

Your new baby



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Baby's name _____

Birthdate _____

Weight _____

Length _____

Head circumference _____

Doctor name _____

Office phone _____

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Congratulations!

This is a very exciting time for your family, and also one that can raise many questions. We know parenting can be a challenge and we're here to help. At Cook Children's, everything we do centers on providing the best care possible for your child.

This booklet addresses common questions you may have about your baby's care. If you have additional questions or concerns, call your baby's doctor. And, if you are still looking for a pediatrician, you can visit cookchildrens.org/locations to find one near you.

A pediatrician should see your infant beginning a few days after you leave the hospital. Regular visits are important to check your baby's health and development. Talk to your doctor about your baby's checkups during the first year of life. Remember to write down any questions you have between visits.

From routine checkups to more serious issues, our team is here for your family.

Because childhood should be simple.



Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

Emergencies

When it comes to kids, anything can happen. Call your pediatrician if you're concerned about your baby's health. Signs of illness in early infancy may be very subtle, so an examination by your doctor can be helpful. Call your child's doctor if any of these symptoms occur:

- Fever of 100.4 degrees Fahrenheit or higher, taken rectally.
- Refusing to nurse more than twice in a row.
- Persistent vomiting.
- Diarrhea – more frequent or large quantity of stool and major change in color or consistency. Yellow, seedy stools are normal.
- Any drastic change in the baby's behavior, such as convulsions, excessive crying or sleepiness.
- Sudden color change. Keep in mind: it's normal for newborns' hands and feet to occasionally look purple or blue, and many have a yellow color/jaundice in the first week.

If you are experiencing a life-threatening emergency, please call 911 or go to the nearest hospital or emergency department.

Emergency services are available 24 hours a day, seven days a week. Teddy Bear Transport, one of the largest pediatric transport programs in the country, supports Cook Children's. We also have Cook Children's urgent care centers located throughout our region for symptoms that happen when your pediatrician's office is closed. Visit [cookchildrensurgentcare.com](https://www.cookchildrensurgentcare.com) to find a location near you.

Cook Children's Emergency Department

801 7th Ave.
Fort Worth, TX 76104
682-885-4095 phone

Other emergency phone numbers:

Hospital care

Shortly after delivery, your baby goes to the nursery for observation and routine newborn care. A pediatrician does a physical exam of your baby after birth and again before you leave the hospital.

Here are a few things doctors do to make sure your newborn is healthy and ready to go home.

- **Apgar score.** The test measures the heart rate, breathing, muscle tone, reflex response and color. The doctor or nurse takes the scores at one minute and five minutes after delivery.
- **Eye care.** Every newborn receives a dose of antibiotic eye ointment because bacteria in the birth canal can cause infection. Any swelling and yellow discharge should disappear in a few days.
- **Hearing screen.** All hospitals are required to check newborn hearing with a test called the auditory brain, or ABR. This is a general measurement of the infant's hearing.
- **Hepatitis B vaccine.** This vaccine is recommended to newborns to prevent hepatitis B. This is a series of three shots. Your pediatrician will complete the series in the following months.
- **Newborn screening tests (including PKU).** This is a blood test to check for congenital diseases. Doctors can treat some congenital diseases more effectively when diagnosed early. Your pediatrician will screen your baby again at age 2 weeks.
- **Vitamin K.** Newborns are slightly low in vitamin K. Shortly after birth, babies get injection of vitamin K to help with blood clotting.
- **Congenital heart screen test.** Newborn screening for congenital heart defects is a tool that works with prenatal diagnosis and physical exams after birth to help detect any problems with the heart right away. Catching and treating early can improve outcomes later in life.

Visits with your pediatrician

Childhood should be simple, and, whenever possible, free of illness and injury. Immunizations are the safest, easiest way to protect your kids from avoidable, and sometimes fatal, childhood diseases. Check with your baby's doctor for a recommended immunization schedule.

