourishment during this time. (See ‘Size of a Newborn’s Stomach’ diagram on p.5)

There are factors either related to the mother (such as inverted nipples) or the baby (short frenulum known as tongue-tied) that can interfere with latching or cause significant pain in the mother. Breastfeeding need not be and should not be painful, especially beyond a couple days of life. A lactation specialist may see you in the hospital, and we can make recommendations to help with the feeding, such as using a nipple shield for an inverted nipple and performing a frenectomy (clipping the frenulum) for the baby in cases where there is a short frenulum.

There are very rare reasons a mother should not breast-feed, the most definitive being HIV infection. You can breastfeed while taking most medications, even prescription narcotic pain medications. Alcohol passes quite readily into breast milk and women should limit their intake to no more than 2 beers or 2 glasses of wine per day while breast-feeding. Some illicit drugs like heroin also pass readily into breast milk and have been known to cause death.

Your baby will feed at irregular intervals. It is important to understand the hunger cues your baby will demonstrate to let you know that she is ready to be fed. You will best notice these cues if you keep the baby close to you, especially in the first several weeks following birth. Rapid eye movement, stirring, opening her mouth or thrusting her tongue, and turning her head from side to side (rooting) during the baby’s sleep are all early cues that the baby is hungry. This is the best time to begin feeding your baby. Baby’s stretching, increased physical movement, and placing her hand to her mouth are mid-cues. The baby is saying that she is really hungry and needs to be fed. Crying, frantic or agitated body movements, and turning red are late signs of hunger. The baby will not nurse well in this state. Calm her by placing her skin-to-skin on mom’s chest, then once calm she can be moved to the breast.

Sometimes she may ‘cluster feed’, other times she may go 2-3 hours without feeding. In the first couple days of life she might need to be woken up to feed, but eventually she will wake to feed day and night (as she needs to replenish her energy stores throughout the night).

If you are breast-feeding, she will eat until she is hungry no more. If you hear swallowing and she seems satisfied after her meal, chances are she received enough. If you are bottle feeding (pumped breast milk or formula), the same applies. To calculate her daily
nutritional needs, multiply her weight (in pounds) by 2.5, this is the number of ounces she needs per day, (weight x 2.5=ounces needed per day).

Exclusively breast-fed babies should receive Vitamin D supplementation starting at a few days of age. These supplements (such as D-Vi-Sol) contain the recommended 400 units of Vitamin D per dropper full (1 ml). If mother is a vegan, it is also wise to supplement the baby with Vitamin B12.

Breastfeeding Assistance

While nursing is a natural process, it doesn’t mean that it is always easy! It can be difficult at first to make sure that the baby is latching well. As a nursing mother, you may be concerned about how much milk your baby is receiving, and whether what you are experiencing in the first couple of weeks is normal or not. It can take several days before your milk production is flowing well, and sometimes longer if you had a c-section. But don’t worry – it is only in rare cases that the baby is not getting enough milk. It is important to realize that it is not a failure on your part to encounter initial difficulty and need help or even reassurance. Throughout human history breastfeeding was a part of the social fabric, so mothers always received help from a mother, grandmother, aunt, sister, and/or neighbor.

Breastfeeding should not be painful. If nipple pain, cracking or bleeding occurs, the baby is not latching properly. It is important to take the time to learn what works best for you and your baby so that you are both comfortable during and after feeds. There is no right or wrong way to feed your baby – it is a matter of finding out what works best for both of you.

It can sometimes take 1-2 weeks for mom and baby to find their breastfeeding rhythm. If you become frustrated or discouraged, don’t give up, as breast is always best. Call our office to request an appointment with either our Lactation Counselor or Nurse Practitioner. Counseling is also available at the newborn follow-up and two-week visit appointments.

