

Daily Care for Newborns

Finally, the long-awaited moment has arrived. We congratulate you and are delighted to be sharing this magical time with you.

Your child's birth is certainly a cause for a great joy and maybe a little uncertainty too, especially if this is your first child. As small as they may be, newborns have enormous needs.

To support you in your role, we developed this guide to help you in the first few weeks of your little one's life.

Have confidence in yourself and enjoy every stage of your baby's development.

Skin-to-skin contact

Immediately following birth, your baby will be placed on you to give you skin-to-skin contact for at least one hour. This contact makes the transition to life outside the uterus a happier time for your newborn, by swaddling him or her with warmth, security and comfort.

Skin-to-skin contact also fosters bonding and has a major impact on the success of your breastfeeding experience.

Close contact with your baby is encouraged in the first few weeks to foster attachment between the two of you.

Newborn Nutrition

If you decide to breastfeed your newborn, the nurses at the Family Birthing Centre (FBC) will teach you what you need to know and support you during your time in the hospital to help get your breastfeeding off to a good start. For more information, you can also refer to the booklet that your nurse gave you, *Feeding your baby*, developed by Ottawa Public Health.

If you decide not to breastfeed your newborn, the FBC nurses will teach you how to prepare, administer and store commercial infant formula. Refer to the document on *infant formula* for newborns that your nurse gave you during your time in the hospital.

Regardless of the feeding method you choose, feed your newborn on demand whenever you notice signs of hunger and until the baby is full. Breastfed babies need at least eight good feedings a day, and formula-fed babies need at least six.

Burping

The air in your baby's stomach, swallowed while drinking or crying, makes him or her feel very uncomfortable. That's why it is important to burp your baby during the feeding and as needed, when the baby seems unsettled.

How often a baby burps varies from one child to another, but burping is recommended at least twice during a feeding: once in the middle and once at the end. Bottle-fed babies sometimes need to burp more often because they swallow more air than breastfed babies.

You can burp your baby in one of two ways: either by holding him or her upright, against your shoulder, or seated on your knee. Firmly support the baby's head and gently rub the baby's back for about one to three minutes. You can stop if your baby still hasn't burped after a few minutes and seems comfortable. Some babies will burp later, often when they are repositioned (Ottawa Hospital, p. 17, 2009).

Vitamin D

Since mother's milk contains insufficient vitamin D to meet baby's needs, the Canadian Paediatric Society and Health Canada recommend a daily dose (once a day) of 400 IU of vitamin D for breastfed babies soon after birth until their diet provides the amount they need (Canadian Paediatric Society, 2012).

Formula fed babies also require a vitamin D daily supplement of 400 IU until they are drinking 1 litre (32 ounces) or more of formula per day (Canadian Paediatric Society, 2012).

Elimination

Urine

Normally, your baby will have only a few wet diapers in the first few days; the urine may be concentrated and may even contain small orange deposits.

During the first few days after birth, the number of wet diapers increases by one per day.

- Day 1 = 1 wet diaper
- Day 2 = 2 wet diapers
- Day 3 = 3 wet diapers (Institut national de santé publique du Québec, p. 276, 2012)

Starting on day five, however, your baby should be thoroughly wetting at least six to eight diapers with clear urine, which tells you that your baby is drinking enough.

Stool

Your baby's stool will change from black (meconium) to green (transitional colour) in the first four days, and then take on a yellowish colour by the fifth day. The frequency and consistency of bowel movements will vary according to the type of food given and from one baby to another. The stool of breastfed babies is often runnier and bowel movements occur more frequently than for formula fed infants. You will gradually learn to recognize your baby's normal stool. As long as the stool remains soft, your baby is healthy and growing normally – no need to worry (Institut national de santé publique du Québec, p. 182, 2012).

If your baby is still passing black stools (meconium) after the fourth day or if he does not have at least one bowel movement per day during his first month, consult your doctor or midwife.

Diapering

Changing your baby's diaper as soon as it becomes wet or soiled is important to prevent a skin rash.

- Wash the baby's buttocks and genitals with warm water and mild, unscented soap. (Use water only if your baby hasn't had a bowel movement.) Rinse and dry.
- Use unscented, alcohol-free wet towels only as needed: they can dry out your newborn's skin and cause rashes.
- Apply a thin coat of Vaseline or zinc oxide based cream to the buttocks to prevent skin irritation.
- **Always wash your hands before and after each diaper change** (Canadian Paediatric Society, 2012).

Bathing

You can bathe your baby at any time of the day, but always wait for one hour after feeding. To prevent your newborn's delicate skin from drying out, a full bath and shampoo two or three times a week is sufficient. However, face, hands and genitals should be washed daily (Canadian Paediatric Society, 2012).

You can give your baby a sponge bath or a tub bath. The tub is often preferred because it keeps your baby warmer (Institut national de santé publique du Québec, p. 188, 2012).