Age	Vaccine and/or test received
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

At Cook Children's, we want you to have all the information you need at your fingertips. So, with the help of families, we created a family medical planner to help you keep your child's health information in one place and up to date. We encourage you to visit [cookchildrens.org/health-resources/Pages/health-care-notebook.aspx](https://www.cookchildrens.org/health-resources/Pages/health-care-notebook.aspx), print this document in English or Spanish and put it in a binder. Bring the binder to clinic appointments or hospital visits and share the information with your child's caregivers.

Regular checkups should be scheduled starting at 3 to 5 days old. Your next visits will take place at 2 to 4 weeks and months 2, 4, 6, 9, 12, 15 and/or 18. Afterward, your visits will be scheduled yearly. At Cook Children's, we can take care of a cough, keep vaccinations up-to-date and generally make sure kids, and their parents, feel their best. Because childhood should be simple.

Behavior

Your baby is an individual and his or her personality will be present from day one. As you spend more time with your baby, you'll learn more about his or her personality. There are some things that all babies do:

- **Sneeze and cough.** These are usually not a cause for concern in a newborn infant. These are the ways that a baby clears his nose and throat of mucus and dust. It is not a sign of a cold if no nasal discharge is present.
- **Hiccups.** These are very common for infants after nursing.
- **Spitting up.** Occasional, small amounts of spit up are normal. Call your pediatrician if the baby frequently spits up a large amount or it comes out forcefully and it seems painful.
- **Crying.** Babies cry for many reasons, such as being hungry, wet or anxious. You will learn what your infant's various cries mean and how to comfort your baby. Crying itself is not harmful. Remember this period will end, crying is normal. It is OK to walk away and take a break from the crying if you are feeling frustrated. Ask your pediatrician for more information about the Period of PURPLE Crying®.
- **Passing gas.** This is a result of swallowed air and generally causes babies no discomfort.
- **Breathing irregularly.** Sometimes babies will breathe very fast for a few seconds and then very slowly.
- **Congestion.** Babies' nostrils are tiny and they don't know how to breathe through their mouths. Even a little mucus in the nose can cause congestion. Use a bulb syringe to remove extra mucus that blocks baby's airways.
- **Sleeping.** Newborn babies sleep up to 20 hours a day and usually wake up every two to four hours for feedings. They may begin sleeping through the night at 1 to 2 months of age, although some babies take longer.

Physical characteristics of a newborn

Umbilical cord

- Fold the diaper down to expose the cord to air.
- If the cord becomes red, swollen or tender, call your pediatrician.
- The cord falls off in one to four weeks. After the cord falls off the belly button may bleed a little.

Skin

- Peeling or cracking skin around the wrists or ankles is common. As new skin cells grow, this condition will clear up without treatment.
- Newborns often have a lot of downy fuzz on their backs, arms and ears. This will soon rub off and disappear. Newborns also have a white, waxy skin coating that eases their passage through the birth canal. This washes off during the baby's first bath.
- Hormones from the mother may cause both boys and girls to have swollen nipples. This swelling goes away a few days after birth. An infection might be present if the area around the breast is red, warm or tender. Call your pediatrician if you are concerned.

Nasal

- Remove extra mucus with a bulb syringe.

Rashes

- Newborns often have rashes, reddened areas with a yellow or white raised center, which come and go during the first month or two of life.
- Milia, little whiteheads, may be present on the nose and will soon disappear.
- You may see a raised pimple-like rash around the umbilical cord or genital area. Usually this rash will clear up with normal bathing or exposure to air. If the rash does not go away or gets worse, see your pediatrician.
- Skin rashes result from overdressing or laundry soaps. As the baby becomes warm and sweats, skin irritation develops in the skin folds. Keep the areas clean and dry and avoid overdressing. Try a laundry soap designed for sensitive skin and rinsing twice.

Sneezing

- Babies clear their noses by sneezing. Hormones from the mother cause mucus membranes to swell. This makes the nose stuffy. Breathing may be noisy and irregular at first.

