

NEWBORN GENERAL INSTRUCTIONS

1. DANGER SIGNALS TO WATCH FOR AT HOME

In the event of a life-threatening emergency dial 911 immediately. For non-life-threatening issues, the best source of information is your baby's own doctor. If you are unable to contact him or her, you can reach a doctor at UCLA by calling the UCLA Page Operator at (310) 825-6301 and asking for the "Pediatrician on Call." You can also speak to a doctor or nurse by calling the Ronald Reagan-UCLA Emergency Room at (310) 267-8400 or the Santa Monica-UCLA Emergency Room at (424) 259-8219.

CALL THE DOCTOR RIGHT AWAY IF:

- **Baby has a fever (a temperature of 38 C or 100.4 F, or higher).**
- **Baby's breathing is unusually rapid or effortful, or baby has a persistent cough.**
- **Baby's skin becomes yellow** (or more yellow than when the baby was last seen by a doctor).
- **Baby's behavior has changed, and you feel that something is "not right."** For example: your baby cries continuously (and cannot be comforted in the usual way by holding or feeding), or your baby becomes unusually sleepy and will not wake up for feedings.
- **Baby vomits repeatedly (more than spitting up), or the vomit is green.**

2. INFANT CAR SEAT

Use a rear-facing infant car seat whenever your baby rides in the car. The car seat should be properly secured in the back seat, preferably in the middle seat, with the infant facing backwards. For additional information about car seat safety, how to install, inspection station locator, or recall information log onto The National Highway Traffic Safety Administration website:

<http://www.safercar.gov/parents/CarSeats.htm>

3. UMBILICAL CORD CARE

Try to keep the umbilical cord area clean and dry at all times. It helps to roll down the front of the diaper so that the cord is not covered by the diaper. It is a good idea to inspect the area after each diaper change. If it is clean and dry, you do not need to do anything. If it becomes dirty, clean the area gently with cotton balls moistened with clean water, and then use dry cotton balls to pat it dry. The cord will usually fall off between 7 and 14 days after birth. When the cord is beginning to detach, you may notice some moisture at base, and a slight odor. Cleaning the area with a cotton swab dipped in rubbing alcohol will take care of this. Please note that rubbing alcohol is only recommended when the cord is falling off and there is moisture with odor; otherwise, cleaning with water is sufficient. It is normal to see a very narrow rim of redness (about 1/16 inch) on the skin around the base of the cord. However, you should call your doctor immediately if you notice pus, redness, or swelling of the skin around the umbilical cord.

4. BATHING BABY

Your baby should be cleaned only by sponge baths until after the umbilical cord falls off and the area at the base of the cord has healed completely. Babies may only need a bath 2 to 3 times each week.

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5. BABY GIRLS

Help prevent your baby girl from getting urinary tract infections by remembering to always wipe her from front to back (vagina towards rectum) when changing her diaper. Many baby girls have a small amount of vaginal bleeding or clear-white discharge. This is normal and will stop within a few weeks.

6. BREAST FEEDING

During the first days and weeks after birth, you should aim to breast-feed your baby at least 8 times in a 24-hour period. Feed your baby “on demand,” that is, whenever the baby wakes up and shows signs of being ready to eat (feeding cues). Most breast-fed babies will eat 12 or more times in 24 hours during the first week of life. At night, breast-feed when baby shows feeding cues but at least every 4 hours. At times, you may need to wake your baby for feeds. Your baby may eat for a little while, fall asleep, and then wake up to eat again; this is normal.

As your milk volume increases you will begin to hear audible swallows as your baby feeds. This is a sign of milk transfer. Allow your baby to feed until he/she seems satisfied (hands are relaxed and/or lets go of nipple). Your baby may feed for at least 10 minutes per side or up to 30 minutes per side (in the first 2-3 days, the baby may only feed 5 minutes per side). Try to avoid giving bottles or any other artificial nipple such as a pacifier for the first 2-3 weeks of life. After that time, you may wish to get the baby used to drinking from a bottle once a day.

Your baby is getting enough breast milk if, by the 4th day of life, he/she seems satisfied after feeding, feeds every 2-3 hours, and urinates at least 4 times per day. Many breast fed babies will stool 4 to 8 or more times a day, but some will stool less frequently.

Visit <http://kellymom.com/> for evidence-based breastfeeding and parenting education. For additional information on breastfeeding or lactation specialists in your area, log onto <http://www.breastfeedla.org/>, and click on the “Breastfeeding Resource Directory”.

7. EXPRESSING AND STORING BREAST MILK

Milk expression can be used to establish and/or protect your milk supply if your baby is unable to latch or breastfeed well, you are engorged, one of you is sick, or you and your baby are separated for a long period of time. There are 2 methods to express your breast milk: (1) mechanical with an electric or hand held pump and (2) hand expression. Hand expression provides important skin to skin contact needed for milk let down and to establish and protect your milk supply while requiring no extra equipment. Hand expression can be used in conjunction with mechanical pumping or alone to express your breast milk. Visit

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html> for more information about hand expression.