Here are a few tips for baby's bath time:

- Wash your hands.
- Set up for bath time in a warm room between about 22° to 24° C (or 72° to 75° F).
- Water should be at body temperature and comfortable to the touch.
- Ensure that you have everything you need before you begin.
- Remove any jewelry that might scratch the baby.
- Hold your baby safely and securely.
- Never use soap to wash the baby's eyes or face.
- Never use bubble bath or scented oils.
- Never use cotton-tipped swabs to clean baby's nose or ears.
- **Never leave your baby in the bathtub unattended, not even for a split second** (Canadian Paediatric Society, 2012).

Umbilical Cord Stump Care

At birth, the umbilical cord stump is whitish-blue in colour and turns black as it dries. It usually falls off in about three weeks. The small yellow clip stays in place and falls off with the cord. You may see a few drops of blood when it falls off, but this is nothing to worry about.

The cord stump must be kept clean and dry at all times. Clean the stump with warm water at least once a day and as needed if it becomes soiled with urine or stool. Ensure that you dry it well after the baby's bath and keep it outside the diaper. Cotton-tipped swabs can be used to clean and dry the base of the umbilical cord.

Never try to pull off the cord, even if it looks like it's hanging on by a thread (Canadian Paediatric Society, 2012).

Genital Care

For newborn girls:

The labia remain swollen for two to three days after birth. Some little girls have white vaginal secretions occasionally tinged with blood. This mini-menstruation is caused by excess hormones transmitted to her from mother before birth.

Clean the vulva during bath time and with each diaper change by gently spreading the labia and always wiping from front to back. Then rinse carefully and dry (Institut national de santé publique du Québec, p. 180, 2012).

For newborn boys:

Generally, the testicles of boys born at term have already descended into the scrotum. The foreskin is stuck to the penis, and you should never try to retract it by force.

Wash the penis and scrotum at bath time and with each diaper change. Rinse and dry well (Institut national de santé publique du Québec, p. 180, 2012).

Circumcision

Circumcision is a surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head of the penis and part of the shaft.

The Canadian Paediatric Society does not recommend routine circumcision for newborn boys. Since circumcision is medically unnecessary, the costs involved are not covered under health insurance plans (OHIP and RAMQ) (Canadian Paediatric Society, 2004).

Hôpital Montfort's Family Birthing Centre does not perform circumcisions. The procedure can be done at a doctor's office a few days after birth. For more information, talk to your baby's doctor, your mid-wife or an FBC nurse.

Nail Care

The nails of newborns are stuck to their skin at birth. You will have to wait a few weeks before clipping them.

Once it is safe to clip the nails, use a baby nail clipper and clip carefully at right angles. The best time to clip your baby's nails is while he or she is sleeping or after bath time, once the water has softened them (Institut national de santé publique du Québec, p. 191, 2012).

Sleeping/Waking Cycles

A newborn's sleeping and waking cycles vary according to needs and temperament. Some babies wake up for a feeding, while others sleep for longer periods of time (Institut national de santé publique du Québec, p. 218, 2012).

Your baby's sleep cycle is divided into stages, ranging from deep sleep to light sleep. The best time to prepare baby for feeding is during light sleep (when the baby starts rustling and you can see his eyes

moving under his eyelids). Between four and six months of age, most babies sleep five consecutive hours at night (Ottawa Public Health, 2009).

Safe Sleeping

According to the Canadian Paediatric Society, the safest place for your baby to sleep in the first six months of life is in a crib set up in your room. Your baby must sleep on his or her back, on a firm mattress, and in a crib that meets Health Canada standards. Simply use a light blanket to cover your baby. Here are a few more tips for providing your baby with a safe environment:

- Provide a smoke-free area at all times.
- Never use crib bumpers, pillows, stuffed animals or other similar items.
- Never place your baby on a waterbed mattress, sofa, air mattress or any other soft surface.
- Never use a car seat or baby carrier as a substitute for your newborn's crib.
- **Adult beds increase the risk of suffocation and sudden infant death syndrome** (Canadian Paediatric Society, 2010).

Safe sleep guidelines for twins

Current evidence shows that the safest way to sleep twins at the hospital and at home is to place them in their own bed and follow the guidelines on safe sleeping. Studies show that co-bedding is associated with an increased risk of sudden infant death syndrome (American Academy of Pediatrics, 2011).

Positional Plagiocephaly (Flattened Head)

For the past few years, paediatricians have recommended laying babies on their back to reduce the risk of sudden infant death syndrome. However, frequently placing your baby in this position causes another problem: *positional plagiocephaly*, or flattening of the head.

Since the newborn's skull is soft and flexible, the pressure of the mattress can cause part of the baby's head to flatten. Often, slight flattening resolves itself, but more severe flattening may sometimes never disappear completely.

Here are a few recommendations to prevent this problem:

- Alternate your baby's position in the crib every day. Place the baby's head at one end of the crib one day, and at the other end the next day.
- Install a mobile on the side of the crib to encourage your baby to always look in the same direction.
- Avoid leaving the baby in a baby seat for an extended period of time.
- Let your baby have 10 to 15 minutes of stomach time 3 times a day under your supervision while awake (Canadian Paediatric Society, 2011). Extend this time according to what your baby can tolerate.

