



A Guide to Caring for Your Newborn

Living and learning together

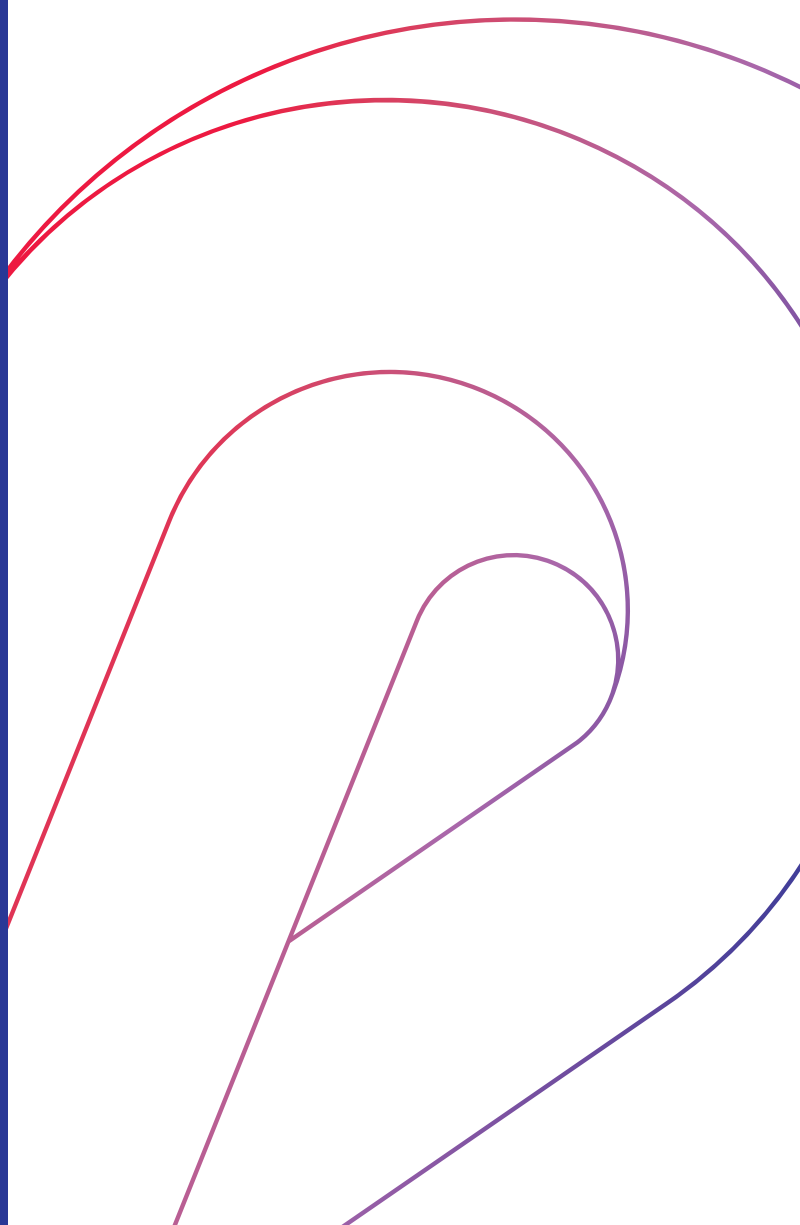
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Insuring Your Newborn

Be sure to call your health insurance plan to enroll your newborn within 30 days of birth. Otherwise, their medical expenses may not be covered.

Be sure to check out the videos on your **Be Ready** card for tips and tricks on caring for your baby, breastfeeding, and caring for yourself — before and after your baby comes.





Congratulations on the birth of your baby! Whether you're a first-time parent or a veteran, a newborn baby is always a wonder.

This guide provides an overview of some of the special characteristics you may notice about your newborn, and guides you through the basics of infant care. It will also help you recognize potential health concerns with your baby and know when to seek medical help.

Keep in mind that no booklet can replace the advice and care you receive from a doctor or other healthcare provider. We encourage you to consult with your baby's healthcare provider any time you have questions or concerns about your baby's health.

Intermountain Health understands and recognizes that not all people who have been pregnant or given birth identify as being a "woman." This educational document uses the terms "woman or women" instead of "people" or "persons" as an intentional device to highlight the vulnerability of those who society typically identifies as being female. The use of "woman or women" is not intended to exclude or silence those who do not identify as female. We acknowledge all pregnant people require education during and after birth and include all parent populations when we talk about mothers.



Your Baby's Appearance



Skin color in newborns can vary greatly — from a pink, white, yellowish, or even red tone to shades of tan or purplish blue depending on ethnicity.

Being a new mom is an exciting time! Every baby is unique and beautiful, but don't be surprised if your baby doesn't look like the babies you see in ads. Your baby might have lumps on their head, puffy or crossed eyes, a flat nose, a small chin, dry skin, or a rash. It's normal if your baby jerks occasionally while sleeping, has mild nasal congestion, breathes unevenly, sneezes, hiccups, and spits up occasionally. These are all temporary and normal unless your doctor tells you otherwise. This section will talk about what you can expect to see in a normal newborn's appearance and what you should be concerned about.

Skin

New parents often worry about their baby's skin. They might wonder if their baby is too red or have questions about marks or pimples on their skin. Here are some things you should know about your baby's skin:

- **Skin color:** Newborns can have different skin colors, ranging from pink, white, yellowish, or even red to shades of tan or purplish blue depending on ethnicity. The color can change depending on the baby's activity level.

At birth, a normal newborn's skin can range from reddish-purple to darker shades of purplish blue. The skin can turn bright red or purple when the baby cries, but this goes away after a few days. The baby's hands and feet may also be cool and blue. By the third day, they may appear slightly yellow. This is called jaundice. Jaundice is common and usually doesn't need treatment. (See page 22 for more information.) Some babies' skin will darken during the months following birth.

- **Rash:** Newborns have sensitive skin that can react to their environment. Small pimples surrounded by a mild red zone may appear on various parts of the body when the baby is about 2 days old. These will go away on their own and don't need treatment. Some babies may have a rash called pustular melanosis, which has small, pus-filled blisters that heal into dark spots on the skin. This rash is common in babies with darker skin and does not need treatment.

- **Acrocyanosis:** A blue color of the hands and feet is called acrocyanosis [ak-roh-sahy-uh-NOH-sis]. This happens when there is reduced circulation of blood to the skin of the hands and feet. It's common in the early hours of life, but if your baby's face and lips are blue or dusky, this could indicate a serious problem that requires immediate medical attention
- **Mottling:** A new baby's skin can also look blotchy or mottled. This is especially noticeable if the baby is uncovered or cold. Mottling can also occur if your baby is ill. If your baby's skin color becomes pale or mottled, take their temperature. If it is higher or lower than the normal range, call your baby's healthcare provider.
- **Cradle cap:** Cradle cap is a scaly patch of skin that develops on the scalp. Brushing your baby's hair daily and washing it every time you bathe them, or 2 to 3 times each week, may help prevent cradle cap. If cradle cap occurs, call your baby's healthcare provider.
- **Milia:** The whitish, pinhead-size spots, mainly on and around the nose or the newborn's chin, are called milia [MIL-ee-uh]. Although they appear as tiny pimples, it is important not to disturb or break them or to put acne medicine on them. Doing so could produce a rash or cause the skin to scar. Milia are normal in newborns and usually go away within a few weeks.
- **Stork bite marks:** This is a whimsical term for the areas of pink or red often found on a newborn's upper eyelids, forehead, and back of the neck. These marks are caused by blood vessels that are close to the surface of the skin. They usually fade by the end of the baby's second year. These "birthmarks" occur in as many as half of all newborns, especially in those with fair complexions.

Legs

At birth, the newborn's legs are relatively short compared to the total body length. In some newborns, there is a significant separation of the knees when the ankles are held together, giving the appearance of bowed legs. This usually corrects itself.

Call your baby's healthcare provider if you notice any of the following:

- Jaundice (yellowing of the skin and eyes) that does not go away, or spreads to cover more of the body. (See page 22 for more information.)
- A rash that concerns you — it could be an allergic reaction, an infection, or a symptom of an illness
- Mottled and pale skin and a temperature that is higher or lower than normal
- Cradle cap





What are these soft spots on my baby's head?

The “soft spots” on your baby’s skull — where you can sometimes see a pulse beneath the skin — are called **fontanel** [fon-ten-ELS]. Most babies have two: 1 on the top of the head and 1 a little farther back. These areas are where the bones of your baby’s skull haven’t yet grown together. This flexible arrangement allows the skull to compress during labor and to continue to grow during the early years of life. The rear fontanel usually closes within 4 months, while the front one does not close until the child is at least 1 year old. Do not be afraid to touch these spots gently. They are covered with a tough membrane to protect your baby’s brain.

Head and face

Newborn babies rarely have round, perfectly-shaped heads. Some babies have large heads, some have small. Some have round heads, and some have elongated heads from squeezing through the birth canal. Here are some other things you may notice with your newborn’s head and face:

- **Forceps marks:** If your baby was delivered using forceps, the pressure of the forceps may leave marks on your baby’s face, usually on the cheeks and jaws. Be assured that the marks will disappear quickly, usually within 1 or 2 days. After the marks fade, you may feel hard little lumps along the cheekbones where the marks were located. Do not worry. These lumps will also go away.
- **Molding:** Molding of the skull bones as the baby moves down the birth canal is a common cause of temporary lopsidedness of the head. Usually the head will return to its normal shape by the end of the first week. Molding is not usually present after a cesarean or breech delivery.
- **Caput:** A **caput** [KAP-uh] is an area of soft swelling of the skin on the baby’s scalp. It occurs as a result of the top of the baby’s head being pressed against the mom’s cervix during labor and delivery. The swelling usually goes away within the first few days of life.
- **Cephalohematoma:** **Cephalohematoma** [sef-uh-loh-hee-muh-TOW-muh] is a collection of blood in the baby’s scalp tissue. You will notice this as a bruise on top of your baby’s head. As with caput, this most commonly occurs when the baby’s head is forced through the birth canal. It differs from caput in that it tends to be more distinct and long-lasting. Cephalohematoma is not usually present until several hours after birth. It may take 2 weeks to 2 months for the baby’s body to reabsorb the excess blood and for the bruise to go away. Because the excess blood is absorbed from the center first, there may be a dent on the scalp for a while. Also, a baby with cephalohematoma may be more likely to develop jaundice.
- **Facial asymmetry** [ay-SIM-uh-tree]: Your baby’s face may appear lopsided if crowding in the uterus caused the head to be held for some time in a sharply flexed position (with the shoulder pressed firmly against the jawbone). This unevenness disappears by itself in a few weeks or months.

