



## The Village Midwife, LLC

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## NEWBORN INSTRUCTIONS

We strongly recommend that you take your baby to see your pediatrician or family practice doctor within the first week of life. We also highly recommend that the baby be seen by a chiropractor within that first week. Please check your miscellaneous packet for lists of pediatricians/family practice doctors/chiropractors.

### **BREATHING:**

Normal newborn breathing is irregular, sometimes deep, sometimes shallow, and variable in rate. Forty (40) to sixty (60) breaths a minute is average. To count respirations, count the number of breaths baby takes during a full 60 seconds while quiet and not nursing. During sleep baby will breathe very lightly. As long as your baby is pink in the lips and body they are meeting oxygen requirements. The slightest bit of mucous may cause the baby to make snoring or snortling sounds. This is because baby can clean the airway only by coughing or sneezing. They cannot sniff mucous out of the nasal pharynx the way an adult can. Place the baby on their back or side for resting or sleeping so that mucous or milk that is spit up will drain readily out of the baby's mouth and prevent choking.

### **WARMTH:**

In the first 24 hours it is normal for the hands and feet to be blue. Make sure that the baby is warm enough by feeling the hands. The hands should feel slightly cooler than the baby's body. If they are cold, warm the baby with more clothes or a warmer environment. If the hands are very warm, remove some clothing. A general "rule of thumb" is that baby should have one layer of clothing MORE than what you have.

### **URINATION:**

The baby should urinate within the first 24 hours. Before your milk comes in, the wet diapers may not be frequent. After two or three days the baby will have 6 or more wet diapers a day, which is a good way to gauge if the baby is getting enough fluid. The urine should be clear or very pale yellow. Sometimes, however, during the first week, the baby passes uric acid crystals in the urine which may produce a red or "brick dust" stain, often circular, on the diaper. It may at first give the impression that the infant is passing blood in the urine. This is normal, though infrequent, with a new baby. Rarely, the newborn will get a bladder or urinary tract infection. The symptoms of infection may be subtle: crying during urination or discolored urine. Contact your baby's doctor if you are worried.

### **BOWEL MOVEMENTS:**

The first bowel movements are composed of a tarry, sticky substance called meconium. This can be washed from the baby's skin with warm water or baby lotion. The baby should pass some meconium during the first 24 hours. If the baby is breastfeeding, this gradually changes from a black-green-brown to a yellow-green stool that is very loose to almost pasty in consistency. Sometimes the stool is little more than a stain on the diaper. The breastfed baby's bowel movements may occur after every feeding, or once every few days. Both variations are within normal limits. There is no unpleasant odor to the stools, and they are the color of mustard with the consistency of small curd cottage cheese. Breastfed baby bowel movements are practically never hard and breastfed babies rarely become constipated.

### **CORD STUMP CARE:**

The cord stump drops off within 4 to 14 days. Keep the diaper folded down and the baby's shirt folded up in front to help the cord stump dry and fall off. There may be a drop of blood when the cord stump comes off. If the area looks moist, leave exposed to air.

### **SKIN:**

The baby's skin may become dry and peeling within the first two weeks after birth. You do not need to do anything because baby is just changing from water skin to air skin. The baby may get a series of red and white rashes, which will pass and need no treatment. If pus is present with a rash, call your baby's doctor.

**EYES:**

Sometimes a baby will have a small red spot or two in the eyes caused by a tiny blood vessel that broke during the birth. It goes away by itself. If there is a significant amount of yellow or green discharge from the eyes or your baby's eyes are crossed or wandering contact your doctor.

**JAUNDICE:**

During the first few days after birth, the baby's skin may turn yellow due to excess bilirubin. If jaundice appears on the first or second day or is increasing rapidly, or the whites of the eyes appear yellow, call your doctor, especially if the baby is excessively sleepy, irritable, or does not nurse.

**BREASTFEEDING:**

Put your baby to the breast as soon as possible. Most babies will lick and gum the nipple, a few will latch on and nurse right away. Don't worry if your baby doesn't nurse well right away, they need to recover from the birth and get organized and hungry. Usually babies are born with extra fluid and special fat to get them through the first two days and can safely lose 10% of their birth weight. However, a baby should be back to birth weight or better at one week of age. About 48 hours after birth they get very hungry and seem to want to nurse all the time. They want to pull the milk in, and the more they suck, the sooner the milk will come in, so be prepared!

Newborns may nurse 8 – 12 or more times in 24 hours. Throw away your clock! Feedings may be at irregular intervals with one long sleep period (hopefully at night) balanced by more frequent feedings during the baby's awake time. During the fretty, more wakeful hours, usually in the early evening, the young baby may nurse quite frequently and then settle into the night's sleep.

