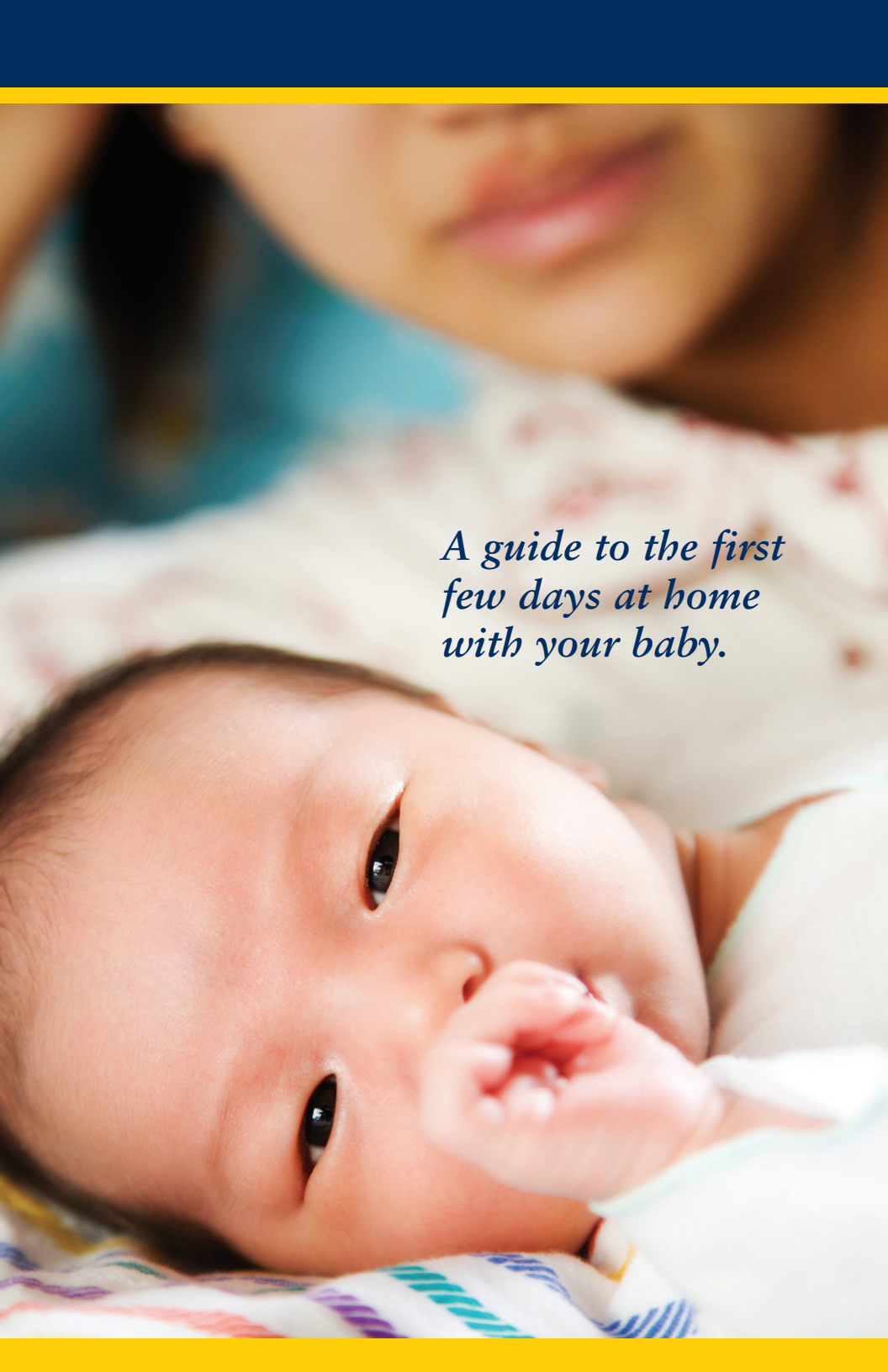


PARENT SURVIVAL GUIDE AND NEWBORN BOOK



C.S. MOTT CHILDREN'S HOSPITAL
MICHIGAN MEDICINE



*A guide to the first
few days at home
with your baby.*

Congratulations on the birth of your child! Whether this child is your first or your fifth, you may have questions that cannot wait until you and your baby see the doctor. This booklet has been designed to help you get through those first few days of parenthood. If you still have questions after reading this, please call your baby's doctor.