Eyes

You will likely spend a lot of time looking into your newborn's eyes. Here are some things you may notice:

- **Eye color:** Babies are not born with their final eye color. Eyes at birth are usually grayish-blue in infants with fair skin and grayish-brown in infants of with darker skin. Pigment is slowly distributed to the eye and produces the final eye color of the baby by 6 to 12 months.
- **Sclera:** The sclera [SKLEER-uh] (whites of the eyes) may have a bluish tint in the normal newborn. This is because the membranes surrounding the eyeball are still very thin. If the baby has jaundice, the sclera may appear yellow.
- **Tear ducts:** The tear ducts in a newborn are small and do not work at birth. Tears are usually not produced with crying until the baby is 1 to 3 months old.
- **Cross-eye:** Many newborns appear to have cross-eye because the upper eyelids of the newborn often show folds. This — along with with the wide, flat bridge of the nose — can make it seem like your baby has cross-eye. This illusion can be tested by looking at the reflection in the baby's pupils to see if both eyes are focused on the same object. This condition tends to go away as the facial structure develops.
- **Uncoordinated eye movements:** Uncoordinated eye movements are common in newborns. At times, it might seem that the eyes are operating independently. This is normal. Coordination of eye movements gradually occurs as the nerves and muscles of the eye develop. Fairly good eye coordination usually happens by the third or fourth month. In newborns, random and jerky movements are also normal.
- **Closed eyes:** In addition to sleeping, a number of things can cause your baby to close their eyes — including bright lights, loud noises, and touching the eyelids, eyelashes, or eye.
- **Subconjunctival hemorrhage:** One of the common results of birth may be the breaking of a small blood vessel on the white area of the eye, creating a bright red spot. This bright red spot is called a **subconjunctival** [sub-kon-juhnik-TEH-vul] hemorrhage [HEM-rij]. It is caused by a sudden increase in pressure in the eye as the baby passes through the birth canal. The condition is temporary and the blood is usually absorbed within 7 to 10 days.



Basic Care Activities

Your newborn will depend on you for every aspect of their care. This section provides guidelines for some basic care activities.

Bathing

For the first year of life, your baby will only need to be bathed every 2 to 3 days. Immersion bathing is a good way to help you and your baby become accustomed to a new routine. When immersion bathing is not possible, give a sponge bath. Swaddle bathing is another type of immersion bathing that is very calming to your baby and may be used at home.

There is no one right way to bathe a baby, but there are some basic guidelines to follow. As you become more comfortable with your baby, you can adapt these guidelines to fit your baby's needs:

- Bathe your baby in a warm, draft-free environment. Keep the bath short — under 5 minutes to prevent cold stress.
- Have bath supplies ready before beginning the bath.
- Keep the water temperature comfortably warm, not hot. Before placing your baby in the water, always test the temperature of the water with your elbow.
- Wash your baby's face first, using plain water and a washcloth. Then, wash their eyes from the inner corner to the outer, using different parts of the washcloth for each eye.
- Keep the umbilical cord clean and dry. If the umbilical cord stump becomes soiled with urine or stool, clean it with water. Dry it thoroughly to remove moisture.
- Use a mild, non-deodorant soap and a soft washcloth to wash the rest of the body, working downward toward the feet. Pay special attention to folds and creases.
- When washing the genitals, always wipe girls from front to back. When bathing a boy, never forcefully push back the foreskin on an uncircumcised penis.
- To avoid heat loss, wash the baby's hair last.
- To help keep your baby warm after a bath, cover their head with a dry towel.
- Use only lotions that are fragrance-free and alcohol-free.



Fingernail care

Babies will scratch themselves if their nails are too long. It may be easier to clip your baby's nails when they are asleep or with someone else's help. Use clippers designed especially for babies, and be careful not to cut the fingertips. You can also use a soft emery board to file your baby's fingernails.

Diapering

You should change your baby's diaper often — as soon as it is wet or soiled. You may feel clumsy diapering at first but you will get better with practice. Here are some tips:

- **Be ready.** Before you start, place all necessary items within easy reach.
- **Be safe.** If using a changing table, it should be sturdy and have a safety strap. Also be sure it has plenty of room to hold all the items you need to change your baby. Even with a safety strap, you should never turn your back while changing the baby.
- **Clean well.** Gently and thoroughly clean the skin.
 - **For girls:** Wipe the genitals from front to back. For the first 4 weeks after birth, it is not unusual for girls to have a white, milky discharge that may or may not be tinged with blood.
 - **For boys:** Clean under the scrotum. Do not push or pull the foreskin on an uncircumcised penis.
- **Watch those pins.** If you use cloth diapers, watch out for open safety pins. Always point them outward, away from the baby.
- **Skip the powder.** Baby powder may smell good, but it can irritate your baby's lungs. It can also irritate the broken skin of a diaper rash. See page 17 for tips on preventing and treating diaper rash.

Important: Pay attention to the number of wet and messy diapers your newborn makes. Too few may signal a problem.

Normal bowel movements (poops)

A baby's first bowel movements are a sticky black or greenish-brown material called **meconium** [meh-KOH-nee-uhm]. By the fourth day of life, bowel movements should become the characteristic yellowish color produced by a milk diet.

Color, consistency, and number of bowel movements will vary between babies. A breastfed baby tends to have loose, seedy, yellow- or mustard-colored movements that do not have a strong smell. Milk formula produces pasty and formed bowel movements, which are light yellow to brown, and have a strong sour-milk smell.

Some variations in color and texture can be normal if the infant seems healthy. You will soon be able to judge if a bowel movement seems unusual. Apparent straining during bowel movements is common.

Call your baby's doctor if you notice any of the following:

- **On the 1st day of life,** your baby does not have at least 1 wet diaper and 1 messy diaper in a 24-hour period.
- **On the 2nd day of life,** fewer than 2 wet diapers and 2 messy diapers in a 24-hour period.
- **On the 3rd day of life,** fewer than 3 wet diapers and 3 messy diapers in a 24-hour period.
- **On the 4th day of life:**
 - Your breastfed baby has fewer than 4 wet diapers and fewer than 4 mustard-yellow stools (poops) in a 24-hour period.
 - Your formula-fed baby has fewer than 4 wet diapers and no messy diapers in a 24-hour period.
- **After the 4th day of life:**
 - Your breastfed baby has fewer than 6 wet diapers and fewer than 4 mustard-yellow stools in a 24-hour period.
 - Your formula-fed baby has fewer than 6 wet diapers and no messy diapers in a 24-hour period.
- **No messy diapers at all in a 24-hour period** for a baby younger than 2 months old.
- Sudden changes in bowel movements in combination with irritability, poor eating, or other concerns.

What about pain?

Newborn babies do feel pain, and a circumcision may be painful. However, pain medicines given to the area of the surgery can greatly reduce your baby's discomfort. If you decide to circumcise your baby, talk with your child's healthcare provider about pain management.

Most healthcare providers use 1 of 3 types of local anesthesia to make the operation less painful:

- A numbing cream that is put on the skin of the penis
- A nerve block injected at the base of the penis (pain medicine that numbs the nerve to the penis for a short time)
- A nerve block injected under the skin around the penis shaft (pain medicine that numbs the nerve to the penis for a short time)

Also, before the procedure, the doctor may give your baby medicine to make them a little sleepy and a sugar-dipped pacifier to help lower their stress.

Circumcision and penis care

A circumcision is a procedure that removes a fold of skin called the **foreskin** from the head, or **glans** [glanz], of a male baby's penis. It is done either in the hospital before your baby goes home or in the doctor's office at one of your baby's first checkups. Circumcision is no longer performed routinely. It is your choice whether or not to have your baby circumcised. The following information and resources can help you decide.

Making a decision

Circumcision is no longer considered medically necessary.

According to the American Academy of Pediatrics and the American Medical Association, there is not enough medical evidence to support routine circumcision. Studies do show some potential medical benefits of circumcision, but there are also potential risks (see below). Since circumcision is not essential to the child's current well-being, parents should decide what is in the best interest of their child.

Circumcision is your choice. In addition to weighing potential medical risks and benefits, you should also consider any cultural, religious, or ethnic traditions that may affect your decision. Make sure you have the information you need to make an informed choice.

You may have to pay for the circumcision. Because routine circumcision is not considered medically necessary, your healthcare insurance may not pay for it. In fact, in many states, Medicaid no longer pays for circumcision. You should check with your own insurance provider before you make a choice. Also, talk with hospital or clinic staff for information on costs and financial assistance.

Potential Benefits

- Reduced risk for urinary tract infection (UTI) in the first year of life. The risk of infection is 1 in 100 for male babies who are not circumcised and 1 in 1,000 for circumcised babies.
- Slightly reduced risk of developing cancer of the penis. However, this type of cancer is very rare in both circumcised and uncircumcised males.
- Slightly reduced risk of getting sexually transmitted diseases (STDs), including HIV. However, behavior is far more important than the presence or absence of a foreskin in determining the risk of HIV infection.
- Easier prevention of infection under the foreskin. However, males who are not circumcised can learn how to clean beneath the foreskin.

Potential Risks

- **Bleeding, infection, and improper healing.** These are risks of any surgery.
- **Cutting the foreskin too short or too long.** If too little skin is removed, the circumcision may have to be repeated. If too much skin is removed, the penis can take longer to heal, or may require reconstructive surgery.
- **Irritation and urination problems.** When the foreskin is removed, the tip of the penis may become irritated and cause the opening of the penis to become too small. In rare cases, this can cause urination problems that may need to be surgically corrected.

