

General Newborn Care

Baby's Needs: Your baby needs warmth, closeness and love. Your baby needs to nurse for nutrition, and receives valuable colostrum in the first few days. The more the baby sucks, the faster your milk will come in.

Cord Care: Recent research indicates that the umbilical cord needs no care except to be kept clean and dry. Your baby can be bathed normally; simply pat the cord dry and keep it outside of the diaper by folding the front of the diaper down. As the cord begins to fall off (anytime in the first 14 days) some blood or discharge may be present on the diaper or baby's clothing; this is normal. Call your midwife if the skin around the cord is inflamed, red, or hot to the touch, or if there is fresh bleeding or excessive yellow discharge from the area.

Warmth: A newborn's heat regulating system is not fully developed so they cannot quickly adapt their temperature, as adults can. A good rule of thumb is to dress your baby in one layer more than you would need to feel comfortable. In addition, a hat is important for the first week. A baby's hands and feet will feel cool to the touch and may appear bluish for the first few days because babies do not have good circulation to their extremities. Skin to skin contact is the best way to regulate your baby's temperature. Some babies like to be tightly swaddled while others prefer more room to move. Protect your baby from drafts and keep your house at room temperature or slightly above, 21-23 degrees Celsius.

Sleeping: Babies vary widely in the amount they sleep. Most babies wake to feed every 2-3 hours. They should not sleep for more than one longer 4-6 hour period per day. Always position your baby to sleep on its back on a flat firm surface. No blankets, pillows, bumper pads or stuffed animals should be in the baby's sleeping area to reduce the risk of Sudden Infant Death Syndrome (SIDS). A non-smoking environment is also very important to reduce the risk of SIDS.

Co-Sleeping: Having your baby sleep with you in your bed is a safe option if done correctly. No pillows, loose blankets or stuffed animals should be placed in the baby's sleep area. Baby can be tightly swaddled with blankets away from the face or have 2 layers of clothing for warmth with a tight fitting hat. It is not safe to co-sleep with your baby if you have recently used any medications, alcohol, or recreational drugs which could impact your level of awareness. In addition it is not safe to co-sleep with your baby on a couch, waterbed or futon. Your midwife can demonstrate how to co-sleep safely with your baby at your postpartum home visits.

Feeding: Feeding your baby frequently in the first few days is very important. Colostrum (early breastmilk) provides the baby with all the nutrition it needs as well as some immune protection. Frequent feeds also stimulate the breasts and help to bring your milk in faster. Some feeds will be better than others, so

remember to be patient and give yourself some time to bond with your baby and become a breastfeeding team. See Breastfeeding (pg. 19) for more information.

Urination and Bowel Movements: Monitoring your baby's output is one of the many ways that your midwife will assess your baby's health. Your baby's first poo is called *Meconium* and is black and sticky, like tar. Some babies will pass meconium in labour or shortly after. Over the first few days of life your baby's poo will gradually change in colour from black to brown or green and eventually become soft and mustard yellow in colour. Your midwife will be asking you about your baby's pees and poos throughout the first few days of life so a chart is provided in your postpartum package to record them (if this helps you). Please see Best Start Chart (pg. 23) for daily expectations.

Sneezing, Coughing and Mucous: Most babies will bring up mucous in the first few days of life via coughing, snorting and sneezing. This does not mean that your baby has a cold or is unwell. Mucous can be clear, brownish (tinged with old blood from passage through the birth canal) or even have small amounts of fresh blood present (if there are cracked nipples while breastfeeding). Holding your baby in an upright position or on their side can assist them in clearing the mucous. Wiping excretions away from the mouth with a cloth can also help.

Colour: A newborn's chest and face should always appear pink. This shows that your baby is getting lots of oxygen. It is normal however for their hands and feet to be blue or grey and cool to the touch for the first few days. If the skin on your baby's face or chest becomes blue or grey please page your midwife immediately.

Jaundice: Approximately 70% of newborns will have some level of jaundice (yellowing of the skin and eyes) during their first week of life. However, jaundice in the first 24 hours is not normal. Please page your midwife if your baby becomes yellow during the first day of life. Jaundice beyond the first day of life is commonly caused by the breakdown of red blood cells, causing an increase in bilirubin (yellow pigment). For most babies jaundice is physiologic and will be cleared by the liver and excreted by the baby with no issues. However, in a very small percent of babies, bilirubin levels will become too high, resulting in *hyperbilirubinemia*. Your midwife can discuss options for testing your baby for jaundice at home or in hospital if necessary.

Breathing: Newborns do not breathe in and out evenly, as adults do. They breathe in clusters, breathing progressively faster and deeper, and then slower and shallower. Babies may pause their breathing for up to 10-15 seconds and then start up with a deep breath. This irregular pattern of breathing is normal. It is not normal for a baby to gasp for breaths or to be panting (quickly breathing) for 10 minutes or more. Page your midwife if you are concerned about your baby's breathing. It is also abnormal for a baby to stop breathing and turn blue. This is very rare, but if this happens call 911 and page your midwife.

Vitamin D Supplementation: The Canadian Pediatric Society recommends that all breastfed babies be supplemented with 400 IU (international units) of vitamin D daily. Vitamin D aids in the absorption of Calcium and therefore helps to build strong bones. A deficiency of Vitamin D can lead to bone deformity disorders such as Rickets. Children with darker skin tones are at a higher risk of this disease, however supplementation is recommended for all newborns. Sunlight provides us with our best source of Vitamin D, however during the colder months it is difficult to get enough usable sunlight to fill this need.

Ontario Newborn Screening Program: The ONSP offers screening for all babies for 28 very rare but treatable metabolic, endocrine, and blood disorders. The majority of babies born with these conditions will appear normal at birth and without newborn screening may not be identified until permanent damage has occurred. Early diagnosis and treatment of these disorders can prevent serious damage including growth problems and developmental issues. The test is carried out around day 3 postpartum by pricking the baby's heel with a very small needle and collecting a blood sample on special paper. Samples are sent to a central lab in Ottawa where tests are performed. Greater than 99% of babies screened will have a "screen negative" result showing that they are very low risk. Please remember that this is a screening test (not a diagnostic test). Therefore a "screen positive" result does not necessarily mean that your child has the disorder; however, this indicates that your child is at a higher risk of the disease, and that further tests need to be carried out. Results of the screen can take up to 3 weeks. Your midwife will discuss all results with you as they become available.