BEFORE LEAVING THE HOSPITAL

Before leaving the hospital, please make sure that you choose a doctor for your baby. If you do not have one, we can help you choose one. The health care team taking care of your baby in the hospital will determine when you need to schedule your baby's first appointment. Most babies are seen 1-3 days after discharge. Your baby should receive a vitamin K injection, eye treatment, Hepatitis B vaccine, pulse oximetry test, bilirubin test, hearing test, and newborn screening test before you leave the hospital.

FATIGUE

So you and your new baby are home and happy, but they feed frequently. You find that the dishes and the laundry are piling up and you wonder why you cannot seem to get dressed before late afternoon. What is going on? Your life is a lot different now. Your job for the next few weeks is to get to know your child and to keep yourself well. You need to care for yourself and your baby first and foremost. Do not forget to eat and drink and to sleep when the baby sleeps, even if it is at 2 p.m. Do not hesitate to ask for help, even if you have previously prided yourself in your efficiency at work and at home. This is a special time for you and your child. Let family members and friends do as much for you as they can.

THE BLUES

About half of all new mothers will experience postpartum "blues" 3-4 days after delivery.

It is caused by sleep deprivation and hormones. Symptoms include tiredness, sadness, difficulty thinking, and crying. Many moms feel guilty about these thoughts and feelings, but these feelings are common and will pass in about 1-3 weeks.

What to do about the blues? Talk about your feelings with your partner, your own parent, or a friend. Get enough sleep. Get help for the chores at home. Do not isolate yourself — get out of the house and see other adults. If things seem increasingly overwhelming, or you begin having thoughts about hurting yourself or your child, you could have postpartum depression and should talk to your physician.



CAN I COME SEE THE BABY?

Once you are home, the phone calls will start. "When can we come over to see the baby?" Only healthy people should be allowed to visit and hold them. Make sure they wash their hands before holding the baby and do not sneeze or cough on them. Do not let people smoke around them. Limit the visits to 1-2 hours or less; most visitors are unaware you need to sleep during the day. If you do not want visitors, tell them you are getting acquainted with your new child and are not ready for visitors.

FEEDING

You will need to decide whether to breast or bottle feed your baby. We recommend breastfeeding, as breast milk is specially made for human babies. Other benefits of breastfeeding include protection against illness, an enhanced mother-child bond, maternal weight loss and financial savings. Some mothers, however, would prefer not to breastfeed, and some babies will not breastfeed, even with perfect technique on the part of the mother. Newborns only need breast milk or formula. They do not need and should not be given water, juice, tea, honey or solid foods (such as rice cereal).

BREASTFEEDING: Initially, your breasts will make colostrum, a clear or yellow liquid that is extra rich in nutrients, until your milk comes in. Even though there may not be a lot of colostrum, there is enough to meet the needs of the vast majority of babies for the first few days. Your breast milk will likely come in around the fourth day after the baby is born. Breast milk is light on the stomach and easily digested by the baby. You should expect to breastfeed your newborn about every 1–3 hours, day and night, about 8–12 times in 24 hours. Do not let your baby sleep more than four hours between feedings until your milk is in and their doctor says you can let them sleep longer. Set an alarm clock to make certain you wake up. You should try to drink a lot of liquids, eat a well-balanced diet, and sleep as much as you can. If you take any medications, check with a doctor first. Some medications can pass in the breast milk and may be harmful to your baby.

Engorgement: Many women feel that their breasts are firmer, heavier, and swollen in the

first few days of producing mature milk. These breast changes are normal and will usually go away quickly, but may lead to engorgement. Engorgement occurs when breasts start to fill with a larger volume of milk. When engorgement occurs, you should feed the baby often (even every hour if baby is rooting). Never skip feedings. You may want to apply cold compresses after feeding.