Care of the circumcised penis

If your baby has been circumcised:

- **For all types of circumcision:** It is normal for the site to be red and raw and to have a yellow, mucus film on it for about 5 days. Do not try to wipe this off — it is a wet scab that protects the wound. Just keep the penis clean by gently washing it with warm water during a bath. Do not use cotton swabs, astringents, or any special bath products. Observe the site for signs of infection (listed under “call your baby’s doctor” to the right). The circumcision should heal completely within 7 to 10 days.
- **For a circumcision using a Plastibell clamp:** The Plastibell is a plastic rim that is placed between the foreskin and the glans of the penis. If your baby has a Plastibell, do not use any special dressings or ointments on your baby’s penis. The plastic rim usually drops off in 5 to 10 days.
- **For a circumcision using a Gomco or Mogen clamp:** Gomco and Mogen clamps are used to surgically remove the foreskin. No special dressing is required. However, to prevent the diaper from rubbing against or sticking to the sore area, you can use a small amount of petroleum jelly on the tip of the penis.

Care of the uncircumcised penis

If your child has not been circumcised:

- Wash the penis gently with soap and warm water during a bath. You do not need to use cotton swabs, astringents, or any special bath products.
- Never forcibly pull back the foreskin to clean beneath it.
- Over time, the foreskin will retract on its own. This happens at different times for different children, but most boys can retract their foreskins by the time they are 5 years old. After that time, you can teach your child to gently pull the foreskin back away from the glans, and clean the glans and the inside fold of the foreskin with soap and warm water.

Call your baby’s healthcare provider if you notice any of the following:

- Increased redness, swelling, and tenderness
- Development of pus-filled blisters
- Bleeding — apply pressure and call your baby’s doctor right away
- Signs of discomfort with urination
- Failure to urinate within 6 to 8 hours after a circumcision

Umbilical cord care

Your baby’s umbilical cord does not require any special care, except for keeping it clean and dry. If the cord does become dirty — for example, if there is a small amount of drainage on or around the cord — simply wipe it with a warm, wet washcloth, cotton ball, or cotton swab (Q-tip), and let it dry. Since there are no nerve endings in the umbilical cord, you do not need to worry about hurting your baby. Folding the baby’s diaper below the cord will improve air circulation and help keep the cord dry.

After the cord drops off, usually in about 12 to 14 days after birth, you may notice some drainage and slight bleeding. This is normal. Just clean the cord site gently until the drainage stops. However, if the skin around the umbilical cord becomes reddened, firm, or has pus or a foul smell, call your baby’s healthcare provider. It could be infected.



Call your baby’s healthcare provider if you notice any of the following:

Reddened or firm skin around the umbilical cord — or skin that has pus or a foul smell.



When you've just given birth, your doctor or nurse will bring the baby to you for skin-to-skin care. After that, you can give skin-to-skin care whenever you choose. Follow these simple steps:

- Remove your baby's clothing and remove or open your shirt. (You may want to keep your baby's diaper on.)
- Place your baby on your bare chest with your baby facing in toward you. Turn their head so they can breathe freely.
- Cover your baby's back with a blanket. Relax and enjoy.

Skin-to-Skin Care

Skin-to-skin or "kangaroo" care means holding your baby closely with your bare chests touching. You are encouraged to hold your baby skin-to-skin right after delivery and in the hours and days following.

Recent studies show that skin-to-skin care has important health benefits for babies, especially right after delivery. For example, skin-to-skin care can:

- Calm and soothe your baby
- Help your baby maintain a healthy body temperature (it is better than an incubator)
- Help regulate your baby's heart rate, blood sugar, and breathing
- Improve your baby's sleep
- Help your baby breastfeed

Skin-to-skin care is good for you, too. It can:

- Lower stress
- Help you bond and connect with your newborn
- Improve your ability to make breast milk and to know when your baby is ready to nurse

Unless there are complications, your healthcare provider will give you a chance to hold your newborn skin-to-skin soon after delivery.

Some mothers want their babies placed on their abdomens (bellies) right away so that they can help dry the baby while the umbilical cord is being clamped and cut. Other moms will begin skin-to-skin care after their babies have been dried and weighed. You and your care team can decide together how best to begin skin-to-skin care for your newborn.

Preterm babies and babies who are taken to the NICU can also benefit from skin-to-skin care. Your baby's medical team can let you know when your baby is stable enough to be held skin-to-skin.

You and your baby can share this closeness any time you like. It is good for you, your baby, and your relationship as parent and child. Just remember to keep the home fairly warm and to cover your baby's back with a blanket while you snuggle.

Feeding

Mother's milk (breast milk) or infant formula are the only food your baby will need for the first 6 months of life. Water, sugar-water, juice, and electrolyte drinks (for example, Pedialyte) are not needed. Do not give them unless you are instructed to do so by your doctor. Do not give cow's milk or goat's milk to a baby younger than 1 year of age. These milks are high in protein and salt and are harder for babies to digest. In addition, these milks do not contain many of the important vitamins and minerals your baby needs. They are especially low in folic acid and vitamin B12, nutrients that help prevent anemia and iron deficiency.

The importance of vitamin D

Doctors recommend that all breastfed infants receive a daily supplement of vitamin D, beginning shortly after birth. Talk to your doctor about vitamin D for your baby.

Preparing formula

If you feed your baby formula, keep in mind that the American Academy of Pediatrics recommends using iron-fortified formula. Always carefully follow the preparation instructions for the formula you give to your baby. (For example, never try to "stretch" formula by adding more water.) Also, make sure you are using water from a safe water source.

To reduce waste, prepare only the amount of formula your baby usually takes in one feeding. Throw away any formula left in the bottle after each feeding. As your baby grows, they will gradually take more formula.

Types of infant formula

Formulas are available in the following forms:

Ready-to-feed formula: This type of formula does not require water to be added. It comes in multiple or single-serving cans, or in ready-to-use baby bottles. It is convenient, but it is also the most expensive type of formula available.

Concentrated liquid: This type of formula is packaged with an "add water" symbol on the label. To use it, follow the instructions provided on the label.

Powdered formula: Powdered formula also has an "add water" symbol on the label. Always follow the instructions for formula preparation and storage provided on the label. This is the least expensive type of formula, and it can be easily stored and transported.



Feed your baby only mother's milk or infant formula for the first 6 months unless otherwise instructed by your baby's healthcare provider.

The American Academy of Pediatrics recommends breastfeeding for at least the first year of your baby's life. Mother's milk (breast milk) has special properties that help protect your baby from illness. Still, if you are breastfeeding, you must be careful about the medicines you take — especially any narcotics (opioid medications).

See Intermountain Health's *Guide to Breastfeeding* booklet to learn more.

Warming formula

You should never microwave formula. The microwave heats formula unevenly, causing hot spots that may burn your baby's mouth. This may occur even if the bottle feels warm to the touch. It is best to warm formula under a warm faucet, in a pan of warm water, or in a bottle warmer.



Pacifiers

If your baby uses a pacifier, follow these simple guidelines:

- Keep the pacifier clean.
- Do not tie a pacifier around your baby's neck. Your baby could strangle.
- If the pacifier becomes torn, cracked, sticky, enlarged, or shows other signs of wear, replace it immediately.
- Use only store-bought pacifiers.

Cleaning your baby's bottles

Wash your baby's bottles with hot, soapy water and rinse them well. Check the bottle nipples for tears or cracks, stickiness, or enlargement. If any of these occur, throw the nipple away. Rinse bottles before putting them in the dishwasher.

Knowing how much and how often to feed your baby

The table below shows the estimated number of feedings per day — and number of ounces per feeding — for babies of different ages. Remember that every baby is unique. If your child's feeding schedule varies greatly from this, talk to your doctor.

Guidelines for feedings		
Age	Approximate number of feedings per day	Approximate number of ounces per feedings
0 to 1 months	on demand, 6 to 8 feedings	2 to 5 ounces each
1 to 2 months	5 to 7 feedings	3 to 6 ounces each
2 to 3 months	4 to 7 feedings	4 to 7 ounces each
3 to 4 months	4 to 6 feedings	6 to 8 ounces each

Positioning your baby

Hold your baby in a semi-sitting position to eat. This helps keep air from entering their stomach, allows you to watch out for choking, and helps you feel bonded to your baby. Never prop a bottle for feeding. Also, never leave your baby with a bottle while sleeping, as this promotes tooth decay.

Burping your baby

When babies eat, they may swallow air, especially when drinking from a bottle. Not all babies have to burp, so if your baby does not burp, they probably do not need to. As your baby gets older, you won't need to burp them as often.

- When formula feeding your baby, burp them halfway through and at the end of the feeding. In the beginning, this is after every half-ounce. Keep the nipple full of formula throughout the feeding to decrease the amount of air your baby swallows.
- When breastfeeding, burp your baby when you switch breasts and after each feeding. Breastfed babies take in less air, so your breastfed baby may not burp.

Spitting up and vomiting

Most babies spit up after eating, especially at first. There is a difference between spitting up and vomiting. Spitting up is like "spilling over" and is usually not a cause for worry. Your baby will outgrow this. Vomiting is when a large amount of milk comes up forcibly. Some babies vomit occasionally. If vomiting continues, consult your baby's doctor.

Burping positions



Over your shoulder

Hold your baby against your chest with their head supported on your shoulder. Gently pat their back with your hand.



Across your lap

Lay your baby face down across your lap, making sure their head is supported. Gently rub or pat your baby's back.



Sitting on your lap

Sit your baby on your lap. Support their chin with one hand. Lean your baby forward and pat their back.

Call your baby's doctor if:

- You have questions about giving your baby vitamin D.
- Your baby's feeding schedule varies greatly from what is expected for their age.
- Your baby has regular vomiting.



Tummy time

On the first day home from the hospital, when your baby is awake and being watched — give them a few minutes on their belly (tummy). Tummy time helps your baby develop muscles and gain the skills to roll over, crawl, pull to a stand, and walk.

Tips for tummy time

- **Do it early.** Start on the first day home from the hospital or at least before they are 2 weeks old.
- **Do it regularly.** Put your baby on their tummy 2 to 3 times each day for a few minutes. As your baby grows, increase tummy time.
- **Do it with your baby.** Get down on the floor with your baby. Give them some toys to reach for or lie down on your back and put them on your chest. Your baby will learn to enjoy playing with you in this position. (See the next page for more ideas.)
- **And remember,** if your baby falls asleep, gently place them on their back. For sleep, back is best.

Sleeping

Most — but not all — newborn babies sleep a lot. Some sleep up to 18 to 20 hours a day, while others may sleep for only 8 hours a day. Some babies are more active and alert, while others are more fussy and demanding, and some more calm and quiet. In general, as your baby gets older, they will require fewer naps.