For your comfort and wellness, we have a separate nursing / newborn waiting room that we will show to you to when you arrive for that visit.
Breast milk storage:

If you choose to express breast milk, after a good breastfeeding routine has been established, breast milk can remain at room temperature for up to 4 hours. You can store it in the refrigerator for up to 4 days. In a typical kitchen freezer it is good for 4 months. However, if you have a deep freezer (maintains a temperature of 0 degrees F) you can store it for up to 6 months. Always store the breast milk at the back of the freezer where the temperature will not fluctuate as much. Label the milk with the date to avoid any confusion. Do not refreeze thawed breast milk, which should be used within 24 hours. The best way to thaw the milk is to put the storage container in a bowl of warm water and gently swirl it (don’t shake). Do not microwave the storage container as there is not only a risk of burning but it can decrease the nutritional value of the milk.

Formula feeding:

If you choose to bottle feed with formula, we do not have any specific preference for one formula over another. There are many different formulas which are similar in composition. Most are cow’s milk based with added components to compensate for things cow’s milk is missing. This includes iron, specific types of fats that human infants need, vitamins, etc. Please note that the extra iron in formulas does not cause digestive problems and is absolutely necessary for the newborn. Without it your infant will become significantly iron deficient, because cow’s milk iron is not absorbed into the body as well as human milk iron.

If we believe your newborn has a cow’s milk allergy (see Spitting Up and Elimination on page 7) we may recommend a hypoallergenic formula (also known as hydrosilate formula). There are some formulas that are thickened to help infants with problematic spitting.

Your formula fed newborn will typically feed 8 to 12 times a day, 2 to 4 ounces per feed at a maximum. Baby should be fed when showing feeding cues (refer back to ‘hunger cues’ paragraph in Breastfeeding section). She may occasionally go 3-4 hours without feeding. Do not let her go past the 5 hour mark without feeding. Allow the baby to pace the feeding and offer short breaks, as the bottle will drip in the baby’s mouth, even if she is not sucking. Be sure to burp the baby at least once during the feed and afterwards.

It is important to prepare the formula correctly by reading the instructions on the can, packet, or bottle carefully. Most canned powder formula is one scoop per 2 oz water. Tap water in our area is fine to use. If you have any doubt about the water in your particular location call your local health department, or call us and we can check for you. Another option is to boil the water and let it cool to room temperature (pour a few drops on your
Formula Feeding continued...

wrist to test). Incorrectly diluting powder can be extremely dangerous for the newborn, whose kidneys are not yet mature enough to deal with extra concentration or extra dilution. Always put the water in the bottle first, then the powder. Mixing with a spoon helps the powder dissolve more evenly. If you are finding that you cannot afford your formula, please let us know but never try to make formula last longer than it should.

Once you prepare the formula, give it to your baby or refrigerate it within one hour. If he only drank part of it, discard the rest (do not refrigerate the remaining formula). Prepared formula can be stored for 24 hours.

Bottles should be washed with soap and hot water; a dishwasher is ideal. Boiling is not necessary. As for the nipples, scrub them carefully with soap and hot water, or you can boil them for 5 minutes. This not only helps to prevent bacterial contamination but can help prevent yeast (thrush) in the mouth.

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Size of a Newborn’s Stomach

<table>
<thead>
<tr>
<th></th>
<th>Day 1</th>
<th>Day 3</th>
<th>One Week</th>
<th>One Month</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>size of a cherry</td>
<td>size of a walnut</td>
<td>size of an apricot</td>
<td>size of a large egg</td>
</tr>
<tr>
<td></td>
<td>5 - 7 ml</td>
<td>22 - 27 ml</td>
<td>45 - 60 ml</td>
<td>80 - 150 ml</td>
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<tr>
<td></td>
<td>1 - 1.4 tablespoons</td>
<td>0.75 - 1 oz</td>
<td>1.5 - 2 oz</td>
<td>2.5 - 5 oz</td>
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Source: Health & Parenting
Pacifiers:
We are advocates for the use of pacifiers after your newborn has developed a good latch (in breastfed babies). Pacifiers have been shown to decrease the risk of SIDS (Sudden Infant Death Syndrome). In premature babies there is evidence that they grow better when sucking on pacifiers. Equally important, they can soothe your baby and in turn help you relax. We recommend washing them with hot soap and water or running them through the dishwasher daily. The safest pacifiers are those that cannot come apart, i.e. the ones that are one material throughout. If your baby develops thrush (a yeast infection in the mouth that causes a white layer on the tongue, lips, inside the cheeks, and roof of the mouth), it is wise to throw away the pacifier and use a new one.

