

Newborn Care

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Newborn Care, Behavior, and Warning Signs

Newborn Care

Immediate Postpartum:

In your postpartum instructions, you will find information about monitoring your baby's vital signs for the first several days after birth. You will need to take your baby's temperature, count the number of breaths per minute, and count the number of heartbeats per minute.

Temperature: Normal newborn temperature is 97 to 99 degrees. Keep your baby warm. A good rule of thumb is to dress the baby in one more layer than is comfortable for the adults in the home. Because we do not cut the umbilical cord immediately after birth, your baby will be able to regulate his temperature fairly well. Babies who get cold burn a lot of their fat reserves to stay warm. Keeping your baby skin-to-skin with you is an excellent way to help your baby regulate his body temperature and to facilitate breastfeeding.

Respirations: Normal newborn breathing is 40 to 60 breaths per minute. Because newborns breathe erratically, count the number of times the baby breathes over the course of a full minute to get an accurate count.

It is normal for newborns to breathe several quick breaths followed by a pause, then breathing deep breaths again. This cycle of periodic breathing is normal and you might notice your baby's breaths getting faster and deeper, then slower and shallower before repeating. Newborns also sigh, sneeze, and hiccup.

Heart rate: Normal newborn heart rate is 110 to 160 beats per minute.

Cord Care: Your baby's umbilical cord stump will gradually dry out and fall off on its own. You do not need to wash the cord stump and it is not necessary to apply anything to the area. Newborn diapers usually have notches cut at the top to prevent the diaper from rubbing against the cord. You may also fold over the top edge of the diaper. Remember to keep the cord stump clean and dry until it falls off. If the cord stump begins to ooze, bleed, or has a foul smell, call your midwife or pediatrician.

Feeding: Newborns need to eat frequently, around the clock. A newborn baby's stomach capacity is quite small and breastmilk is quickly and easily digested. Expect to feed your baby at least every 2-3 hours during the day with one longer 4-hour stretch at night. You should expect to feed your baby 10-12 times in 24 hours.

Watch your baby for hunger cues. A baby's early hunger cues include rooting, stirring, mouthing their hands, and licking their lips. Crying is a late hunger cue. It can be difficult to feed a baby that is very hungry, crying, and frustrated. As you observe your baby's cues, you will know when your baby is getting hungry.

Your baby should be actively sucking and swallowing at the breast. If your baby latches on and falls asleep without any sucking or swallowing, that does *not* count as a feeding. Wake your baby and try again.

(see *Breastfeeding Client Handout* for more information)

Diaper Output: Your baby's first bowel movements will consist of meconium and will appear black and sticky, like tar. Meconium can be quite messy and you might find that coating your baby's bottom with coconut or olive oil helps the meconium wipe away more easily without sticking to the skin. These meconium bowel movements will gradually transition to a lighter brown or green color before finally turning yellow. Yellow, seedy, soft bowel

movements are typical for a breastfed baby once your breastmilk has come in and your baby has passed all of the meconium.

A newborn baby should have one bowel movement in the first 24 hours after birth, followed by 2 bowel movements on Day 2, and 3 bowel movements on Day 3 after birth. After 3-4 days, a breastfed newborn should have 3-4 bowel movements each day, though some babies go even more frequently. (See *Stool Handout* for more information)

A newborn baby should have one wet diaper in the first 24 hours after birth. This is followed by 2 wet diapers on the second day and 3 wet diapers on the third day. Once your milk is in, your baby should have between 5-8 wet diapers each day. It can be difficult to tell if a disposable diaper is wet when the amount of urine is very small. Sometimes placing a piece of toilet paper inside the diaper will help you to tell whether or not your baby has wet the diaper.

Routine Newborn Care:

Feeding: After your milk has come in, your baby should continue to breastfeed 8-12 times in 24 hours. Your baby will gradually begin to eat less frequently as he gets older but it is important to follow your baby's lead and observe his hunger cues.

Cluster feeding is normal. Babies often go through stages when they want to breastfeed more frequently. Listen to your baby and you can be confident you are meeting her needs.

Weight Gain/Loss: It is normal for a newborn to lose up to 10% of their birth weight in the first days after birth. By two weeks of age your baby should be back to the original birth weight. Breastfed babies gain an average of 5-8 ounces per week.

Diapering: Newborn babies go through an impressive amount of diapers. Expect to change your baby at each feeding.

Hygiene: A newborn baby does not need to be bathed in the first days after birth. In fact, the vernix (white cheesy substance) coating your baby's skin actually has protective factors. Vernix serves many purposes and may be rubbed gently into your baby's skin rather than washed off in a bath.