Most parents are eager for their newborn to sleep through the night. When this time comes, it is a glorious event! But be patient. It might be a while. Every baby is different and there is no set schedule. In the beginning, parents should adapt their sleeping patterns to the baby's. **Feeding your baby solid foods will not help your baby sleep through the night. When your baby is ready, they will sleep through the night.**

Back to sleep

Always put your baby on their back to sleep. (If your baby has special needs, your healthcare provider may recommend other sleeping positions.) Studies show that back sleeping lowers the chance of Sudden Infant Death Syndrome (SIDS or crib death).



Giving a pacifier may also help prevent SIDS — but if you're breastfeeding, wait until breastfeeding is well established before giving a pacifier to your baby.

Note that your baby should **not** sleep in a baby swing or car seat. See pages 28 and 29 for more **DOs and DON'Ts** for sleeping and crib safety.

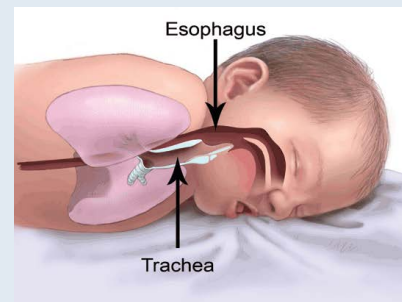
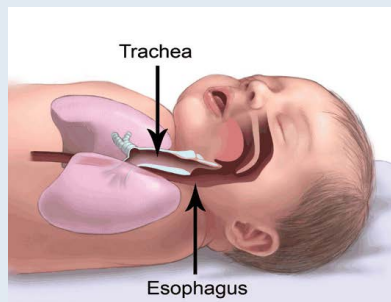


Image courtesy of the Safe to Sleep® campaign; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://www.nichd.nih.gov/sids>.

If your baby spits up while sleeping, they have less risk of choking when on their back. When they are on their back, the esophagus (food tube) is beneath the trachea (breathing tube). In this position, gravity helps keep any food out of the airway.

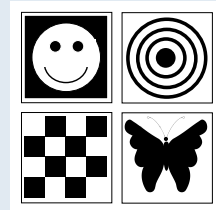
Playing and interacting

Playing with your newborn is one of the most important things you can do. It encourages their development and helps them feel loved and secure. Play with your baby by helping them experience all of their senses. Normal newborns can see, hear, feel, smell, taste, suck, swallow, and follow with their eyes a short distance. They can also identify sounds. Newborns are interested in human faces, expressions, and voices. Infant development studies show that newborns can understand and learn. For example, you might want to:

- Talk and sing to your baby.
- Give them musical toys, brightly colored toys, or a mobile for them to follow with their eyes.
- Smile and play with your baby.
- Try to establish eye contact.
- Stroke, pat, massage, and rock them.
- Make bathing, changing, and feeding times special.



A newborn can see contrasting colors better than similar colors. That's why a simple black-and-white picture may keep your baby's interest longer than a more colorful image.



You can help your baby learn more and enjoy them more by understanding their development. Your baby is an individual who will learn faster in some areas and more slowly in others. Do not try to push or rush your baby. Allow them to develop at her own pace.



If your baby has a brother or sister

Often, older siblings have a hard time with a new baby at home. They may have feelings of jealousy or rivalry with the new baby. Some go back to earlier behaviors such as bed-wetting. They may request a bottle when they notice the new baby getting a lot of attention.

You can help older siblings adjust to your newborn by following these guidelines:

- Even before you bring the new baby home, reassure older brothers and sisters that they are just as important to you, even though the new baby will take a lot of time and attention.
- Give siblings extra love, and try to spend some special time with them.
- Read to them while you feed the baby, and help them hold or examine the new baby. (They might need constant supervision and reminders that the baby is not a doll or a toy.)
- Give siblings a doll to care for. Having their own "baby" to care for may ease their jealousy.

Common Problems

Call your baby's healthcare provider if you notice any of the following:

- Vomiting more than every now and then
- Severe or continued diaper rash
- No messy diapers at all in a 24-hour period for a baby younger than 2 months old
- Diarrhea, or poop that's watery, green, foul-smelling, or contains mucus or blood

Get emergency care if:

Your baby's vomit is green or bloody



Diaper rash

Most babies, at some time or another, will probably get a rash on their bottoms (diaper rash). To prevent diaper rash, keep the diaper area clean and dry by changing the diaper every time it is wet or soiled. If your baby has diarrhea or is on antibiotics, the possibility of developing a diaper rash is higher. Use a protective cream such as petroleum jelly, A&D ointment, Desitin, or zinc oxide to help prevent or treat the diaper rash.

To treat diaper rash, expose your baby's skin rash to air as often and as long as possible.

If you are using cloth diapers:

- Remove plastic pants during the day often and as long as possible.
- If a strong ammonia smell is present, treat the diapers with a solution of bleach. Be sure to rinse thoroughly.
- Try washing diapers with a different soap and rinse carefully.

If you are using disposable diapers or wipes:

- Try changing to a different brand.

Constipation (can't poop)

Your baby might become constipated, especially if they are being fed formula. If your baby is constipated, their stool will appear hard and formed or pellet-like. If constipation continues, tell your baby's healthcare provider.

Diarrhea

If your baby's stool is watery, green, foul-smelling, or contains mucus, call your baby's healthcare provider. Babies can dehydrate very rapidly.

Fever

Call your baby's doctor if your baby's temperature is higher or lower than the normal range given below. You only need to take your baby's temperature when you think they are ill.

Taking a temperature

For children less than 3 months (90 days) old, take an armpit temperature. It is a safe method that works well for screening. A normal armpit temperature ranges from 97.7° F (36.5° C) to 99.5° F (37.5° C).

To take a temperature:

- Make sure your baby's armpit is dry.
- Put the tip of the thermometer in your baby's armpit, directly against their skin (skin should completely surround the tip of the thermometer).
- Close your baby's armpit by holding their elbow against their chest. (See photo at right.)
- Follow the directions on your thermometer to determine how long you should hold it in place before taking it out and reading it.

Choking on mucus or milk

If your baby begins to choke on mucus or milk, turn them on their side with their head slightly lower than their body. If necessary, use a cloth to gently clear any visible fluid from their mouth or nose. If this does not work, you may need to use a suction bulb. See instructions for using a bulb syringe below.



Call your baby's healthcare provider if you notice any of the following:

- **Low temperature** (armpit temperature less than 97.7° F or 36.5° C). Your baby can become stressed and develop difficulty breathing.
- **High temperature** (armpit temperature more than 99.5° F or 37.5° C). An infection could be starting.

Using a suction bulb

If repositioning your baby or wiping their mouth or nose does not relieve congestion or choking, you may need to try using a suction bulb. Be careful as you do this. Suctioning too hard, too often, or too long can hurt your baby's delicate tissues. Here's how to safely use a suction bulb:

- **In the mouth:** Turn your baby on their side with their head slightly lower than their body. Squeeze the bulb before placing it in the baby's mouth. As you suction out the mucus or milk, be careful not to catch the delicate mucous membranes inside the cheeks or the back of the throat. Remove the bulb, and squirt the contents into a cloth.
- **In the nose:** Suction mucus from the nostrils in a similar way, inserting only the tip of the bulb.
- **After every use:** Clean the bulb by flushing it out several times with hot soapy water, then rinse well with clear water. Shake and squeeze the bulb to get water droplets out, then allow it to dry. (Do not wash the bulb in the dishwasher or use it with another child.) When your baby has recovered, throw the bulb away and get a new one for next time. Note: Mold can grow inside of a bulb syringe. To protect your baby, follow the manufacturer's instructions, these cleaning practices, and replace the bulb often.



Colds and other illnesses

Babies can get colds just like the rest of us. A cold is caused by a virus. It usually causes mild symptoms such as a stuffy or runny nose, mild fever, mild cough.

Another common illness in infants is **respiratory [RES-per-uh-tor-ee] syncytial [sin-SISH-uhl] virus (RSV)**. RSV usually causes mild, cold-like symptoms — but sometimes it can be more serious. Look at the guidelines on the left to help you know when to call your healthcare provider or get emergency care.

For mild colds, there is usually no special treatment. However, if the nose becomes too runny or stuffy, it may make it hard for a young baby to nurse or drink from a bottle. Since a baby cannot blow their nose, you may have to clear out mucus by suctioning with a bulb syringe (see previous page). Also talk to your healthcare provider about using warm water or saline nose drops to loosen up dried mucus before suctioning. Do not give your baby any medicines without checking first with healthcare provider.

The best thing you can do for colds and other illnesses is prevent them. Follow the guidelines listed below, especially if you have a small or near-term baby:

- **Wash your hands** with soap and warm water before touching your baby. Ask others to do the same.
- **Keep your baby at home as much as possible.** Avoid taking your baby to crowded locations, such as shopping malls, restaurants, and churches.
- **Surround your baby with people who are vaccinated.** Everyone in the family should be up to date on their vaccines. The same goes for all of your baby's caregivers.
- **Keep people who have colds away from your baby,** including brothers and sisters. Parents or other caregivers who feel ill should wear a mask and refrain from kissing the baby.
- **Do not smoke or vape.** Do not smoke or vape or allow others to smoke or vape near your baby. Research shows that exposure to smoke and vapors increase the risk and severity of short-term illness and long-term lung problems for your baby.

Call your baby's healthcare provider if you notice any of the following:

- Fever: armpit temperature over 99.5°F or 37.5°C
- Poor eating or excessive irritability
- Breathing rate faster than 60 breaths per minute
- Wheezing or coughing

Get emergency care if your baby has:

- **Trouble breathing (or chest sinking in with breathing)**
- **Dusky or blue skin on the face or lips**
- **Excessive sleepiness, floppiness, or difficulty waking**

Crying and colic

All babies cry a lot during the first few months of life. Your baby's crying may mean they need feeding, a diaper change, sleep, a temperature change, or comforting. Some infants cry every day in the late afternoon or evening. Feeding and changing may help, but sometimes even that does not work. If your baby cries more often than normal and cannot be comforted — or if you notice signs of illness such as a fever — contact your baby's healthcare provider.

Is all this crying normal?