Spitting up:
Spitting up is normal and a natural part of infancy. It is due to a weak sphincter between the stomach and esophagus, so as the stomach churns, some contents shoot up. While it often looks like the whole feed came up, this is rarely the case and you will find that your baby is gaining weight well at his doctor visits. As long as he is happy, growing well, not having spells of difficulty breathing, and the spit-up is milk-colored, there is no need for worry. Invest in spit cloths. In some cases if your baby is uncomfortable during and after feeds, arches his back a lot, and seems to cry throughout the day (see the Crying section on page 10), we may recommend conservative measures like positioning him in an upright position for 20 minutes after feeds, breast-feeding mothers avoiding dairy products, formula feeders changing to hypoallergenic formulas (possible cow’s milk allergy), and giving smaller feeds at one time. If these measures do not help we may prescribe an antacid for him.

Elimination:
During the first 5 days of life, you can expect an increase of at least one wet diaper per day of age. So one wet diaper in the first 24 hours, 2 wet diapers in the next 24 hours, and so on up to 6 or more wet diapers by the 6th day. This is a good indicator of adequate hydration.

You may sometimes see what appears to be blood in the urine (a brick color in the diaper). This is due to urate crystals in the urine and may sometimes indicate dehydration, although it can also be seen in well hydrated babies. Give us a call if you see this.

In baby girls you may sometimes see spots of blood in the diaper that come from the vagina. This is due to mother’s hormones thickening her uterus before her birth, so she essentially has menstrual bleeding once no longer exposed to these hormones.
The number of stools is variable and depends on the baby as well as breast milk versus formula. Meconium (the dark and sticky stool created in the womb by swallowed amniotic fluid) should normally be passed within the first 24 hours and continue to be passed for 1-2 days more. Breast fed babies tend to stool more often, sometimes after every feed. You may see one baby have a bowel movement as little as every 4th day and another as often as 10 times per day; both may be perfectly healthy. Breastfed babies tend to have a yellow, mustard-like stool, while bottle-fed babies tend to have a more pasty green stool. Straining with bowel movements is also common and does not necessarily imply constipation. As long as his belly is not distended, he is not vomiting a green color, and he appears well, there is no need to worry.

Let us know if you see blood in the stool, as that may be a sign of allergy (e.g. to cow’s milk proteins) or infection (e.g. Salmonella).

**Jaundice:**

All babies will develop some degree of jaundice (which is an accumulation of a yellow material called bilirubin). The degree of jaundice (or level of bilirubin) can depend on many factors such as prematurity, blood group incompatibility between mother and baby, and volume of milk ingested. Bilirubin is not dangerous unless it reaches very high levels, and nowadays we can predict with accuracy which babies are at risk to reach these very high levels and prevent it from happening far ahead of time with phototherapy. Phototherapy is a type of blue light that helps babies process and eliminate bilirubin from their bodies. Adequate hydration and bowel movements are also essential to eliminating bilirubin. Preventing dangerously high bilirubin levels is one reason close follow up of the newborn after discharge from the hospital is important, so make sure to come in for a visit one to two days after discharge. Jaundice can last for about 2 weeks normally, but may occasionally last longer in some newborns.

**Belly button (umbilicus):**

If your baby is born at a hospital with the typical clean conditions there is really no special care that the umbilical stump (remaining portion of the cord) needs. If your baby is born outside a hospital (where conditions may not be as antiseptic), then cleaning the area with Chlorhexadine (Hibiclens) right after birth has been shown to be effective in reducing the risk of umbilicus infection. In most cases, no alcohol or other antiseptic agents are recommended, because they can actually delay the cord separation (delay the stump coming off). Avoid submerging the stump underwater until it comes off, so only sponge baths until then. Gently wipe off any stool in the area with a moist, soapy cloth. Typically the cord stump comes off as early as 4 days and as late as 4 weeks. When the stump does come off you may see a little bleeding, which is common and should not be a
concern. You may also see a shiny pink bump left behind called umbilical granuloma, which can leave some discharge on the diaper. We may apply silver nitrate to the granuloma once or twice a week for 2-3 weeks to help it go away.