Eyes

- Your newborn may have swelling around the eyes. This will disappear a few days after birth. Some babies have a red area in the white part of the eye. This is from the pressure during birth. No treatment is necessary, and it will disappear within several weeks.
- A newborn can only see as far as about 8 to 12 inches. Your baby's eyes will wander and may appear crossed if an object is too far to see. Your baby will be able to focus both eyes on an object at the same time as the eye muscles mature.

Head

- Your infant will have a very large head in relation to the rest of the body. An infant's head may be melon-shaped following birth. It will return to its normal shape a few days after birth.
- A soft spot, called the fontanel, is on the top of a baby's head where the bones are still growing together. A second fontanel is on the back of the skull. A thick membrane covers these spots to protect the head and brain. Protect your baby from falling on or bumping the head, as this could cause serious injury or death.

Movements

- You baby may make sudden movements of arms or legs. These reflexive movements are normal and will go away as the baby grows.

Safe infant sleep

It is important to teach your baby to sleep from the very first day at home. Babies should be put in their bed drowsy but still awake, if possible, so that they learn to fall asleep there. A baby who is completely asleep when placed in bed does not know how to go back to sleep without help. The baby who only knows how to fall asleep while eating or being rocked is establishing a ritual that must be carried out at bedtime habitually.

Unintentional suffocation is the leading cause of injury-related death among children less than 1 year old. Unsafe sleep environments for infants are the primary cause of infant suffocation. Babies should be put to bed on their backs and do not need pillows. They should sleep in a crib on a flat and firm mattress that is protected by a waterproof cover under the sheet.

Accidental suffocation is the leading cause of injury-related death among children less than 1 year old. Keep your baby safe by following these guidelines on safe infant sleep:

DO:

- Keep your baby in a crib when sleeping, even during naps.
- Only let baby sleep on firm surfaces with tightly fitted sheets.
- Place baby on his or her back at sleep times. Side and stomach sleeping are not safe for infants who can't roll over.
- Keep newborns warm while sleeping. Use a sleep sack or long-sleeved onesie. Swaddling is no longer recommended.

DON'T:

- X** Keep soft objects or loose bedding in the crib. This includes pillows, blankets, stuffed toys and bumper pads.
- X** Use car seats, infant swings and other sitting devices for routine sleep.
- X** Let baby overheat with blankets or swaddling.
- X** Share a bed with your baby. Room sharing is OK.

Cribs

Your baby's crib must have slats that are no more than 2-3/8 inches apart and it must have a firm, snug-fitting mattress. A baby must never be put down on a pillow, soft mattress or waterbed. Because sudden infant death syndrome (SIDS) has been associated with babies sleeping on their stomachs, the American Academy of Pediatrics recommends that babies go to sleep on their backs. Keep soft objects or loose bedding out of the crib to avoid unintentional injury or suffocation.



Safety

Car seats

Texas law requires all children ride in federally approved car seats or booster seats made for their weight and height until they are 8 years old or taller than 4 feet 9 inches. In addition, all passengers (including adults) above this age/height must use a seat belt, regardless of where they sit in the vehicle.

Begin the habit of riding in the appropriate car seat on your baby's first car ride. The best protection is with the car seat buckled in the middle rear seat, facing backward. Holding a baby provides no protection. Remember that car seats should be replaced after five years.

Did you know that four out of five car seats are installed incorrectly? Safe Kids Tarrant County has several car seat fitting stations around the Metroplex. You can make an appointment with a certified technician for a FREE car seat fitting. Please call 682-885-2634 to learn more. If you are an expectant parent, please schedule your car seat check four to six weeks before your delivery date.

Clothing

Infants only need one extra layer of clothing to stay warm. Overdressing your infant may cause discomfort, heat rash or mild fever. Wash new clothes before your baby wears them. You can take your baby outside after 1 week of age.