It may take awhile for you to learn how to comfort your baby when they cry, and that is OK. Keep trying. Many young infants go through a “crying phase” when nothing seems to comfort them. Eventually, they grow to become more settled and are easier to comfort. Babies going through “the crying phase” tend to cry in the same ways. Does your baby and their crying fit the following checklist?

- My baby is between 2 weeks and 5 months old.
- My baby seems to start crying for no reason, especially in the late afternoon or evening.
- My baby cries for hours at a time and does not stop when I provide comfort.
- My baby looks as if they are in pain while crying, but I cannot find anything wrong.

Crying won't hurt your baby, but it can be frustrating for you. It may help you to remember that most parents cope with this kind of crying at some point. Remember, your baby is not trying to manipulate you by crying. Picking them up will not spoil your baby.

You can learn ways to keep yourself calm so you can take the best care of your baby. To help soothe your baby — and your nerves — try the tips listed at left. If you start to feel angry or upset:

- **Stop.** Put your baby down in a safe place like a crib or a playpen. If possible, call a friend or family member to take over.
- **Take a break.** Do something to relax and calm down for 10 to 15 minutes.
- **Try again.** Go back to comforting your baby when you feel calmer.



Ways to cope with crying

- **Check your baby's basic comfort needs.** Feed and diaper them. Babies like to be dry, warm (but not hot), and full.
- **Create a more quiet, calm, environment.** Avoid sudden noises, keep the lights dimmed, and limit visitors.
- **Hold your baby so they feel secure.** Try swaddling them in a soft, warm blanket. Or, cuddle with them skin to skin.
- **Try anything that provides a slow, gentle motion** like riding in a stroller or in the car. Also, try cuddling in a rocking chair or letting them sit in an infant swing.
- **Try singing, talking quietly to your baby, playing white noise, or a quiet radio.** Sometimes, running a vacuum, a humidifier, or a tape of a heartbeat may help.
- **Try nursing longer on one breast** to allow your baby to receive richer milk.
- **Call a relative or friend.** They may offer advice or watch the baby for a while. Crying can be frustrating and you need support.
- **Set aside time for yourself.** Schedule time every day to have a nap or hot shower, go for a run, or walk around the block.



Talk with your healthcare provider if you think your baby may have colic. The cause of colic is unknown, but your parenting and feeding styles are generally not the cause. Breastfed babies are as likely to have colic as bottle-fed babies.

Call your baby's healthcare provider if:

- Your baby cries constantly for more than 3 hours
- The cry sounds painful rather than fussy
- The baby also has vomiting or diarrhea
- Your baby continues to cry for hours each day even after 3 months
- You're afraid you might hurt your baby

Is it colic?

If you've ruled out other causes of crying, your baby may have **colic** [KAHL-ik]. Sometimes called "irritable infant syndrome." Babies with colic:

- Cry or become fussy for more than 3 hours per day.
- Are difficult to soothe.
- Are happy much of the day, but become fussier as the day goes on.
- Draw their knees up to their chest and pass gas, flail their arms, and frequently arch their back and struggle when held.
- May have tight or hard belly muscles when crying.

Occasionally, colic is caused by sensitivity to food in the nursing mother's diet. Cow's milk products, such as cheese, ice cream, and butter, are common sensitivities. Other food items that may cause problems include stimulants (caffeine) and gas-producing foods. Your baby's healthcare provider or your lactation consultant may suggest eliminating these foods for a time to see if the colic symptoms improve.

Shaken baby syndrome

Shaking a baby can be deadly. When people shake a baby, it is usually because tension and frustration build up when a baby is crying or irritable. However, shaking a baby can cause shaken baby syndrome, a serious — and sometimes deadly — form of child abuse.

Babies have very weak neck muscles. If they are shaken, their heads wobble back and forth. This can cause the brain to shift inside their skull. This shifting may cause bleeding in and on the surface of the brain, leading to blindness, brain damage, or death. **Never shake a baby or child for any reason.**

- Always support your baby's head when holding, playing with, or transporting them.
- Make sure that everyone who cares for your baby knows the dangers of shaking a baby. This includes babysitters, child or day care staff, and siblings.
- Learn what you can do if your baby won't stop crying.

Remember, all babies cry a lot during the first few months of their lives.

For more information on shaken baby syndrome, call 1-888-273-0071 or go to [dontshake.org](https://www.dontshake.org).

Jaundice

Jaundice [JAWN-diss] is a condition that causes the skin and eyes to turn a yellowish color. It is common in newborns. Babies born prematurely (before they are due) are at higher risk for developing jaundice.

Jaundice is caused by hyperbilirubinemia [hi-per-bil-eh-roo-buh-NEE-mee-uh]. This condition is caused by bilirubin [bil-eh-ROO-bin] building up in the bloodstream and being deposited in the skin. Your baby is tested for high bilirubin before leaving the hospital.

A little jaundice is common in newborns for the first 3 to 5 days. The yellow color of jaundice starts at the head and gradually moves downward on the baby. As the baby's liver breaks down bilirubin, the jaundice gradually goes away. However, in 5 to 6 out of 100 babies, bilirubin levels are high enough to require treatment. Treatment includes phototherapy (fluorescent light treatment) and frequent feedings of mother's milk or formula. Treatment can usually be done at home, but sometimes hospitalization is required.

If your baby's bilirubin level is above normal in the hospital — but not high enough to require treatment — your doctor may ask you to come back for a follow-up bilirubin test. It is very important to have this testing done.

If high bilirubin levels are not treated, some babies may suffer neurological (brain or nerve) damage. This is why it is important to tell your baby's healthcare provider if you notice your baby becoming more yellow or if the jaundice covers more of the body than when you were in the hospital.

You should also tell your baby's doctor if your baby becomes lethargic (extremely lazy, not alert), is eating poorly, has an unstable temperature, or has behavior changes. These can all be signs of a high bilirubin level. Prompt treatment is important to prevent permanent injury in a newborn.

Call your baby's healthcare provider if you notice any of the following:

- Jaundice (a yellow appearance) that does not go away or spreads to cover more of the body
- Breathing rate faster than 60 breaths per minute
- Listlessness or excessive sleepiness (baby is difficult to wake)
- Poor eating
- An unstable temperature



Frequent feedings of mother's milk or formula will also help decrease jaundice.

Call your baby's healthcare provider if you notice the following:

- Thrush: on the tongue, throat, inside of the cheeks, or the lips
- An overall change in your baby's activity or temperament
- Excessive irritability (has a high-pitched cry or cannot be comforted)

Get emergency care if your baby has:

- Floppiness or extreme difficulty waking up
- Trouble breathing or chest sinking in with breathing



Thrush and other yeast infections

Thrush may appear as white or grayish-white, slightly raised patches resembling milk curds on the tongue, throat, inside of the cheeks, or the lips. These patches cling and will not wipe or rinse off easily. If they are wiped off, the tissue underneath is raw and may bleed. Other symptoms of thrush may include irritability, poor eating, and a persistent diaper rash. Diaper rash caused by a **yeast infection** may have red spots along the edges. If you think your baby has thrush or a yeast infection, contact their healthcare provider.

If you are breastfeeding and your baby develops thrush, you may also have a yeast infection on your breasts. This can cause your nipples to crack, itch, or burn. Nipples may also become red, swollen, and painful. For information on treating yeast infections — for your baby or yourself — refer to the *Intermountain Guide to Breastfeeding* booklet. If you have a vaginal yeast infection, you need to be sure to thoroughly wash your hands so you do not pass it on to your baby.

Thrush and other yeast infections are treated with medicine or ointment, or both. Many times, both you and your baby must be treated at the same time.

Change in behavior (irritability or lethargy)

Every baby has their own temperament and personality. Some babies are calm and placid, while others are fussy. Most babies are very sleepy for a couple of days after birth. You will quickly discover your baby's unique temperament. Changes in your baby's temperament or energy level may signal problems. Look at the guidelines on the left to help you decide when to call the doctor or get emergency care.

Rapid or slow breathing

A newborn's breathing pattern tends to be more rapid and irregular than an adult's. However, if your baby takes more than 60 breaths per minute, call your baby's doctor.

If your baby's chest sinks in during breathing or if your baby appears to have trouble breathing, seek emergency care.

Newborn Screening Tests

Your baby is screened for several problems before going home — including high bilirubin, hearing impairment, and hereditary diseases.

Bilirubin screening

Every newborn is screened for high bilirubin before leaving the hospital. High bilirubin causes jaundice (see page 22). If your baby's test result shows they are at risk, you will be instructed on when and where to take your baby for a repeat test 1 to 2 days after your baby goes home. It is very important to have this follow-up test as instructed.

Hearing screening

Good hearing is essential for the normal development of language and listening skills. However, 1 in 300 newborns have some sort of hearing problem. Too often, hearing loss is not detected until a speech or language delay has already occurred. That's why the American Academy of Pediatrics recommends — and state laws often require — that all newborns have a hearing screening before they leave the hospital.

Your house may need testing, too

To create a safe environment for your new baby, install smoke detectors and carbon monoxide detectors. But do not stop there. Consider testing your home for the following:

Radon. Radon is a gas that can cause cancer. Found all over the U.S., radon can seep into homes and build up to dangerous levels. To learn how to get a free testing kit, see radon.utah.gov.

Lead paint. If your home was built before 1978, consider testing the paint, dust, and soil in and around your home for lead. Just dust particles from lead-based paint are enough to poison a baby or young child, and the effects can last a lifetime. To learn more, visit: epa.gov/lead/protect-your-family-exposures-lead.

Talk with your healthcare provider if you have questions or concerns.

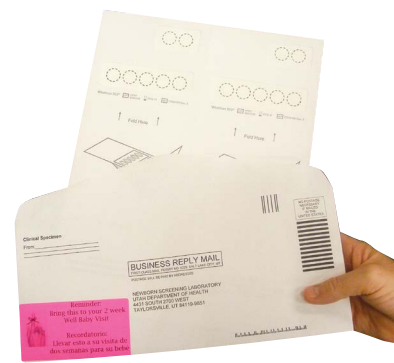
Metabolic and genetic disorder screening

Most states require that all newborns be tested for certain metabolic and genetic disorders. A metabolic disorder affects the body's ability to get energy, to grow, or to repair itself. A genetic disorder is an illness caused by a problem in the genes or chromosomes [KROH-muh-sohms].