Rashes/marks:

There are a number of rashes your newborn can have, some present at birth and others developing later. The overwhelming majority of these are normal and not dangerous. Some of these common and not worrisome rashes include light red pimples seen in the first couple days, tiny white bumps on and around the nose and face, yellow flakes on the scalp, and acne. Beware of any blistering rash (see page 13).

Diaper rashes are common and may occur for different reasons. The most common reason is skin irritation from contact with stool or urine. Sometimes infections can be the cause, such as a yeast diaper rash if skin is moist for too long or if your baby has been on antibiotics. Rarely, bacterial infections (usually staphylococcus) may be the cause. Finally, some skin disorders can cause diaper rashes. The best way to avoid a diaper rash is to change diapers regularly and clean the area gently with commercial wipes or a warm, mildly soapy soft cloth. After cleaning, gently pat dry the area and apply a protective barrier. If she already has a diaper rash you may want to avoid wipes for cleaning and run lukewarm water from the sink or tub over her involved areas to clean, followed by gentle drying and airing the area out. Please call us for an appointment if your baby is in considerable discomfort, if the rash is not improving after a couple days, if you see blisters, or if you see pea-sized pimples, as these situations may require medical attention.

Newborns may have different types of birth marks. Some will get red areas on the eyelids, above the nose, or back of neck (stork bites). Some will get a bruise-like mark usually on the lower back but occasionally occurring elsewhere. These are common and safe. In rare cases there may be a large blackish birthmark that may prompt us to refer you to a specialist. Some babies may develop a red bump within the first month of life that kind of looks like a ladybug initially then grows for several months to over a year. It’s called a hemangioma and on its own it will eventually get smaller and mostly disappear over the following years. It may need medical treatment if it covers the eyes or nose.

Bathing:

There is really no right and wrong frequency to bathe, but once every other day is a reasonable suggestion. Until the umbilical stump comes off, gently sponge bathe your newborn with a warm, wet cloth (with or without a mild soap). If you use soap, use a moisturizing one (avoid perfumy or medicated ones) and remove it by gently wiping after rinsing out the cloth. You can clean the hair and scalp the same way. For the eyes you can use a wet cotton ball to gently clean the eyelids.
Once the stump comes off you can submerge him in a portable bath tub and bathe him, using the faucet to rinse. Please see the newborn safety section for important bathing safety information (page 14).

**Growth:**

In the first few days of life, the newborn is expected to lose weight. This weight is primarily water loss and your baby can safely lose up to 10% of its initial weight without concern. Usually by day 5 the weight loss stops and your baby starts to regain weight, getting back to birth weight by about 1.5 or 2 weeks of age. Once your baby regains the weight, you can expect about 3/4 oz to 1 oz weight gain per day. If weight loss is excessive or rate of weight gain is inadequate, we will evaluate the amount of milk supplied to your baby as well as look for problems in your baby that might be preventing adequate weight gain.

**Crying:**

Newborns cry for many reasons. Your baby may cry due to pain, hunger, sleepiness, or simply as an expression of emotion. It is perfectly normal for him to cry up to 3 hours per day. As you get to know your baby you will probably start to recognize what is a hungry cry and what is a distressed cry.

After the first week of life your newborn may display a pattern of crying called colic. He may have a distressed, inconsolable cry that seemingly comes out of nowhere, typically later in the day and can last a couple hours or more. Although we do not know the exact reason it occurs, we do know that it is not dangerous and the baby will outgrow it by about 3 months of age. It is important to distinguish colic from other reasons a baby may have a distressed and inconsolable cry, such as illness, reflux (heartburn), or abuse. A baby that is fussy throughout the day or appears ill when not crying should raise suspicion of another cause and prompt you to contact us. Please do not hesitate to call – no issue or question is too minor if it is something you are concerned about.