New babies most often prefer a snacking pattern of life: eat–sleep–eat–sleep. Their natural tendency is to divide a feeding into several or more short “courses” or installments with ten to fifteen minute rest periods in between. Burping, diaper changes and bowel movements are all acceptable activities between these courses. Some babies may seem to want to nurse off and on almost continuously the first few days. This is fine. Your milk will come in that much sooner!

Welcome night feedings in the first 6-8 weeks. They will help to build your milk supply and relieve that engorged feeling of overly full breasts. If your baby is a sleepy baby and on the small side, don't let them sleep more than 5 hours without a feeding during the early months.

It may be time consuming at first: a feeding with burping and diaper changing may take an hour or more with a newborn, but this does not last. By the time your baby is 2-3 months old and a very efficient nurser, total time for feedings may be 10-15 minutes.

**GROWTH SPURTS:**

At about two weeks there may be a day where the baby is unusually wakeful and the parent is tired and sensitive due to hormonal changes. This is the normal period when the baby first forces the milk supply to increase. The baby does this by crying and wanting to be fed more often. The breasts may seem constantly empty or near empty with the very frequent nursing, but there is always some milk. Don't panic! Nurse more often and increase your fluids and your rest, and within 24 hours the milk supply will be at a new high. Supply meets demand! This may happen again at 5 to 6 weeks and again months later.

**REVERSING DAY AND NIGHT:**

Your newborn may show a tendency to turn night into day. At first appearance this may seem fine. The baby may sleep for 2-5-hour intervals during the day, awaken for feedings and go back to sleep, giving an impression that all activities can get back to normal quickly! Then one evening when you are ready to get some well-earned rest, the baby awakens, nurses and stays awake. The following approaches may prove effective to reverse this pattern:

- Sleep when baby sleeps.
- Gently arouse the baby every 2-3 hours during the day and early evening and offer a feeding. A baby who is drowsy but usually rested nurses easily.
- A bath in the evening may likewise interrupt a long sleep and serve to tire the baby.
- Gradually, these measures may help the baby become accustomed to more frequent periods of wakefulness in the daytime and encourage them to take longer naps between feedings at night.

**BURPING:**

Breastfed babies have fewer air bubbles. Some don't burp at all during or immediately after feedings, but burp later when sleeping or in between feedings. The most favorable position for most babies is upright over the parent's shoulder. Some babies, however, prefer sitting up supported on the parent's lap or draped over the hip. Burping may be accompanied by spitting up some milk if the air bubble is not quite at the top of the baby's stomach. How often your baby will need to burp and what position will be best will become evident as you experiment and observe.

**HICCUPS:**

Hiccups occur frequently. They may seem stressful. The young baby hiccups violently; their stomach contracts, their chest heaves and the sound effects can be heard across the room. Rarely is there crying or a suggestion of distress. The baby doesn't seem to mind at all. Usually, hiccups occur after the baby's feeding and may help to get an air bubble out. Nothing really needs to be done about hiccups. Sometimes allowing the baby to nurse on the least full breast a few more minutes can help to relieve them.

**SPITTING UP:**

This is a normal occurrence with both breast- and bottle-fed babies. It may accompany burping, hiccupping, or just happen. The baby brings up a small amount of milk (a teaspoonful or thereabouts) at a time. It may be much more pronounced during the first few days after birth when mucous in the baby's stomach, throat, and windpipe may be irritating and cause the bringing up of small amounts of milk. If the baby continues to spit up with every feeding, a different burping position may help. Spitting up is not caused by overfeeding. There is little danger that the baby will take more than is good for them. Artificial sweeteners in the parent's diet may be a cause of continual spitting up in breastfed babies. A few babies spit up small amounts after every feeding, regardless! If the baby spits up frequently and forcefully, arching out and away a foot or so, it may be projectile vomiting. Please consult with your baby's doctor if this happens, as this may be a sign of a medical problem.

**EMOTIONAL NEEDS:**

During the first year of life a baby develops significant feelings about himself, his world and his part in it. The infant's needs are best met as quickly as possible to avoid excessive crying and to give him a good feeling about the world. Trust, which is best developed during the first year of life, is indeed the foundation and cornerstone for your child's future self-confidence. Responding to his needs for food and physical contact with you is like giving the baby food for the soul. The baby will feel good about the world, and in turn, about himself. You can't "spoil" the baby with too much love or attention. "Man does not live by bread alone". The baby whose needs are met consistently and well in early infancy will become increasingly less demanding as time goes by. Don't be afraid to hold your baby and visit. You will both enjoy it and babyhood goes by soooooo quickly.