If a baby has a metabolic or genetic disorder, it is best to know as soon as possible so that treatment can begin. Early treatment brings the best chance for a healthy life.

Screening all newborns is a way to identify some of the more common metabolic and genetic disorders. It requires taking and testing a few drops of blood from the baby's heel. Your baby will need 2 tests:

- 1 The first test is done in the hospital, shortly after your baby is born.
- 2 The second (follow-up) test happens within a few weeks of birth. This test usually happens at one of your baby's early check ups with their healthcare provider. Before you go home from the hospital, you may be given a form for a follow-up screening in a pink or white envelope. It will have instructions to take it to your baby's healthcare provider within a certain number of days. Remember to take the form and envelope home with you and take them to the follow-up appointment!



Your baby's healthcare provider or hospital will contact you only if there is a problem with the screening or if the results show that your baby needs treatment.

You, too

In the first few months of life, babies' immune systems are not ready to protect against many infections. Some can even be life threatening. The most common source of infection in newborns? Close family members.

To help make sure you won't catch an infection that you could pass on to your new baby, Intermountain hospital staff will check your immunizations. They'll offer you the chance to catch up on any missing immunizations while you're in the hospital. Take this opportunity to make your baby's homecoming safer. And while you're at it, make sure other family members and caregivers are up to date, too.

Vaccine safety

Worried about things you've heard or read on the Internet? Talk to your doctor about vaccine myths and facts.

Immunizations

Immunizations (vaccines) are an important way to protect your baby from life-threatening diseases. Vaccines are among the safest and most effective preventive measures. Vaccines work best when they are given at certain ages, with some vaccines given over a series of properly spaced doses. They are started at birth, and many are required before starting school.

The following table summarizes the routine early-childhood immunization schedule. This schedule is based on 2014 recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control.

Early-Childhood Immunization Schedule

Age	Vaccinations (# in series)	
Newborn	Hepatitis B (1)	
2 months	Hepatitis B (2) DTaP (1) Hib (1)	Polio (1) Pneumococcal (1) Rotavirus (1)
4 months	DTaP (2) Hib (2) Polio (2)	Pneumococcal (2) Rotavirus (2)
6 months	Hepatitis B (3) DTaP (3) Hib (3) Influenza (yearly after age 6 months)	Polio (3) Pneumococcal (3) Rotavirus (3)
12 to 18 months	DTaP (4) Hib (4) Pneumococcal (4)	MMR (1) Varicella (1) Hepatitis A (1)
18 to 24 months	Hepatitis A (2)	
4 to 6 years	DTaP (5) Polio (4)	MMR (2) Varicella (2)

When your baby is vaccinated, your healthcare provider should give you a Vaccine Information Statement (VIS) for each vaccine your baby receives. For more information, visit: [cdc.gov/vaccines](https://www.cdc.gov/vaccines)

Abbreviations used:

DTaP = Diphtheria, Tetanus, and Pertussis

Hib = Haemophilus influenzae type b

MMR = Measles, Mumps, Rubella

Safety Guidelines

As a parent of a newborn, you're likely to have many concerns about the safety of your baby. This section provides some guidelines on keeping your baby safe.

Poison safety

It is never too early to poison-proof your home. Children under the age of 5 are at the greatest risk for accidental poisoning. All children are born with a natural curiosity about the environment around them. They explore this environment by putting everything into their mouths. As they begin to crawl, walk, and climb, this curiosity increases and so does the risk for poisoning.

Many poisonings occur while a parent is using a product — such as a cleaning solution or paint. The child may start to play with the cleaning bucket or paint can. Do not be taken by surprise!

If a poisoning occurs, remain calm and follow these instructions:

- **Swallowed poison:** Call the Poison Control Center.
- **Poison in the eye:** Gently rinse the eye with lukewarm (not hot) water for 15 minutes. Do not force the eyelid open! Call the Poison Control Center (see number at right).
- **Poison on the skin:** Remove any contaminated clothing and rinse skin with water for 10 minutes. Wash skin gently with soap and water, and rinse thoroughly. Then, call the Poison Control Center.
- **Inhaled poison:** Immediately move into fresh air. Avoid breathing fumes. Open doors and windows wide to allow fresh air into the area. If your baby is not breathing, start CPR and call the Poison Control Center.

What is the Poison Control Center?

The national Poison Control Center has trained staff available 24 hours a day to answer any questions you have about poisoning.

Call the Center any time you suspect someone has been poisoned.

**Poison Control Center:
1-800-222-1222**

If you have a question about medicine and breastfeeding

If you're breastfeeding and have a question about whether or not a particular medicine is safe to take, you can call the Mother-to-Baby helpline (Pregnancy Risk Line): 1-800-822-BABY (2229).

For more information on how to keep your baby safe at home, scan the code below.



Current info on the use of ipecac syrup

The American Academy of Pediatrics no longer recommends keeping a bottle of ipecac syrup on hand at home. In fact, they recommend that parents throw away existing ipecac syrup. The first action for a caregiver of a child who may have ingested a toxic substance is to call the Poison Control Center. The AAP also continues to stress prevention as the most effective weapon against poisoning.



Because of concerns about infant suffocation on soft bedding products, bumper pads are not recommended.



Where should baby sleep?

The American Academy of Pediatrics recommends that your baby sleep in your bedroom and in a separate bed (or crib or bassinet). Other things you can do to reduce the risk of suffocation:

- Avoid soft sleep surfaces.
- Do not put quilts, blankets, pillows, comforters, or other soft material under the baby.
- Do not smoke or use substances like alcohol or drugs that may make it harder for you to wake up.

Safe sleep

Most people who care for babies think that a baby is always safe while sleeping. However, some sleep situations can lead to injury or death. Young babies have suffocated in soft bedding materials, and others have died when they became caught between the mattress and the bed frame. Some babies have even been smothered by a parent who rolled over them while sleeping in the same bed. These situations can be prevented. See the following recommendations from the American Academy of Pediatrics.

Sleeping “Do nots”

- **Do not** place your baby to sleep on soft, loosely filled surfaces such as comforters, pillows, sheepskins, or cushions filled with polystyrene beads. Also watch out for foam-type mattresses that are meant to mold to the sleeper. These surfaces can mold to your baby’s face and interfere with breathing.
- **Do not** use bumper pads in your baby’s crib, and keep other soft objects or bedding — pillows, blankets, plush toys — out of their bed as well.
- **Do not** allow hanging crib toys (mobiles, crib gyms) within your baby’s reach. Remove hanging crib toys when your baby begins to push up on their hands and knees or when they are 5 months old, whichever comes first. These toys can strangle your baby.
- **Do not** let your baby sleep on a waterbed. Babies can become trapped and suffocate.
- **Do not** use an infant sleep positioner. Positioners are mats with soft, wedge-like sides meant to keep a baby on their back during sleep. Tragically, positioners have caused several deaths. Government and consumer agencies warn against the use of infant sleep positioners.
- **Do not** use thin plastic wrapping materials such as cleaning bags or trash bags as mattress covers. Do not allow these things near your baby. The baby may suffocate if these items are near the face.
- **Do not** allow your baby’s head to become covered during sleep. Keep any blankets at armpit level or below.
- **Do not** allow cords from drapes or window blinds near the crib. Do not place any items with strings or small parts near the crib. These things can strangle or choke the baby.
- **Do not** leave the baby alone on a couch or a bed.
- **Do not** let your baby sleep in a car seat, infant swing, or bouncy chair. Your baby’s head can flop forward, cutting off breathing.



Sleeping “Dos”

- Do put your newborn to sleep on their back (unless they have special needs and your doctor has advised against this). Alternate which side of their head your baby lies on each time. When your baby can roll over on their own, they can choose their own sleeping position.
- Do consider using a sleeper or other sleep clothing as an alternative to blankets. You do not want to overheat your baby.
 - Keep the room temperature around 70°F (21° C).
 - If you use a blanket, make sure the blanket comes up no higher than your baby's chest. (You do not want your baby's head to become covered, or for your baby to get too hot.) Tuck the ends of the blanket under the mattress.
- Be sure your baby's crib is in good repair and has fixed (unmoveable) railings, not drop-down sides.
- Make sure crib slats are no more than 2 and 3/8 inches (6 centimeters) apart to prevent the baby's head from getting stuck. If you can put a soda can between the bars, they are too far apart.
- Make sure the railing is at least 26 inches higher than the lowest level of the mattress support, so your growing baby cannot climb over it easily.
- Make sure the mattress is firm and fits the crib. The space between the mattress and the crib should not allow more than 2 finger widths.
- Make sure the crib has smooth surfaces, sturdy hardware, and a secure teething rail.
- Place the crib next to an inside wall rather than near an outside wall or window. Keep the crib away from radiators and hot or cold air ducts. A baby can receive a burn from a radiator. The forced air ducts can dry out your baby's nose and throat, increasing their susceptibility to respiratory problems.
- Make sure that ALL of your baby's caregivers and babysitters follow these guidelines.

If you can put a soda can between the bars of your baby's crib, the bars are too far apart.



Check the safety of your crib or other baby products

The Consumer Products Safety Administration website lets you search for safety warnings and product recalls for a variety of baby equipment and products. Go to [cpsc.gov](https://www.cpsc.gov).

For information and resources to help you quit smoking, ask your healthcare provider for a copy of Intermountain Health's *Quitting Tobacco: Your Journey to Freedom*. This booklet is also available online at intermountainhealth.org/tobacco.



This booklet presents a step-by-step approach to quitting. It also lists Intermountain Health, state, and national resources to help you quit — including the popular online programs, Freedom from Smoking (ffsonline.org) and Quit for Life (quitnow.net).

Secondhand smoke

Cigarette smoke is harmful to your baby. Numerous studies show that exposure to smoke puts your baby at higher risk for the following problems:

- Colds, coughs, and sore throats
- Bronchitis [brawn-KITE-iss] and pneumonia [new-MOAN-ya]
- Ear infections and reduced hearing
- Developing or worsening asthma
- Sudden infant death syndrome (SIDS)

Here's what you can do to prevent these risks:

- If you smoke, quit.
- If you quit smoking when you were pregnant, do not start again.
- Do not let others smoke in your home, in your car, or around your baby.
- Finally, do not switch to — or start using — e-cigarettes. Studies suggest that they may not help you quit “real” cigarettes and that the vapor produced carries its own dangers for your health and the health of people around you.