In general for crying, things you can try to soothe your baby with are carrying her, swaddling her in a blanket, singing to her, or even giving her a bath. One note about swaddling, it is not advisable to swaddle too tightly, especially in the hip area. There is some evidence that this increases the risk of "hip dysplasia", a condition where the thigh bone doesn’t fit into the hip socket well and can lead to a permanent limp if left untreated.
Sleeping:
Just like there is no regular feeding pattern there is also no regular sleeping pattern in newborn babies. Not only does daytime versus nighttime mean nothing to them, but they sleep for shorter periods (like 1-4 hours at a time). This is due to an immature internal clock and immature sleep cycles. Overall a newborn may sleep 16-20 hours per day. Some newborns may have jerking of both hands and/or arms seen only when sleeping. This is called benign neonatal sleep myoclonus. While it is not dangerous and goes away after a few months, if you see this please tell us about it so we can judge whether it is truly benign myoclonus or not. Please see the newborn safety section for important sleeping safety information.

Milestones:
There will not be a whole lot of developmental milestones accomplished in the first month of life. We look for simple things like startling to sounds (hearing), moving all of her arms and legs equally (neurologic and muscular systems), or crying when hungry (communication). You may at times see her smile, but think of that as an uncontrolled spontaneous action (kind of brain training) rather than a social response (as seen around 2 months of age). She will usually have her arms and legs flexed, fists tight. She will show some reflexes that will go away months later, like rooting or startling. By the end of her first month she will probably be looking at you quite a bit and even following you with her eyes a good 45 to 90 degrees.

Safety:
The key to guaranteeing newborn safety is understanding that what potentially can happen will happen to some baby, somewhere, every single day. Somewhere a baby falls off a table or out of a car seat, somewhere a baby is inadvertently scalded by hot water, and somewhere a baby suffocates in a blanket, pillow, or under a parent. Human beings are notoriously mistake-prone, and some of the worst mistakes are made when we become too experienced and comfortable with a task (or more than one task at the same time). That is why it is best to recognize our potential for error and not allow ourselves to get in situations where these errors can occur.

- Sleeping: Lay your newborn on her back to sleep. This has been shown to significantly decrease the rate of Sudden Infant Death Syndrome (SIDS). You do not need to repeatedly check to make sure she is on her back throughout the sleep.

- Sleeping: Do not put your newborn in a crib or bassinet with anything except for the sleeper she is wearing. Blankets are best avoided, and if you do use one make it the thinnest you can find to avoid any obstruction to her breathing. The same risk of suffocation exists with bumpers, stuffed animals, and pillows.
• Sleeping: Do not put your newborn on much of an incline. While in theory it may
decrease reflux, it has not been shown in studies to make a difference and it
increases the chance that the baby could slide down to the other end or end up on
his belly.

• Sleeping: We advise you to keep your newborn in your room but on a separate
sleeping surface (bassinet or crib). That way you can check on him easily but the
risk of suffocating him is eliminated. Please keep in mind that even if you or another
person in your bed does not roll over on him, the softer mattress alone can conform
to his face and suffocate him. If you are determined to bring him into your bed
despite the risks, please make sure you have as hard a mattress as possible, no
blankets or pillows, and you or anyone else in the bed is not under the influence of
alcohol or other medications that cause you to be extra sleepy.

• Falls: While we do not expect purposeful rolling over in the newborn period,
newborns can wiggle enough to move and fall off of a changing table, countertop,
etc. The newborn skull is very soft and prone to fracture and the blood vessels in the
newborn brain are weak and prone to bleeding. So never leave your baby alone on
an elevated surface without a barrier, even for a moment.

• Burns: Newborns have relatively thin skin and thus burn at lower temperatures and
more quickly than older children or adults. Temperatures above 120 degrees F pose
a significant risk for serious burns within a second or two. These burns have
happened to the newborns of the most careful and loving of parents. We strongly
recommend that you set the water temperature to below 120 degrees F so the hottest
water that can possibly touch your newborn’s skin will not cause such serious burns.

• Burns: Do not microwave your frozen bottles, as the heating of the milk is uneven and
your newborn can suffer a significant burn in the mouth or face.

• Burns: Do not carry your baby while drinking a hot drink. No matter how skilled and
careful you may be, it only takes one millisecond’s lapse of concentration or one
person bumping into you to scar her for life.