Newborn babies often arrive with some pretty long fingernails. Although baby mittens are made to prevent newborns from scratching their faces, I don't recommend them. Newborns use their hands to facilitate breastfeeding and it is important to keep their hands free. Newborn fingernails are soft so you can peel the extra length off with your fingers if you would rather not use baby nail clippers.

Family members and visitors should always wash their hands before touching or visiting with your baby. Visitors that have recently been ill should avoid contact with your newborn.

Diaper Output: After six weeks of age, some breastfed babies continue to have bowel movements several times a day while others begin to go several days between bowel movements. It is uncommon for an exclusively breastfed baby to get constipated. If your baby is thriving and gaining weight, less frequent bowel movements are not concerning.

Newborn Behavior & Appearance

Crying: Some babies cry more often than others. If your baby is fussy, try feeding, changing diaper, rocking, walking, or "shushing". Hold or wear your baby skin-to-skin. Babywearing is a great tool for soothing fussy babies.

Sleeping: Some newborn babies are excessively sleepy and difficult to wake. Your baby still needs to eat even if he is not waking on his own. Ways to wake a sleepy baby include: undressing your baby, changing your baby's diaper, wiping your baby with a cold washcloth, tickling the soles of your baby's feet, and unwrapping your baby and stretching out his arms and legs.

Eyes: Newborns often have swollen, puffy eyes. This will go away. Some babies also have green "goopy" eyes. Newborns have tiny tear ducts and they become blocked easily. You may use a clean, warm washcloth to gently wipe the secretions away.

Head: Newborn babies have two "soft spots" on their heads. The larger "soft spot" is on the top of your baby's head, just above the forehead. Be careful of this area and notify your midwife or doctor if the "soft spot" begins to sink in or bulge out significantly.

Body: It is normal for your baby to have some swelling of their breast around the nipple. Some babies (boys and girls) even leak a few drops of milk from their nipples. This usually goes away by 2 weeks of age and is due to maternal hormones.

Legs, Arms, and Hands: Newborns have immature nervous systems. It is normal for your baby to "startle" and fling his limbs out in response to a sudden noise. Newborns prefer to keep their limbs and hands pulled in close to their bodies.

Genitals: It is normal for your baby's genitals to be swollen after birth. Boys may have swelling in the scrotum. Do not retract your son's foreskin to clean his penis at diaper changes. Simply wipe the area that you can see.

Girls may have swelling in the labia and some mucus discharge from the vagina is normal.

Skin: Observe your baby's skin tone in natural light near a window. Call your midwife or pediatrician right away if your baby's skin suddenly seems yellow in the arms, legs, and face. It is normal for babies of Asian descent to have a more yellow skin appearance. If your baby has dark skin, press on the baby's skin to see what color it is when pressed. It should appear white when pressed, not yellow.

All babies benefit from spending minutes twice each day in a sunbeam near a window. Dress the baby in only a diaper. The sunlight on the baby's trunk and abdomen helps to break down the bilirubin that causes jaundice (yellowing of the skin).

Rashes are common in newborns and are usually harmless. Some rashes may look like pimples on the skin. These will go away on their own. White dots on the nose or cheeks are called milia and will gradually fade. Some babies develop a bumpy, red rash on their face around 6 weeks of age. This is often called "newborn acne" and does not require treatment. Simply wash your baby's face with a washcloth and plain water.

If your baby develops a diaper rash that blisters or is painful, call your midwife. Frequent diaper changes can prevent most diaper rashes.

Some babies develop a scaly, greasy rash on their scalp or eyebrows. This is often called "cradle cap" and can be treated by rubbing baby oil into the scalp, gently combing it out, and washing with baby shampoo.

Babies can have dry skin that peels or cracks. Babies born after their due dates often have peeling skin. Coconut oil or breastmilk can be gently rubbed into the skin. Avoid lotions that contain artificial perfumes, dyes, and chemicals.

Warning Signs

Panting, grunting, fever, lethargy, jitteriness, shaking, high-pitched crying, refusal to breastfeed, bleeding, or bruising without obvious trauma, are all warning signs. Call your midwife or pediatrician right away if your baby shows any of these warning signs.

Fever: If your baby's temperature is above 99 degrees but the baby seems otherwise fine, undress her and let her cool off for 30 minutes before retaking her temperature. Do not use an ear thermometer as they are not accurate for newborns. If your baby still seems warm, call your midwife or pediatrician.

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