Car Safety

It is important to be aware of all children around your vehicle, not just your newborn. Be sure to **SPOT THE TOT!** Remember to walk completely around your vehicle before getting in to drive.

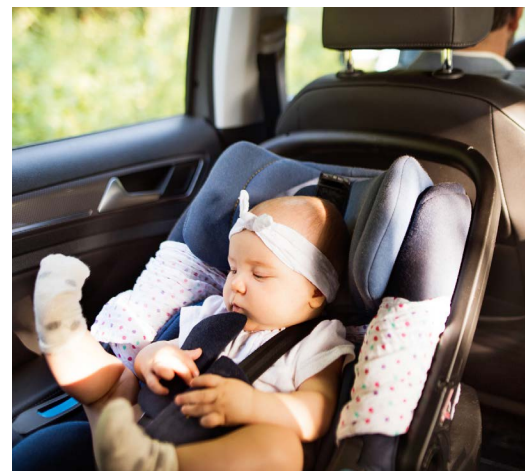


Car seats

More children are killed as passengers in car crashes than from any other type of injury. Almost half of these deaths could have been prevented if an appropriate car seat was used to restrain the child. An appropriate care seat:

- Is the right size for the child
- Fits the vehicle's safety belt or Lower Anchors and Tethers for Children (LATCH) system
- Is easy for parents to use properly
- Meets all applicable federal safety standards

The next few pages summarize car seat guidelines for children, starting with infants. Keep the information as a reference as your child grows.



Car safety seat check list

Installing a car seat can take some practice, and not all car seats fit all cars. Before traveling with your newborn:

- Read the safety labels and instruction manual. If the safety labels are missing, do not use it.
- Check the car seat expiration date. If the seat is has expired, do not use it.
- Check for damage. If the seat is damaged or missing parts, do not use it.
- Make sure the car seat is the right size for your child's height and weight, and that:
 - The seat can be installed rear-facing. (Children should remain rear facing until at least age 2.)
 - Harness straps sit at or below shoulder height.
 - Harness straps can be snugged up against your child.
 - Chest clips sit at armpit or nipple level.
- Install the car seat safely:
 - The seat should face the rear. Make sure it is at the correct recline angle.
 - Use the seat belt OR anchor system (not both).
 - Tighten the seat belt or anchor straps so that the base of the seat moves no more than 1 inch in any direction when pushed or pulled on.

Other safety tips

- Use an approved car seat for every trip, every time.
- Enter and exit the car on the curb side.
- Do not buy a used car seat.
- Do not leave your child unattended in a car seat — not even for a moment — even if the seat isn't in the car.
- Do not use your car seat as a bed for your child.
- Do not use your car seat if it's been in a car accident.

It is the law

Every state has different laws concerning car seats and child safety. To check your state's guidelines and get help installing your car seat for free, scan the codes below:



Arizona



Montana



Colorado



Nevada



Idaho



Utah

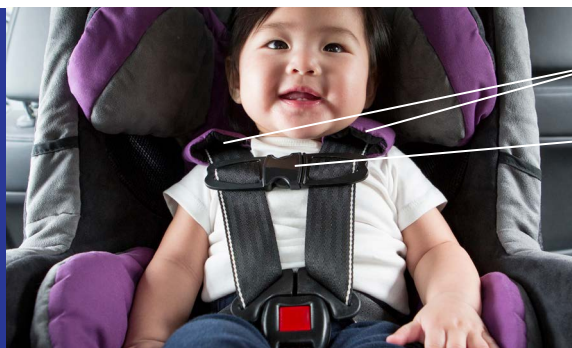


Kansas



Wyoming

Infants and young children



harness straps

chest clip

INFANTS AND YOUNG CHILDREN Rear-facing as long as possible — at least until they reach the maximum height or weight allowed in your car seat manufacturer’s guidelines. (AAP)

Car seat

- Always read the car seat instructions! Follow the manufacturer’s guidelines.
- Most “rear-facing-only” car seats are used for infants weighing between 5 and 30 pounds. Check the owner’s manual for specific height and weight requirements for your car seat. You can use some rear-facing-only seats with or without the base.
- Read the instructions to determine where the car seat handle should be during use in the vehicle. Some seats allow it to be up over the seat, but others require it to be behind the baby’s head.
- “Convertible” seats can be used in a rear-facing position for most infants.

Placement

- The back seat, especially the center back seat, is usually the safest place for a car seat.
- The American Academy of Pediatrics advises parents to keep their babies and toddlers in rear-facing car seats until age 2 or until they reach the maximum height and weight for their car seat.
- NEVER put a rear-facing seat in the front passenger seat of vehicles with air bags.

Car seat harness straps

- Do not wrap the infant in blankets or extra clothing. Fasten harness straps on the infant first. Cover the infant with a blanket last.
- On the back of the seat, place harness straps in the slots that position them level with or below the baby’s shoulders.
- Fasten the harness snugly. At your baby’s collarbone, you should not be able to pinch up any of the excess harness strap webbing between your fingers.
- Always use the chest clip to hold the shoulder straps in place. Position the clip at armpit level (see the picture above).

Safety belts

- If installed properly using the safety belt or the Lower Anchors and Tethers for Children (LATCH) system, the car seat should move very little: 1 inch or less from side to side and from front to back (where the safety belt attaches to the car seat).
- Always read your vehicle manufacturer’s instruction manual to learn how to use your safety belt or LATCH system. Use either the safety belt or the LATCH system to install the car seat. Do not use both.

Special considerations

- Some newborns have a Car Seat Challenge Test before leaving the hospital. But passing this test cannot guarantee that your baby won’t have problems in the seat. These considerations apply to ALL newborns:
- Limit car travel time with your newborn. If you cannot avoid a long car trip, take frequent rest stops.
 - Watch your newborn closely in the car seat. When possible, have an adult sit in the back seat next to the safety seat and observe the baby for breathing or other problems.
 - Make sure the rear-facing seat is reclined enough to keep the baby’s head from falling forward. If not, adjust the recline angle on the seat (30° to 45° is usually about right). Check the car seat manual for other options.
 - If needed to prevent slouching or sliding in the seat, place rolled-up diapers or blankets on both sides of the baby’s body. Do NOT put padding under the baby’s bottom or behind the back. Use ONLY the inserts that come with the safety seat.
 - In an emergency, remove the entire seat from the car — with the baby in it — by releasing the safety belt or lower anchor straps. This is often faster than trying to unbuckle the baby.

Children



harness straps

chest clip

CHILDREN 30 to 40 pounds or more AND older than 2 years

Car seat

- Always read the instructions! Follow the car seat manufacturer's guidelines.
- For children weighing up to 40 pounds, always use car seats that have harnesses. Also, if the instructions allow, use the seat with the harness up to the highest stated weight. Some seats allow harness use up to 80 pounds.

Placement

- Face the car seat toward the front of the car according to the recommendations from the car seat manufacturer.
- Generally, the center back seat is the safest place for a car seat.

Car seat harness straps

- Use the harness straps at all times. On the back of the car seat, adjust the harness straps to the upper slots at or above the child's shoulder level. On some convertible seats, the top harness slots **must** be used.
- Fasten the harness snugly. At your child's collarbones, you should not be able to pinch up any of the excess harness strap webbing between your fingers.
- The chest clip is used to hold the shoulder straps in place. Position the clip at armpit level.

Safety belts

- Most cars and rear- and forward-facing car seats may use the Lower Anchors and Tethers for Children (LATCH) system to attach the car seat to the car. In this case, do **NOT** use the safety belt system and LATCH together — use one or the other. Read the vehicle and car seat guidelines.
- Most safety belt systems require that the shoulder belt be pulled all the way out when installing a car seat. This locks the belt to secure the car seat.

Special considerations

- You may place your child in a booster seat when:
 - Your child's ears are above the top of the car seat back

OR

 - The upper weight limit of the car seat is reached, usually around age 4 and 40 pounds. Many car seats with harnesses will hold children with weights greater than 40 pounds. Be sure to check your car seat's manufacturer's guidelines for your car seat's maximum holding weight.

School-aged and older children



booster seat

SCHOOL-AGED CHILDREN 40 to 100 pounds and under 4' 9"

Car seat / booster seat

- Children will need to ride in a booster seat until they reach 4 feet, 9 inches (144 centimeters) tall. Most often this includes children who are between ages 8 and 12 years.
- There are backless and high-back booster seats. Always read the car seat manufacturer's instructions and guidelines to choose the booster seat that best fits your child and vehicle.

Placement

- The safest place for a booster seat is the back seat. Always use a location that has a lap and shoulder belt. If using a backless booster, make sure the seating location has a head rest for upper body protection.
- Any child younger than 13 years should sit in the rear seat.

Safety belts

- The vehicle's lap and shoulder belts do not fit a child without the use of a booster seat. The booster seat raises the child up for a better fit of the shoulder and lap belt. The lap belt must stay low over the hips. Do not let the shoulder belt cross the neck or face.

OLDER CHILDREN over 4' 9"

Placement

- The safest place for a child is in the back seat with the lap and shoulder belts fastened.
- Any child younger than age 13 should sit in a rear seat.
- For children 13 years of age or older who must sit in the front seat of a vehicle with a passenger-side air bag, they should be properly restrained and the vehicle seat moved back as far as possible.


Safety belts

- Most children will fit in a lap and shoulder belt when they are at least 80 pounds and 4 feet, 9 inches (144 centimeters) tall.
- Keep the lap belt snug and low across the hips, and do not let it ride up on the abdomen.
- Make sure the shoulder belt rests at the middle of the collarbone and not high on the child's neck or face. Do not wear the shoulder belt behind the back or under the arm.
- For better fit of the seat belt, the child may slide closer to the buckle (toward the center of the vehicle).

Other safety guidelines

DO

As your newborn grows and begins to explore their environment, be sure to follow these safety guidelines.