Some mothers will use warm, wet washcloths and gently massage their breasts right before feeding to promote milk let down. Massage any lumpy areas toward the nipple during a feeding. Sometimes babies have trouble attaching, especially during the initial period of engorgement. Manual expression or pumping before a feeding can make it easier for the baby to attach. Use different feeding positions to more fully empty the breast.

Sore nipples: This is a common problem for nursing

mothers. Nipple soreness is usually a sign of a poor latch. Position your baby so that they directly face the nipple without needing to turn their neck. Make certain that they open their mouth widely and get a large mouthful, not only of the nipple but also the areola (the dark part around the nipple). Hold your breast from below during the feeding so that the nipple and areola are not pulled out of their mouth due to the weight of the breast. If your nipples are very sore, limit the feeding to 10 minutes on the sore breast. You may need to pump your breasts following the feeding to keep your milk supply adequate. If you and your baby are having problems with feedings, talk to your baby's doctor or a lactation consultant. Do not give up on breastfeeding before you talk with a doctor or consultant. The solution to a breastfeeding problem may be quick and easy.



FORMULA FEEDING: If you choose to formula feed, we recommend that you start with a cow's milk based formula that has iron. All formula fed babies need the iron that is put into formula. Read the formula package carefully and mix it exactly as instructed. Make sure you use clean, safe water to prepare formula. Do not add too much or too little water which can be harmful.

When you are ready to feed your baby, do not warm the formula in the microwave. Microwaves cause hot spots in the formula which can burn your baby's mouth. Throw away any formula left in the bottle after you have fed your baby because bacteria can grow in the leftover formula. Do not prop the bottle in your baby's mouth because this can cause choking. Make sure your baby does not sleep with a bottle in their mouth as this can cause severe tooth decay.

After the first couple of days, most newborns will take 1/2 - 3 ounces each feeding and will usually feed about every three hours. Do not let your baby sleep more than four hours between feedings until their doctor says you can let them sleep longer.

BURPING: Burping your baby helps to remove any swallowed air from their stomach. You can burp your baby in the middle of the feeding or at the end, depending on how they are doing with the feeding. To burp your baby, you can put their head on your shoulder. Then rub or pat their back. It is not unusual to see a small amount of spitting up when the baby burps. Babies may not always need to burp.

URINATION: Since it is impossible to know exactly how much your child is eating, you need to monitor the number of wet diapers. A 1-day-old should have at least one wet diaper that day and a 2-day-old should have at least two wet diapers per day. Each day, the number of wet diapers should increase by one until the baby is 7 days

old; after that the baby will have around 7–8 wet diapers per day. If your baby is not meeting this expectation, call your baby's doctor.

STOOLING: Your baby's bowel movements the first day or two are called meconium. These stools are thick and greenish/black. As your baby begins to feed more, their stools will become yellow, seedy, and loose. They will probably stool with each feeding. It is normal for babies to grunt, strain, turn red, and cry with

bowel movements. This does not mean they are constipated. If their stools are hard or contain blood, call their doctor.

WEIGHT: All babies will lose some weight after birth. Talk with your baby's doctor if you are worried your baby has lost too much weight. We expect babies to be back to their birth weight by 10–14 days of age. Most babies will gain about an ounce (or 30 grams) per day for the first month - that's about a half pound per week!

JAUNDICE: Jaundice is when your new baby has yellow looking skin. The whites of your baby's eyes may be yellow. Although jaundice is very common, in some babies it can require treatment to prevent serious problems. You can help your baby avoid jaundice by feeding frequently. Please note that any decisions about supplementation should only be made with the advice of your baby's doctor. If you think your baby looks yellow



or orange, talk with their doctor.