When you take the baby out, dress him or her appropriately for the weather. Limit exposure to sunlight. Talk to your doctor before using sunscreen on your baby.

Home safety

- Cover all electrical outlets with safety shields/plugs.
- Use child-proof latches on all cabinets containing cleaners, chemicals and medicine.
- Never leave a baby alone on a changing table, bed, couch or countertop.
- Place infant carriers on the floor to avoid falls.
- Never leave your baby alone in the car or house.
- Avoid strings or chains on your baby, clothes or toys. This includes necklaces, strings or ribbons for pacifiers and religious medals.
- Be sure electrical cords, telephone cords or drapery/blinds cords are out of your baby's reach. All of these can cause accidental strangulation.

Second-hand smoke

Smoking is hazardous to your health and the health of your baby. Studies show that exposure to smoke before and after birth increases an infant's risk for sudden infant death syndrome (SIDS) by five times. Exposure to smoke increases an infant's risk of recurrent colds and ear infections. If you must smoke, do it outside.

Water temperature

Turn the thermostat on your hot water heater down to 120 degrees Fahrenheit to avoid the risk of scalding. Always check the temperature before putting your baby in a bath and stay with your baby at all times.

For more information on how to keep your child safe, visit cookchildrens.org/health-resources/safety/.

Crying

Crying is how babies communicate. You will quickly learn to identify whether your baby is crying from hunger, boredom, pain, anger or something else.

There are several things you can do to try to comfort your baby when he or she cries, including:

- Check to see if your baby is hungry, tired or wet.
- Increase your activities with your baby.
- Take your baby for a walk or ride in the car or dance with your baby.
- Calming sounds like music, lullabies, white noise, dripping water, etc.
- A warm bath, skin-to-skin contact, a massage.

Some babies will be fussy at various times throughout the day. This is normal.

Between 2 and 6 weeks of age, a baby's crying steadily increases and can put strain on parents. Remember this period will end. It is OK to take a break if you feel frustrated. If you become frustrated, it is best to leave your baby in the crib or some other safe place and take a break. If possible, call someone to relieve you. It is harmful, even fatal, to shake your baby. Ask your pediatrician for information about the Period of PURPLE Crying®.

Some babies have colic. Colic is if your baby screams non-stop for several hours a day for several days in a row. The causes of colic are unknown. Your baby should outgrow colic by 3 to 4 months of age. If you're concerned that your baby's crying is abnormal, check with your doctor.

Illness

Your baby's immune system is immature. Your baby can catch illnesses from other people, so it is important to limit your baby's exposure to groups of people or those who may be sick. Avoid daycare until immunizations are started at 2 months of age.

Remember to wash your hands before you or anyone else handles your baby.

Colds

Occasional colds are unavoidable in babies and children. They often involve a runny nose or coughing. You can usually treat colds at home. Newborn babies often have nasal mucus in the first month or two that can cause sneezing and noisy breathing. Use a bulb syringe to remove mucus.

Common signs of illness in the newborn and young infant include:

- Fever greater than 100.4 degrees Fahrenheit rectally, if within the first 3 months of age.
- Frequent, large watery stools.
- Forceful vomiting.
- Failure to urinate every six to eight hours.
- Repeated refusal to feed.
- Paleness, sleepiness or irritability.

Please call your pediatrician if your baby develops any of these symptoms.

Feeding

Breast milk is the best source of nutrition you can give your baby and will provide the best protection against infection. Experts agree that breast-feeding for any length of time is beneficial to you and your baby. If you choose not to breast-feed or are unable to breast-feed, infant formula is the best alternative to breast milk. We recommend formulas that contain iron.

Keep your baby on breast milk or formula until his 1st birthday. Don't give cow's milk to your children until they are 1 year old. It does not provide the nutrition your baby needs to develop and it is hard for the baby to digest.