- Put safety covers on all unused electrical sockets.
 - Install gates at the top and the bottom of stairs.
 - Have the Poison Control Center emergency number on every phone: 1-800-222-1222.
 - Have smoke and carbon monoxide (CO) detectors installed on each level of the home. Check once a month to see if they are working. Replace the batteries yearly. Use a yearly event such as a holiday or birthday as a reminder.
 - Use a bathtub mat.
 - Keep all of the following items locked up in child-proofed cupboards:
 - Household cleaning products
 - Prescription and over-the-counter medicines
 - Gardening and auto products
 - Keep detergent pods for the laundry and dishwasher out of reach.
 - Keep children away from space heaters.
 - Keep all razors and blades away from children.
 - Buy only fire-resistant nighttime clothing.
 - Keep the iron in an out-of-the-way, safe place after using it.
 - Turn the water heater temperature down from 160° to 120°. Water that is 160° can cause 3rd-degree burns in a second! Water that is 120° allows 2 to 3 seconds to respond to hot pain.)
 - Keep all plants out of reach of children. Some plants are poisonous when eaten.
- 
- Teach children to stay away from the garbage, paper shredder, cigarettes, ash trays, matches, safety pins, and straight pins.
 - Keep all plastic bags away from children.
 - When using tablecloths, try not to have them hang over the edge of the table. Remove all heavy objects on the top of tablecloths.
 - Turn pot handles toward the center of the stove while cooking so children cannot pull pots off the stove and get burned.
 - Use a harness or belt in a high chair and stroller.
 - Avoid giving toys and foods that may be choking hazards. For example, children can choke on broken pieces of balloons. Small children can also choke on objects such as hot dog pieces, peanuts, carrots, popcorn kernels, pennies, and marbles.
 - Avoid buying toys with button batteries or magnets. Both are extremely harmful to children when swallowed.

For more information on protecting your child from injury, visit:
[primarychildrens.org/kidshealth](https://www.primarychildrens.org/kidshealth) or [safekids.org](https://www.safekids.org)

DO NOT

- Do not leave a child alone in the house or car (even for a short time) for any reason.
- Do not leave a child under the age of 5 alone in the bathtub. Children can drown in as little as 1 inch of water in only 1 to 2 minutes. If the phone or doorbell rings, wrap the child up in a towel and take them with you — or better yet, let the phone ring.
- Do not pick up a child by their arm. Instead, grasp them at the chest.
- Do not smoke around your baby.
- Do not leave babies or young children alone while they are eating.
- Do not say, “Medicine is candy.” It isn’t.
- Do not leave a mop-pail or any other bucket of water where a child could get into it. A child could drown.
- Do not allow plastic bags where your baby could reach them or roll into them.
- Do not leave an infant alone on a bed or changing table.
- Do not use a sling-style carrier or “wrap” with any baby younger than 4 months of age. The U.S. Consumer Product Safety Commission (CPSC) reports that these carriers pose a suffocation risk to babies in the first few months of life.



Pet safety

For a new baby, pets can be a source of joy or a serious hazard. Pets may also be a source of potential infection. Be sure to watch the pet’s reaction to the infant. Some animals experience hostility or jealousy and may harm the baby. You may have to take steps to protect the baby, especially if you have an exotic pet. Never leave a new baby alone with any pet.

Know your child

Being aware of your child’s development allows you to keep one step ahead by injury-proofing areas before your child can reach them.

Babies up to 6 months old:

- Roll over and reach for objects.
- Are often poisoned or given foods that can be choked on by older siblings trying to be helpful.

Babies 7 to 12 months old:

- Learn to crawl, pull to stand, and walk by holding onto furniture.
- Can pull pans off a stove or pull on a tablecloth with objects on it. In either case, a severe injury could occur.

Toddlers:

- Like to investigate and are very curious.
- Have the highest accident rate of any age group.
- May get into danger by climbing on high, unlocked cabinets and shelves.

Safe Haven or “Baby Drop-Off” Laws

Safe haven or “baby drop-off” laws aim to prevent the unsafe abandonment of a child. These laws allow a baby’s primary caregiver to anonymously give up a newborn at any 24-hour hospital — no questions asked. In most cases, there is a protected timeframe, such as 30 or 60 days after the birth of a child. Click on the links below to learn about the Safe Haven laws in your state.

[Arizona](#)



[Idaho](#)



[Montana](#)



[Utah](#)



[Colorado](#)



[Kansas](#)



[Nevada](#)



[Wyoming](#)



Department of Health Home Visitation Programs

In home visitation programs throughout Utah, nurses and other caregivers visit new moms and babies at home to check on their health and answer any questions. You might receive a call asking if you’d like a visit. You can also call your local Department of Health to ask about arranging a visit to your home.

Keeping Your Baby Secure



We want to provide a safe and secure place for your new baby. Although baby abductions are very rare, we still take strict precautions to prevent them in our facilities. To help us, we ask that you read and follow the guidelines presented here.

...and do not forget:
If you're feeling sleepy, dizzy, or just a little bit "out of it" — put your baby in the crib. This helps prevent an infant fall.

In the hospital

- 1 Never leave your baby alone in the room. Always keep your baby in your line of sight. If you want to sleep, shower, or go to the bathroom, make sure that a family member is watching the baby, or call a nurse to help.
- 2 Keep your door closed at all times when your baby is in the room.
- 3 Do not leave the Mother / Baby Unit with your baby until you're going home.
- 4 Only the following people may transport your baby:
 - a **An authorized staff member.** A staff member authorized to transport your baby will be wearing a *photo ID badge with an Intermountain Health logo and a special transport authorization*. Different hospitals have different authorizations — your nurse will explain what the one at your hospital looks like.
 - b **A parent or other designated person** wearing a wristband ID that matches your baby's ID. Keep in mind that this person should not remove the band and may not share it with anyone else.
- 5 Within the Mother / Baby Unit, your baby can only be transported in the clear plastic bassinet, never carried in someone's arms.
- 6 Keep all ID bands on until after your baby leaves the hospital.
- 7 If you feel uncomfortable in any way about letting someone transport your baby, please ask the charge nurse to come to your room.
- 8 Intermountain Health has electronic security systems in their facilities. A security device will be placed on your baby. This device tracks your baby's movements in the hospital. It will trigger warning "chirps" or alarms if your baby is taken too close to an exit, given to the wrong mother, or if the device is removed or tampered with. You will have a device on your wristband that is matched to your infant's device. Talk to your nurse if the device needs to be adjusted or if you have any questions.

At home

Safety tips from the National Center for Missing and Exploited Children

- 1 If someone arrives at your home unannounced for a visit or delivery, do not let the person inside. (Home health visits or equipment delivery will be arranged with you before your baby goes home, and Department of Health home visits are also scheduled beforehand.) Even for scheduled visits, make sure the person can show proper ID before you let them inside your home.
- 2 Be selective about whom you allow into your home for social visits as well. Only allow into your home people who are well known by the family. Recent acquaintances — especially if you've only known them since your pregnancy or birth — shouldn't be allowed in.
- 3 Most experts say that you shouldn't place a birth announcement in the newspaper or online. If you do decide to publish an announcement, never include first names or your home address.
- 4 Do not decorate your home or yard to announce your new baby's arrival.
- 5 Be aware that most baby monitor devices do not use secure technologies. Strangers may be able to listen in on conversations in your home. (If you have a video monitor, they may also be able to see inside your home.) If you want to use a baby monitor, choose carefully to find one that protects your family's security and privacy.
- 6 Review your privacy settings on Facebook and other social media sites before posting any information about your family, especially your newborn. Be cautious about the amount of detailed information you post on Facebook, and take similar precautions on Instagram, Flickr, MySpace, LinkedIn, etc. Be careful about tweeting details about your newborn because privacy is impossible to guarantee on X (formerly known as Twitter).

Summary of When to Seek Medical Help

Get emergency care if you notice any of the following with your baby:

- Vomit that is green or bloody
- Dusky or blue skin or lips
- Floppiness or extreme difficulty waking the baby
- Poisoning or suspected poisoning — call the Poison Control Center first (1-800-222-1222)
- Trouble breathing or chest sinking in with breathing

Call your baby's healthcare provider today if you notice any of the following:

Signs of infection or illness

- Listlessness or excessive sleepiness, or an overall change in activity or temperament.
- Unstable or abnormal temperature. A baby's normal armpit temperature is from 97.7°F (36.5°C) to 99.5°F (37.5°C).
- Excessive irritability (has a high-pitched cry or cannot be comforted).
- Vomiting more than occasionally.
- Poor eating (for example, refusal to eat at all, or consistently sleeping 5 to 6 hours between feedings).
- Reddened or firm skin around the umbilical site — or skin that has pus or a foul smell.
- Thrush — white or grayish-white, slightly raised patches that look like curds of milk on the tongue, lips, or throat.
- Breathing faster than 60 breaths per minute.
- Wheezing or coughing.
- Redness, swelling, tenderness, pus, or bleeding at the circumcision site.

Skin

- Jaundice (a yellow appearance) that does not go away, or spreads to cover more of the body.
- A rash that concerns you.
- Mottled and pale skin — and a temperature that's higher or lower than normal.
- Cradle cap (scaly skin on the scalp).
- Severe or persistent diaper rash.

Bowel movements and urination

Pay attention to the number of wet and messy diapers your newborn makes. Too few may signal a problem. Call your baby's doctor if you notice any of the following:

- **ON the 1st day of life**, your baby does not have at least 1 wet diaper and 1 messy diaper in a 24-hour period
- **ON the 2nd day of life**, fewer than 2 wet diapers and 2 messy diapers in a 24-hour period
- **ON the 3rd day of life**, fewer than 3 wet diapers and 3 messy diapers in a 24-hour period
- **ON the 4th day of life:**
 - Your *breastfed* baby has fewer than 4 wet diapers and fewer than 4 mustard-yellow stools (“poops”) in a 24-hour period.
 - Your *formula-fed* baby has fewer than 4 wet diapers and has no messy diapers in a 24-hour period.
- **AFTER the 6th day of life:**
 - Your *breastfed* baby has fewer than 6 wet diapers and fewer than 4 mustard-yellow stools (“poops”) in a 24-hour period.
 - Your *formula-fed* baby has fewer than 6 wet diapers and has no messy diapers in a 24-hour period.
- **NO MESSY DIAPERS AT ALL IN A 24-HOUR PERIOD** for a baby younger than 2 months
- Sudden changes in bowel movements combined with irritability, poor eating, or other concerns
- Diarrhea, or stool that's watery, green, foul-smelling, or contains mucus or blood
- Signs of discomfort with urination or failure to urinate within 24 hours of a circumcision

To find this booklet and other patient education, go to:
intermountainhealth.org



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