NORMAL NEWBORN BEHAVIOR

The first few days at home will be a great time of discovery. It can be difficult to understand what is concerning behavior and what is normal. A good rule of thumb is if the infant does not seem to mind the behavior, it is likely harmless. Here are some normal behaviors that can be seen in the first few weeks of life:

- chin trembling and lower lip quivering
- hiccups
- sneezing
- stuffy nose
- burping and spitting up
- passing gas
- straining with bowel movements
- yawning
- trembling or jitteriness of the arms and legs during crying or if baby startles

NEWBORN CARE

BATH TIME: Some babies like baths, others hate them. It can be a relaxing experience for the child, so you may want to bathe them in the evening or during a “fussy” period. We recommend giving only a sponge bath until the umbilical stump falls off, usually between 1–4 weeks of age. Use a mild soap and be sure to rinse the child well with water when you are done. We do not recommend baby powders, lotions, or oils.

UMBILICAL CORD: Clean the umbilical stump with a sponge or washcloth if urine or stool gets on the area. There is no need to clean it routinely. A small amount of bleeding is not unusual. If there is bleeding, use a tissue and hold the area tightly for 10 minutes. If the bleeding continues, call the doctor’s office. If the umbilical stump has an odor

or if the area is becoming red or has drainage, call the doctor’s office.

GENITALS, BOYS:

Not circumcised — A newborn’s foreskin should not be pulled back over the tip of the penis. Pushing your son’s foreskin back too early can cause scar tissue formation and damage. After the first few years of life, the foreskin will gradually become more retractable. Until this time, wash the outside of the penis with soap and water.

Circumcised — The area will look raw and sore. Keep a small amount of petroleum jelly (Vaseline) on the diaper so the penis will not stick. Wash the area gently with water and do not immerse in water (no baths) until the area has healed. Within 1–2 days, you will notice a decrease in swelling and redness and see a yellow covering on the tip of the penis. This is normal, new tissue growth. After about 4–5 days, the skin will be completely healed. At this time, you can stop applying petroleum jelly.

GENITALS, GIRLS: A white, clear or even blood tinged vaginal discharge can be seen. This normal discharge will stop in a few weeks. You should wipe the genitals from front to back (from the clitoris area towards the anus) to help decrease the risk of bladder infections. You should also separate the labia and clean the area gently.

NAILS: Baby nails are soft and easily bent. They also happen to be very sharp. We recommend trimming the nails so babies don’t scratch themselves. You can accomplish this with a nail file, emery board, small clippers, or nail scissors. Usually the best time to do nail care is when the baby is asleep or feeding.

CLOTHING: Dress your baby as you would dress yourself. Babies do not need extra clothing while indoors. In cold weather, dress your baby appropriately when you go outside. Cover your baby’s head with a hat. During the summer months, limit exposure to sunlight since baby skin sunburns easily. Lightweight clothing and a hat will protect your baby’s skin. Prevent your baby’s skin from touching a car seat that has been in the sun since it

can become hot enough to cause burns.

CRYING

Crying is normal. Crying may start or stop and you may not know why. Some babies may simply cry more than others and this does not necessarily mean something is wrong with your baby. Do not worry about spoiling your baby. When your baby cries, they need to know that someone is there to comfort and take care of them. If your baby is in a safe environment, their crying in itself is not harmful. However, if your baby is ever inconsolable at any age but especially between the ages of



birth to 2 months or you are concerned they are sick, call their doctor.

What do you do if your baby is crying?

Make sure your baby is not hungry, gassy, tired, wet, hot or cold,

and their clothing is not too tight. Some babies desire more sucking so a pacifier may help, or try more cuddling and physical contact. Other babies are comforted by the rhythmic motion of walking, rocking, patting, car rides, stroller rides, baby swings, or being carried in a front carrier. Swaddling or frequent position changes sometimes help. Sometimes, the sounds of a soft radio or the loud ticking of a clock soothe babies. Even very young babies love social stimulation and may settle down when you smile, talk, and play with them.

Taking care of your baby can be enjoyable but, when your baby will not stop crying, caring for the baby can be very upsetting. Remember that you are not alone and non-stop crying is difficult for all caregivers to cope with. Parents and caregivers may become frustrated. Put the baby in their crib, sit down, close your eyes, and take 20 deep breaths. Think about how much you love your baby. To give yourself a needed break, call a trusted friend, relative, or neighbor to watch the baby. Call one of the crisis hotlines (1-800-4-A-CHILD). Share

these suggestions with anyone who will be caring for your baby. No one thinks they will ever shake an infant or that another caregiver will shake a baby, but research shows crying is the number one trigger leading caregivers to violently shake and injure babies.