• Siblings: Do not leave your newborn alone with young siblings. While they may mean
well, their attempts to help may be dangerous to the baby (giving food, suffocating,
etc.).

• Pets: Do not leave your newborn alone with pets, particularly dogs. Make every
attempt to keep him away from the dog’s face level. We have seen the friendliest of
dogs bite family members in unusual circumstances, and a dog bite to a newborn’s
face or head can penetrate the skull and damage the brain.
When to seek medical attention

Any fever in the first month of life should be taken very seriously. The fever itself is not the danger, but rather the underlying illness is the danger. Think of fever as you think of the check engine light on your car’s dashboard; it signifies an illness of sorts. Newborns are at risk for very serious bacterial and viral infections, so any temperature 100.4 or more (best measured in the rectum) requires immediate attention in the newborn period. She will most likely require an extensive workup of blood, urine, and cerebrospinal fluid as well as a minimum 48 hour stay in the hospital. One way you can help to protect your baby is to make sure that everyone in the home is properly vaccinated (including against Influenza). You may also want to keep him away from crowded, enclosed areas for the first month of life.

If your baby vomits a muddy green substance or is acting lethargic, immediately seek medical attention as this could represent a dangerous intestinal obstruction. Normal spit-ups, as mentioned previously, are not dangerous. However, be alert for signs of dehydration such as dark urine, limited urine output (greater than 8 hours without a wet diaper), dry mouth, sunken-in soft spot on the scalp, and lethargy.

If your baby is having difficulty breathing or appears very fatigued during feeds, immediately seek medical attention as this could be due to a heart or lung issue.

If your newborn has a cough, she should be seen by us right away. Some illnesses that cause cough, like Pertussis (whooping cough) or RSV can be life-threatening in this period. Vaccination against Pertussis is important for everyone in the family. Sneezing and/or stuffy nose is common in the newborn period, is not due to allergies, and does not require medical attention if there are no other signs of illness.

If your newborn has a blistery rash, red and swollen breast, or red and swollen area around the belly button seek immediate attention.

Lethargy in a newborn can be due to many things, such as illness, trauma, dehydration, or low sugar. Immediately seek medical attention if you feel your baby is lethargic.

Please call us or call 911 for any fall or other significant trauma to your newborn.
**Vaccinations**

The only vaccine your newborn should receive is the Hepatitis B vaccine (note that the Vitamin K shot she receives after birth is not a vaccine). Hepatitis B is a virus that can be transmitted from mother to baby through the placenta, at delivery, or after delivery through breastfeeding. The vaccine given in the immediate newborn period has been shown to significantly decrease the risk of transmission from mother to baby. There is no advantage to declining the vaccine in the hospital and waiting for the doctor’s visit; in fact, it takes away the potential benefits of early Hepatitis B vaccination.

Vaccination for family members is extremely important to protect your baby from some deadly or debilitating illnesses, so please make sure to have your Tdap and Influenza shots up to date, and all of your other children’s shots are up to date.
Checklist

To do

☐ Hepatitis B vaccine given to newborn in hospital
☐ Schedule first office visit for 1-2 days after discharge from the hospital
☐ Meet with the lactation specialist if you are breast-feeding

What to have on hand before you leave the hospital
☐ Diaper cream
☐ Diapers – newborn and size 1 (if your baby is a big one!)
☐ Swaddles
☐ Baby cap
☐ Onesies

Practice safety

Babies can suffocate easily so make sure to:
☐ Keep crib free of blankets, bumpers, toys or any other objects
☐ Do not put the baby in your bed with you, always have the baby sleep in a bassinet or crib
☐ Do not place your baby on a pillow to sleep, or any other soft, cushiony material
☐ Never lay your baby on the bed and leave unattended
☐ Keep baby away from animals
☐ Restrict who the baby comes in contact with to avoid exposure to illness

We look forward to seeing you and your baby at your newborn followup following discharge. Please check with your attending hospital pediatrician to determine when this first office pediatrician’s visit should be made (typically 1-2 days after discharge). Then call our office at 703-753-6772, and we will schedule that first appointment. In the meantime, do not hesitate to call us if your baby has a fever, looks lethargic, is coughing, or for any other concerns you may have – we are here to help!