Crying

Newborns cry to let us know what they need. They cry when hungry, cold or hot, if they need to burp, to have us change their soiled diaper or for other reasons.

Although we are not really sure why, some babies cry a lot more than others. You will get to know what your baby's cries mean very quickly.

Picking up your baby to give comfort will not spoil your baby (Canadian Paediatric Society, 2011).

If your baby refuses to be comforted and you feel that your patience has reached its limit, place the baby in a safe location, such as his crib, and take a few minutes to calm down. If possible, ask a relative or a friend to take over for a while.

Never shake your baby. Shaking can cause permanent brain injury and even death (Institut national de santé publique du Québec, p. 204, 2012).

Pacifiers (Soothers)

Advice regarding the use of a soother is controversial. If parents choose to use a pacifier with a breastfed baby, it is recommended to wait until breastfeeding has been well established.

Pacifiers can sometimes help certain babies who have a strong need to suckle between feedings. However, pacifier use must be monitored carefully to determine whether it is necessary and safe.

A pacifier should never be given as a substitute for a feeding or a parent's comfort (Canadian Paediatric Society, 2012).

Here are some tips for using pacifiers:

- Sterilize the pacifier in boiling water for five minutes before its first use.
- Clean the pacifier with hot water and soap after each use.
- Never wet it in your mouth, or dunk it in sugar or honey.
- Replace the pacifier every two months.
- Ensure that it is undamaged and has no holes in it before giving it to your baby.
- Use only fasteners that are specifically designed for pacifiers and have a short cord to attach it to the baby's clothing (Canadian Paediatric Society, 2012).

Jaundice

Jaundice is characterized by a yellow colour in the newborn's skin. It happens when babies have too much of an orange coloured pigment called *bilirubin* in their blood. About 60% of babies born at term and 80% of preterm babies become jaundiced. It usually starts in the first two or three days of life (Institut national de santé publique du Québec, p. 185, 2012).

Since most bilirubin is eliminated through the baby's stool, frequent feeding of a newborn is often enough to lower the risk of jaundice.

If your baby's bilirubin blood level is too high, phototherapy will be necessary (exposure to light).

All newborns undergo a routine blood test before they leave the hospital to measure their bilirubin level. The doctor may order another blood test after discharge, especially for babies at risk of developing jaundice (Canadian Paediatric Society, 2007).

If you notice jaundice in your baby in the first week of life, consult your doctor or midwife.

Temperature Taking

Taking your newborn's temperature is part of routine hospital care. However, once you return home, you will not need to take your baby's temperature unless you notice signs of fever.

It is best to use the axilla (underarm) method for checking your baby's temperature with a digital thermometer. Place the thermometer at the centre of the baby's armpit and then reposition your baby's arm against his or her body. Hold the thermometer in place until you hear the signal telling you that the result is ready to read (Ottawa Public Health, 2009).

If the axilla temperature is normal but you feel that your baby is warmer than usual and seems unwell or uncomfortable, confirm your baby's temperature rectally (Canadian Paediatric Society, 2008). A rectal temperature of more than 38.0 Celsius or 100.4 Fahrenheit indicates a fever.

To find out about temperature-taking methods and techniques for your baby, or to determine whether your baby has a temperature, visit the Canadian Paediatric Society link at <http://www.caringforkids.cps.ca>, or consult the Ottawa Public Health documents you received upon your discharge from hospital.

Any baby under six months of age who shows signs of a fever must see a doctor (Canadian Paediatric Society, 2008).

Vaccination

The Canadian Paediatric Society states that vaccination is the best means of protecting your baby from a number of contagious diseases. Your baby's immunizations begin at the age of two months.

In Ontario, every child registered at a school or daycare centre must meet vaccination requirements (Ottawa Public Health, 2001-2012).

To protect your newborn, family members are encouraged to receive their yearly flu shots.

For more information about vaccination, ask your baby's doctor or your midwife.

Safety Tips

Accidental injuries, such as burns, drowning and suffocation, are the major causes of death among Canadian children. Fortunately, many of these injuries can be prevented by providing children with a safe environment (Canadian Paediatric Society, 2009).

For various tips on your baby's safety, visit the Canadian Paediatric Society link at <http://www.caringforkids.cps.ca>, read the document *from Tiny Tot to Toddler* at www.inspq.qc.ca, or consult the Ottawa Public Health documents you received upon your discharge from hospital.

If your baby shows any of the following symptoms, please contact a physician or your mid-wife:

- Fever
- Irritability, acute crying
- Lethargy
- Difficulty waking up
- Poor muscle tone
- Trouble breathing or fast breathing
- Loss of appetite
- Weight loss
- Yellowing of skin
- Blood in stools
- Projectile vomiting
- Stools are hard and dry
- Urine is dark and strong smelling
- Insufficient number of wet diapers according to baby's age
- Umbilical cord stump area is red, swollen, oozing or smells bad
- Involuntary, rhythmic, movements of the body, arms or legs

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