TAKING YOUR BABY'S TEMPERATURE

It is not necessary to take your baby's temperature unless you think they are sick. The most accurate temperature is taken rectally. To take a rectal temperature, have your baby lie on his stomach. Put some petroleum jelly on the end of the rectal thermometer and on the rectum (the opening of the anus). Put the thermometer gently into the rectum about $\frac{1}{4}$ to $\frac{1}{2}$ inch. Hold your baby still until the thermometer signals that it is done.

If your baby's temperature is greater than 100.4 F (38.0 C), call the doctor. Do not give your baby medications until you speak with a nurse or doctor.

CAR SEATS

Michigan Car Seats: **Michigan state law requires that infants ride in a rear-facing car seat starting with their first ride home from the hospital and until they are 2 years old.** More than 75% of car seats are not used correctly. Using a car seat properly is one of the most important things you can do to keep your child safe in the early years. Several community car seat fitting stations are available in Washtenaw County and Livingston County. Call 734-763-2251 to make an appointment with a Certified Child Passenger Safety Technician to have the installation of your seat checked and to make sure your child is buckled correctly.

If you live in a county other than Washtenaw or Livingston please search www.cert.safekids.org to find a technician near you. Learn more about car seat safety and the Mott Buckle Up! Program at www.mottchildren.org/injuryprevention or by calling 734-763-2251.



GUIDELINES FOR SAFE SLEEP

Your baby will sleep for up to a total of 20 hours per day so making sure they have a safe place to sleep is crucial. Taking precautions to ensure safe sleep is important in preventing sudden infant death syndrome (SIDS) and death from unsafe sleep conditions. There are many things that you and others who care for your baby can do to reduce the risk of infant death. Please remember that safe-sleep practices should be followed at all times regardless of whether you are at home or are away and regardless of the time of day or night.

- 1. Always place your baby on their back to sleep.** Babies should NOT sleep on their stomachs or on their sides. Make sure grandparents, babysitters, childcare providers, and anyone else who may be caring for the baby are aware that they should always sleep on their back.
- 2. Place your baby on a firm surface, such as a safety-approved crib mattress, covered with a fitted sheet.**

Your baby should not sleep on soft materials like blankets or sheepskins.

- 3. Keep blankets, quilts, pillows, soft toys, and crib bumpers out of your baby's sleep area.** If necessary, your baby may be dressed in thin layers or a footed sleeper to keep warm in colder seasons.

During the immediate postpartum period, some babies may be comforted by being swaddled. If swaddling is used, please make sure your baby does not get overheated. Your baby's arms should not be across their chest and your baby should not be swaddled too tightly — both situations could interfere with their breathing. The swaddling blanket should not be too close to the baby's face or head. Swaddling should be discontinued by 2 months of age when infants are more active and more likely to displace the swaddling blanket which can suffocate them.

- 4. Do not allow smoking around your baby, including cigarettes and marijuana.**
- 5. The risk of SIDS has been shown to be less when babies sleep in the same room as a parent.** However, your baby should sleep in their own sleep space and not with you or any other person. The risk of suffocation is 40 times higher for infants in adult beds compared with those in cribs. Sleeping with an infant on a couch or armchair is even more dangerous. If you notice yourself feeling tired while holding your baby, make sure to put them in their own sleep space for safety.
- 6. Pacifier use during sleep decreases SIDS.** The pacifier should be used when placing your baby down for sleep and not be inserted once they have fallen asleep. If your baby refuses the pacifier, they should not be forced to take it. If your baby is breastfeeding, you should wait until they are feeding well (or 1 month) before introducing the pacifier.
- 7. Do not let your baby overheat during sleep.** Your baby should be lightly clothed for sleep and the room temperature should be kept comfortable for a lightly-clothed adult. Over-bundling can cause your baby to become too hot and also increases the risk for infant death.
- 8. Avoid products that claim to reduce the risk of SIDS.** None have been tested sufficiently to show that these products are effective or safe.
- 9. Reduce the chance that your baby's head will be misshapen or flat on one side.** Provide "tummy time" when your baby is awake and supervised. Change the direction that your baby lies in the crib from one week to the next. Avoid too much time in car seats, carriers, and bouncers.