When to feed

Allow your baby to set the feeding schedule during the first two months of life. Most breast-fed babies feed every two to three hours. Begin with five minutes on each breast and increase the feeding time by one minute each day. Eventually, your baby will nurse for 10 to 20 minutes on each breast.

Formula-fed babies usually feed every three to four hours and should take 2 to 3 ounces per feeding during the first two weeks and 4 to 5 ounces during the third and fourth weeks. However, babies having trouble gaining weight may require feeding more frequently.

Babies may cry when they are hungry. Before you offer food, check for a wet diaper or interact with your baby. Typically, babies don't need to be awakened for feeding.

How much to feed

You can tell if he or she is getting enough to eat by the baby's growth. Your pediatrician will weigh and measure your baby at every visit.

During the first days of life, infants generally lose 4 to 10 ounces; breast-fed babies lose a little more. This is not cause for concern. By day 10, most babies gain back what they have lost.

A baby who is getting enough to eat:

- Is content.
- Sleeps well between feedings.
- Has six to eight wet diapers per day.
- Is gaining weight.

Burping

Burping your baby during or after feeding helps remove air swallowed. It is normal for your baby to spit up in small amounts. Burping your baby more often or for a longer period of time may reduce spit up.

Breast-feeding

Babies may take time learning to nurse. The first few days of nursing are a time of learning for both mother and child.

As you begin nursing your baby, clear or yellowish fluid called colostrum will come from your breasts. It is rich in nutrients and although the amount is small, it's enough for your newborn.

You should nurse from both breasts at each feeding. You can pump breast milk and store it in the refrigerator up to 24 hours or store in the freezer. A nursing mother should continue to take a prenatal vitamin. Some medicines pass to the baby through your breast milk. If you are on any medicine, prescription or over-the-counter, talk with your doctor if you plan to breast-feed.

At Cook Children's, we have full-time lactation specialists who assist mothers with pumping and breast-feeding and help mothers understand the benefits of mother's milk for their newborn. We have many resources available for moms that have trouble with nursing/pumping. Ask your pediatrician for more information.

Formula

Refrigerate all open or mixed formula. Throw away any unused formula after 48 hours. Here are a few formula options:

- You can buy ready-to-feed formula in bottles or 32-ounce cans. Pour the formula directly into bottles or nursers for feeding. These can be expensive and they do not require the use of tap water, which contains necessary fluoride.
- Concentrated formula is meant to be mixed with water. Keep in a clean container in the refrigerator. Pour into bottles or nursers for feeding after mixing thoroughly.
- Powder formula requires one scoop of powder to each 2 ounces of water. Mix until smooth. You can mix the formula in larger amounts and keep in the refrigerator.



When feeding with a bottle, never prop the bottle and leave your baby to feed. The bottle can slip into the wrong position. Nursing is an important bonding time with your baby.

Solid foods

Your baby's digestive system is not ready for solid foods until 4-6 months of age. Introducing solid foods too soon may lead to food allergies. Never give your baby honey. Honey can contain *Clostridium botulinum* spores (botulism), which can cause severe illness in infants. Your pediatrician will help you decide when to start solid foods. Prepare for a little mess at first!

Bowel movements

Your baby's stools will probably change in color, softness and frequency over time. Breast-fed infants have liquid, yellow stools. Formula-fed infants will have a yellowish-tan stool. Minor changes in stools are normal.

Some babies have a bowel movement with every feeding; others may have one stool every 36 to 48 hours. Others may go seven days without a stool. There are no normal stool patterns. All baby's first stools are black and tar-like; this is called meconium. If your baby's stool is consistently very hard and dry, call your pediatrician.

As your baby grows and begins eating solid food, bowel movements can decrease. Do not give your baby an enema, suppository or laxative. Constipation is not possible for nursing babies, but expect consistency to change as solid foods are added.