Your fresh expressed breast milk can be stored at room temperature (79°F) for up to 4 hours and in the refrigerator for less than 8 days. Your fresh expressed breast milk can also be stored in a freezer (5-15°F) for 3-4 months or a deep freezer (-4°F) for up to 12 months. Your frozen breast milk can be thawed and stored in the refrigerator for up to 48 hours as long as it has not been warmed. Use the first two weeks of expressed breast milk in the order it was expressed, and then proceed to fresh breast milk whenever available.

NEWBORN GENERAL INSTRUCTIONS**8. BOTTLE FEEDING**

Bottle-fed babies should be fed every 2-3 hours or when hunger cues are noted. The size of your baby's stomach will gradually increase between days 1-10 of life. By day 3, your baby will drink at least 30cc (1oz) of expressed breast milk or formula per feeding and by day 10 your baby will drink 2-3 oz. Consult with your pediatrician on what type of formula to feed your baby if formula is medically indicated. Bottles do not need to be sterilized; wash them in warm, soapy water.

9. GIVING THE BABY WATER

There is no need to give the baby water. Breast milk or formula is enough.

10. WET DIAPERS AND STOOLS

A breast-fed baby may have frequent stools that are soft and mushy. A bottle-fed baby will have firmer stools that are less frequent. Stools can normally be yellow, brown or green in color. All babies strain a little when stooling. As long as the stool is soft, you do not have to worry about this. A baby should have at least 1 wet diaper in the first 24 hours. The number of wet diapers should increase daily (e.g. 2 on day 2, 3 on day 3, etc.) until the baby is having about 6 or more wet diapers every 24 hours. In the first few days, even a small spot of urine counts as a wet diaper. After that, there should be an obvious increase in the volume of urine in the wet diapers.

11. SLEEPING

Your baby should always sleep on his/her back for naps and at night. Newborns should sleep on a firm sleep surface close to, but separate from you, and should never be placed in bed with you when you are sleeping or likely to fall asleep. Co-sleeping increases the risk of sudden infant death syndrome, and is not considered safe for your baby. Keep soft objects, toys, bumper guards, and loose bedding out of your baby's sleep area. Never allow smoking around your baby, and remember that prescription medications, alcohol, and other drugs may make you drowsy or impair your judgment when breastfeeding. Remember to always place your baby back in his/her crib or bassinet before you fall asleep.

12. SICK BABY

Try to avoid exposing your baby to someone who is sick. If the baby becomes sick, or feels like he/she has a fever, check the temperature with a thermometer. If his/her temperature is 38 C (or 100.4 F) or more, call your doctor *immediately*.

13. BABY SPITS UP

Many babies will sneeze, hiccup, and spit up a little after feeding, or have some nasal congestion. These are all normal. If the nasal congestion is interfering with his/her feeding, you can try to suck out some of the mucus with a bulb syringe.

14. DRESSING BABY

Your baby will usually be comfortable when dressed in the same number of layers of clothing as you are wearing. If the weather is cold, or the baby seems cold, be sure to cover the baby's head with a hat.

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15. WHO IS WATCHING THE BABY?

Never leave your baby alone with another child or pet.

16. **NEVER** SHAKE YOUR BABY!!

Shaking your baby can cause DEATH or cause SEVERE INJURY to your baby such as: brain damage, retardation, paralysis, blindness, and delays in normal development. If you feel angry, **DO NOT LOSE CONTROL**. Instead, try the following:

- Walk to another part of the house. It's OK to leave the baby in a crib or a safe place, but always check on the baby at 15 minute intervals.
- Telephone family, friends or your pediatrician for support and advice.
- Parenting classes can teach alternate methods of discipline. Shaking is *NEVER* an acceptable form of discipline.
- Learn proper CPR. *NEVER* shake a child who is choking or who has stopped breathing.

17. FOLLOW-UP CARE

After discharge from the hospital, your baby will need regular follow-up visits with a doctor. The first appointment should normally occur 1-3 days after discharge, depending on the baby's age when discharged and other factors. You will be provided with a specific recommendation for the time of the first visit. You are expected to call your doctor or clinic to make the appointment and have a confirmed appointment prior to discharge from the hospital. This may not be possible on weekends and holidays.

In this case, we will request that you call to make the appointment as soon the clinic or office reopens.

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MRN:
Patient Name:

(Patient Label)

INFANT IDENTIFICATION AT DISCHARGE

I certify that during the discharge procedure, I received my baby and the numbers on the sealed identification bands on the baby matched my band.

Staple bands here:

ID# _____ Nurse's Signature _____

Signature _____ Date _____ Time _____

Relationship to baby _____ Other ID (if required) _____

CONFIRMATION OF NEWBORN'S DISCHARGE INSTRUCTION

The "Newborn General Instructions" have been discussed with me and I understand them. I have received a copy of these instructions. I understand when I am to take my baby to his/her first follow up appointment with the pediatrician, as noted in the Discharge Summary and After-Visit Summary.

Signature _____

Nurse's Signature _____ Date _____ Time _____