**IMPORTANCE OF TOUCH:**

The highly developed sense of touch and the sensitive mouth of the baby help him to learn about reality and establish self-identity. The baby is not only soothed but is also gently stimulated in his development by gentleness, warmth, stroking, cuddling and rhythmical or rocking sensations while being held. Meeting the baby's needs for physical contact and touching result in more rapid neurological and mental development and greater weight gain.

**CRYING:**

All babies cry at times. A short cry may be the baby's way of announcing that he is about to urinate or have a bowel movement or pass some gas.

More than anything, crying is the baby's earliest way of communicating need. While it can be associated with boredom, fatigue, loneliness, discomfort and a need to be held, crying in the early weeks usually means hunger. Hunger is perhaps the greatest discomfort the new one feels.

Fussy Hour: Most babies have a fussy period at some time during the day. Evening seems a favorite time, when everyone is moving around the world, coming home, cooking and discharging the nervous energy of the day. Try to cook earlier in the day, so that you can be better able to sit or walk the baby. Hold the baby close to your body, and rock or walk, especially outside if possible. The fresh air can often change a baby's mood. A late fussy hour may be a good time for a car or a carriage ride. Singing is an age-old tradition.

Babies love being held, stroked and spoken to softly. Helping the baby over these wakeful and often fussy periods and responding lovingly to the cries for attention and/or care, can only serve to strengthen the foundation of trust on

which your baby's whole future self-confidence will be built.

Consider that some very fussy or colicky babies may benefit from Chiropractic or Osteopathic care. During the birth process it is believed that the cranial or spinal bones may be pushed out of alignment and pinch nerves to the gut. You may also look for help from an Acupuncturist if medical doctors have ruled out other medical problems. Remember to ask for help from friends and family.

#### **BATHING:**

The baby does not need a full bath right away. It may be easier to wait until the cord stump has fallen off and healed before attempting a full bathing regime. The baby can be bathed every day or twice a week.

Areas that need daily attention with a soft wet cloth or cotton ball are the face, neck, and behind the ears (where milk and spit up may collect and dry). The buttocks and genitals should also be sponged daily and after bowel movements. A cream or water proofing baby ointment such as diaper ointment or olive oil may protect the baby's sensitive skin from diaper rash in between baths.

#### **HAIR CARE:**

The baby's hair should be shampooed at the time of his bath and his scalp gently but thoroughly massaged. The scalp over the soft spot, or anterior fontanel, and over the smaller posterior fontanel, is strong and resilient and need not be favored with more gently massaging. After the shampoo the baby's scalp should be gently brushed with a soft brush. This is good for prevention of "cradle cap", that adherent collection of scaly patches on the scalp which may appear oily or yellow-gray and is difficult to remove once established.

#### **BREAST AND GENITALIA:**

You may notice in the early weeks that your baby boy's or girl's breasts appear surprisingly prominent. There may be a drop or two of pale white secretion, called "witches milk". This is due to the hormones left over from the baby's life in utero and will go away with time. Do not squeeze the breast to get the milk out.

The same hormones may cause the boy baby's scrotum to be enlarged. A girl baby may pass mucous and a drop of blood from the vagina, and the labia may be swollen too. Nothing special needs to be done. These are temporary phenomena.

The Girl baby may have a small accumulation of yellow-white cheesy-like material inside the labia. This accumulation of oily material or smegma can be easily removed with a little oil or water on a cotton ball, wiping from the top down to avoid carrying possible germs from the area of the anus to the vagina and urethra.

#### **PENIS:**

The uncircumcised boy needs only sponging with warm water or occasionally some light oil to remove any smegma from around the edges. Do not retract the foreskin, it protects the penis from urine and irritation. If urine passes easily there is no concern about obstruction.

The boy will retract his own foreskin gradually as he grows, usually between 2 and 7 years of age. At the time of bathing, teach him to wash behind his ear and under his foreskin with equal emphasis.

#### **CALL THE BABY'S DOCTOR IF:**

Temperature:

- axillary (underarm) temperature of less than 96 or greater than 98 degrees F, after clothing and room temperature have been adjusted.
- baby's temperature keeps changing even when room temperature and clothing remain the same.

Respiration:

- fewer than 40 or more than 60 breaths per minute at rest
- labored breathing with grunting, retraction of the ribs, or flaring of the nostrils

Pulse:

- pulse outside the normal range of 120 to 160 per minute

Elimination:

- no passage of meconium or urine in the first 24 hours after birth.

Other Signs:

- excessive sleepiness – sleep periods lasting longer than 5 hours after the first day
- hyperirritability or extreme reaction to ordinary stimulation like diaper changing, picking up, etc...
- jaundice on the first day of life
- poor feeding, not at all interested in feeding or exhausted by it