Diaper rash

Changing dirty diapers immediately can prevent most cases of diaper rash. If your baby develops a rash, bathe the diaper area gently with mild soap and water, and let air dry completely. Baby wipes may irritate a rash. When you change the diaper, use Balmex®, Desitin® or A&D® ointment to protect your baby's skin from further irritation. If blisters form or the rash does not improve after three days, call your pediatrician.



Bathing

Your baby does not need a daily bath. Spot clean at diaper changes and after feedings. A complete bath two to three times each week is enough until your child is old enough to truly get dirty.

A baby is ready for his or her first bath as soon as the umbilical cord comes off and the circumcision is healed. You can bathe your baby any time of the day, although pre-bedtime baths may help your baby sleep. Keep all supplies handy and stay with your baby the whole time. A washcloth at the bottom of the tub prevents slipping.

Here are some tips for washing various parts of your baby:

- **Face.** Wash with plain water. No soap needed.
- **Eyes.** Use a cotton ball dipped in warm water, moving from the nose downward.
- **Nose and ears.** Cleanse only the outer areas with a moist cotton swab.
- **Mouth.** Wipe baby's gums twice a day with a clean, wet cloth.

- **Head.** Work from front to back to keep soap out of the eyes. Lather gently. The soft spot is not especially delicate, but don't scrub with a lot of force.
- **Body.** Use a mild soap such as unscented Dove, Baby Magic® or JOHNSON'S® baby wash. Be sure to wash creases in the skin and rinse well.
- **Skin protection.** Small amounts of baby lotions are fine, avoid oils and talcum powder.
- **Circumcision.** On circumcised babies, the head of the penis may look red and raw and may have a white-yellowish discharge for several days. Watch for swelling or bleeding. Use only warm water to clean the penis until the healing is complete. If you have specific questions, call your pediatrician.
- **Uncircumcised penis.** No special care is required. Do not try to retract the foreskin.
- **Vaginal care.** It is normal for baby girls to have a small amount of vaginal discharge or bleeding. Normal bathing will cleanse the vaginal area.
- **Diaper area care.** Change your baby's diaper as soon as possible after each bowel movement or urination. Wash the area with a soft cloth or cotton ball and water. Make sure the baby's bottom is completely dry before putting on a new diaper. If you use cloth diapers, avoid plastic or rubber pants over the diaper because they hold moisture in and may cause a rash. If you use store-bought baby wipes, we recommend alcohol-free wipes.

Oral health

You can start keeping your child's mouth healthy right away.

- Start early – wipe baby's gums after feeding with a soft, wet cloth. Use a baby toothbrush when the first tooth comes in.
- Brush for two minutes in the morning and at bedtime. Use a toothbrush made for their age.
- Don't share cups, straws or spoons or lick pacifiers. Germs that cause cavities can be passed to the child's mouth.
- Take your child to a dentist by age 1 or when the first tooth comes in.





Practical parenting advice

Being a parent is tough. We want you to know that you're not alone.

Cook Children's pediatricians are here to offer additional resources and practical advice on a variety of safety and development topics to help you raise a healthy family. We're here to help you with well-child visits, vaccines, illnesses, behavior problems and learning disorders or answer questions all parents have. We're here to provide your child with a medical home and make sure he or she gets the attention and care they need. As part of an integrated network, our doctors have direct access to pediatric specialists and services at Cook Children's Medical Center and specialty clinics.

Preventive health care is the most effective health care. Good nutrition, including breast-feeding when possible, prevention of illness through immunizations, avoiding known hazards such as tobacco smoke and prevention of accidents and poisonings, are all important to raise a healthy child.

Ideas, opinions, information and medical knowledge all change. All parents receive a great deal of advice, some good and some questionable. Your instincts will help you through life with a newborn. The information provided in this booklet is for reference only. Do not hesitate to call your pediatrician for up-to-date information and when questions arise.

Special notes _____

Important phone numbers _____

Our Promise

Knowing that every child’s life is sacred, it is the Promise of Cook Children’s to improve the health of every child in our region through the prevention and treatment of illness, disease and injury.

