



Caring for Your New Baby

During the first days after the birth, your midwives will be visiting you and assessing your new baby. If any time you are concerned about your baby's well-being, contact your midwife. Here are some tips and information to help guide you.

Colour and Breathing Babies are pink with pink/blue/purple hands and feet due to acrocyanosis that lasts for the first few days after birth. As the circulation to the hands/feet improves, the baby's hands and feet will become pink. Normal newborn respirations are irregular, though not laboured. This can be disconcerting for many new moms. The rate of breathing is between 40-60 breaths per minute. Babies can easily breathe while breastfeeding. Babies sneeze or cough to get rid of mucous

Contact your midwife if the baby's nostrils are flaring, the baby is grunting with breathing, or the baby's mouth or central body turn blue.

Temperature Newborn babies have immature thermoregulation. This means they lose heat quickly and may be slow to regain it. Dress and wrap the baby warmly with one more layers of clothing than you are needing to keep yourself comfortable. Babies lose 80% of their body heat through the top of their heads, so be sure to use a hat if it is cold. You can warm up blankets in a dryer. Keep your home warm and be aware of drafts. Babies may also get overheated from over dressing. Sweating and the baby turning dark pink are signs of overheating. A normal temperature is 36.5-37.5C. Take temperature in baby's armpit.

Contact your midwife if baby has a fever or cannot maintain a normal temperature.

Cord Care The cord does not need to be cleaned with alcohol or antiseptics as it will take longer to fall off. Clean any discharge from the base of the cord with a Q-tip moistened with clean water. The cord should fall off in 5-10 days, though some persist for longer. Cords often smell as they are dead tissue and are decomposing. Fold down the diaper so it does not rub on the cord. It is normal to see a bit of blood spotting as the cord is separating.

Contact your midwife if there is a large amount of bleeding or if the skin on the abdomen near the cord becomes an angry red.

Skin Most babies normally will have peeling skin in the days after birth. You can use olive oil as it is well-absorbed and rarely causes reactions. You can also use a baby lotion. Avoid products that are petroleum based or contain perfumes or preservatives. If your baby develops a diaper rash, it is helpful to avoid using standard diaper wipes as these may irritate a diaper rash. Use a soft wet cloth with water instead, then give baby's bottom some air-out time after changing. Apply Zinc oxide creams as a barrier after each diaper change. **Contact your midwife if the rash gets worse or isn't quickly resolving with these measures.**

To view a slideshow of newborn skin conditions/birthmarks go to:

<https://med.stanford.edu/newborns/professional-education/photo-gallery/skin.html#lanugo>

Rashes These are common in newborns. Here are a few you may encounter:

Newborn rash (erythema toxicum neonatorum) red with small white center, looks like a bite, the cause is unknown and it will resolve spontaneously with no concerns.

Milia - tiny white bumps on nose, chin, caused by plugged oil glands, no concern.

Heat Rash fine, clear or red spots, often seen on cheeks, neck, forehead, back or chest, caused by over-dressing or overheating. Decrease layers of clothes; will resolve spontaneously.

Eyes Sometimes babies have small bright red areas in the whites of their eyes or a red ring around the iris caused by pressure during the birth causing a small blood vessel to rupture. This requires no treatment and will resolve completely. Babies may have blocked tear ducts or 'sticky eye'. Massage above and below the inner corner of the baby's eye to help it drain. You may put some breast milk in the eye to help it resolve. Breast milk is sterile and contains macrophages which are living cells that engulf and eat bacteria.

Contact your midwife if the baby's eye becomes red, swollen, inflamed and has profuse discharge.

Urine and stool Babies should always have a bowel movement and urination within the first 24 hours after delivery. The initial stools are thick, black and tarry. It is helpful to use disposable diapers until this has cleared and to coat the diaper area with a barrier product like petroleum jelly or olive oil to keep the meconium from sticking to the baby. When the milk comes in, the stool will turn yellow and curdy. The first day you can expect one wet diaper, the second day two wet diapers, and the third day three wet diapers. Once the milk is in, you can expect 6-8 wet diapers and 3-4 stools daily. Sometimes a baby may pass uric acid crystals that are a brick red color and are often mistaken for blood in the diaper. This is commonly seen in the first few days after the birth. Sometimes female babies will have a small amount of bloody mucous from their vagina in the days after the birth. This is normal and is related to the mother's hormones.

Contact your midwife if the baby does not have any output in the first 24 hours or if the output does not reach normal levels when the milk comes in.

Bathing Babies come from a sterile environment when they are born. They do not need to be cleaned unless they have blood or meconium on their skin from the birth. The vernix, which is a thick white cream on the baby's skin at birth should be removed within a day or two after birth from the arm pits and folds of the baby's skin where it collects. Every day the baby's bum should be rinsed in a small bowl of body temperature water to remove all urine and to prevent rashes. A baby can be bathed at any time. Three to four baths a week is usual. Try to keep the cord dry so it will fall off sooner. Maintain a warm room temperature when you bath the baby and use bath water that is about 37.5 C.

Jaundice 30-50% of all babies develop jaundice around the second or third day after birth. In utero, the baby has more red blood cells than are needed after birth. These extra cells break down and one of the by-products is bilirubin, which can get into the skin and make it yellow. Most babies remain healthy and can flush the bilirubin out of their bodies by feeding often and having plenty of bowel movements. You should wake baby every 2-3 hours to feed until the jaundice is cleared. Your midwife will discuss bilirubin testing to ensure that the bilirubin levels remain in the normal range. In some situations, babies may need phototherapy treatment (going under special lights) to help bring the bilirubin levels down.

Contact your midwife if your baby has jaundice in the first 24hrs of life, or if baby becomes increasingly yellow, has a fever or is becoming lethargic and is not waking for feeds.