WHEN SHOULD YOU CALL THE DOCTOR?

- Breathing difficulties or turning blue
- The baby's skin and eyes look yellow (jaundice)
- Not feeding well — this can be poor latching onto the breast, not nursing as long as before, falling asleep quickly at the breast, or not taking at least one ounce from the bottle at each feeding
- Too sleepy to feed or has not fed in more than five hours
- Not making the expected number of wet diapers. A 1-day-old should have one wet diaper and a 2-day-old should have two wet diapers. This continues to increase each day until the baby is 7 days old. After that the baby will have around 7-8 wet diapers per day.
- Not stooling at least once per day in the first five days of life
- Vomiting
- Sweating with feedings
- Fever over 100.4 F (38.0 C). The temperature should be taken rectally
- Inconsolable crying for an hour or more
- Oozing or a foul odor from the umbilical stump
- Your emotions are getting out of control or you are worried you may harm your baby
- Anytime you are worried about your child

University of Michigan Pediatrics, Adult Medicine/Pediatric and Family Medicine Clinics

GENERAL PEDIATRICS

To reach any of our General Pediatrics offices, please call 734-539-5080.

Briarwood Center for Women, Children and Young Adults

Building 2
400 East Eisenhower Parkway, Suite B
Ann Arbor, MI 48108

Brighton Health Center

8001 Challis Road
Brighton, MI 48116

Canton Health Center

1051 North Canton Center Road
Canton, MI 48187

East Ann Arbor Health and Geriatrics Center

4260 Plymouth Road
Ann Arbor, MI 48109

Howell Health Center

3399 East Grand River Avenue, Suite 202
Howell, MI 48843

Northville Health Center

39901 Traditions Drive
Suite 240
Northville, MI 48168

Saline Health Center

700 Woodland Drive East
Saline, MI 48176

West Ann Arbor Health Center - Parkland Plaza

380 Parkland Plaza
Ann Arbor, MI 48103

Ypsilanti Health Center

200 Arnet Street, Suite 200
Ypsilanti, MI 48198

ADULT MEDICINE AND PEDIATRICS

To reach any of our Adult Medicine and Pediatrics offices, please call 734-647-5670.

Canton Health Center

1051 North Canton Center Road
Canton, MI 48187

East Ann Arbor Health and Geriatrics Center

4260 Plymouth Road
Ann Arbor, MI 48109

FAMILY MEDICINE

To reach any of our Family Medicine offices, please call 734-539-5000.

Briarwood Family Medicine

Building 10
1801 Briarwood Circle
Ann Arbor, MI 48109

Chelsea Health Center

14700 East Old U.S. Highway 12
Chelsea, MI 48118

Corner Health Center

47 North Huron Street
Ypsilanti, MI 48197

Dexter Family Medicine

7300 Dexter-Ann Arbor Road, Suite 110
Dexter, MI 48130

Family Medicine at Domino's Farms

24 Frank Lloyd Wright Drive
Ann Arbor, MI 48106

Livonia Family Medicine

20321 Farmington Road
Livonia, MI 48152

Ypsilanti Health Center

200 Arnet Street, Suite 200
Ypsilanti, MI 48198

www.mottchildren.org

Visit us online to learn more about U-M clinics, providers, and a wide array of information about health topics.





C.S. MOTT CHILDREN'S HOSPITAL
MICHIGAN MEDICINE

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For further information about our health centers, provider biographies and health topics, please visit:



www.mottchildren.org

YOUR CHILD

Check out parenting guides and resources from
University of Michigan pediatricians and pediatric specialists
at www.mottchildren.org/your-child

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