

## General Infant Care



*Your skin was  
the softest  
thing I've ever  
felt.*

## General Infant Care

As postpartum doulas, our primary focus is mother care. Part of caring for the mother is sometimes providing infant care, but it is also educating and supporting the mother as she cares for her baby. Many parents will see us as infant experts so it is important to be able to answer their questions, or direct them to resources if we do not have the answer. Some of the topics in this section will be written information and others will be links to more resources and information.



When it comes to infant care and soothing, different families will make different choices. It is important that we provide them with evidenced-based information and then support them in their choices. If you feel very strongly about certain parenting options, it is important to be able to separate that from providing professional support, or referring parents to another professional doula that can help them if you are unable to provide the support a family needs.

## Normal Newborn Appearance

For new parents unfamiliar with newborn appearance and characteristics it can be important to provide them with information and reassurance. A postpartum doula should always encourage parents to follow their instincts when caring for their babies. Here is a brief overview of some newborn characteristics:

### Eyes

- The baby's eyes are large for the face and change very little in size as the baby grows. Mothers take great delight on looking into their baby's eyes and often feel they are looking into the soul of their baby. Temporary newborn eye color is usually a dark, bluish-gray. The baby's eyes may look crossed and/or may wander independently for a while.
- If the eye color in a baby is going to change, it usually does so by six months of age. Most but not all babies are born with blue eyes. If their eyes at birth are dark, they will likely remain dark brown in life. Likewise, baby hair may eventually change color.
- Newborn babies' eye glands begin producing tears at about three weeks of age.
- Some infants appear cross eyed. Often this is due to extra fat stored in the face or from the eyes not yet being matured. Most often this is normal, but if you are concerned, consult your doctor.

### Head

- Depending on how delivery went, a baby's head might not appear perfectly round. The newborn skull is cartilage which is immature bone, and is made to mold and fit through the birth canal perfectly. In time the head will become properly shaped. This can take a few hours to several days post-delivery. The baby's head is proportionally larger than the rest of her body.
- Baby has two soft spots called fontanel. One is on the top of the head the other is in the back. These can make new parents nervous. Reassure them they will not hurt the baby by gently touching these soft spots during care such as dressing and bathing. They may see it pulsate as well. The only concern would be if it appears deeply sunken in as this is a sign of dehydration.
- The baby's head has two fontanel which are soft spots between the plates of the skull bones. There is a large diamond-shaped one at the top of the head, and a smaller, triangle-shaped one at the back of the skull which will eventually fuse together.

- The baby may have a caput (normal swelling on the scalp from the buildup of body fluids as the head passes through the birth canal) or a *cephalohematoma* (a blister-like accumulation of fluid that appears within the first several hours postpartum). It is limited to one cranial bone, and is usually a result of vacuum extraction. Both of these heal over time, although jaundice is more likely to occur.

## Skin

- There may be reddish patches along the bridge of the nose, eyelids and nape of the neck, technically called nevi (patches of blood vessels visible through the thinner skin), which will disappear within the first year.
- Some babies may have red marks or bruises on their faces from instrumental deliveries or from an internal monitor used in labor. These should fade in time.
- After a week or so, your baby may look as though he has a case of acne, called milia (obstructed sweat and oil glands on the nose, cheeks, and chin) that will clear up on its own. This is a normal response to hormonal changes. Acne medications and washes should **not** be used. Washing the face 1-2xs daily with just warm water is often all that is recommended. Acne typically appears around four weeks after birth and gradually disappears.
- A newborn baby's skin is usually a dusky color, and soon begins to "pink up" from the face to the trunk, arms, and legs, and lastly to the fingers and toes over the first 24 hours of life.
- Depending on the baby's gestational age, he may or may not be covered with vernix caseosa (a thick, white, creamy substance that coats and protects the skin while the baby is growing in the amniotic fluid).
- The same holds true for the presence of lanugo (soft, silky, furry hair that may be present on the baby's back, shoulders, ears and cheeks), which will ultimately wear off.
- The baby's skin, especially the hands and feet, may be dry, flaky, cracked and/or peeling for the first week or so, especially if he is post-term.
- Cradle Cap occurs in many babies in the early weeks after birth. Scaly yellowish patches of skin can be noted on top of their heads and behind their ears. Simple wash these areas daily and use a fine baby comb to gently remove the scaly patches. Cradle cap is normal and does not require any medical treatment.
- Small-for-dates, and some post-term babies have saggy, wrinkly skin.
- Babies of Native American, African, Asian or southern European descent may have *Mongolian spots* (darker pigment that looks like bruises) most commonly on their lower

backs or buttocks and even on their arms or thighs, that will eventually fade. Any babies may have a number of permanent and temporary birth marks and most are not harmful. Any concerns should of course be expressed to the pediatrician.

- In the first days after birth, a baby's circulatory system is still maturing. Thus, the feet and hands may have a bluish appearance. If after a couple days they have not assumed a pink color, their pediatrician should be consulted.
- Newborn skin may look flaky like it is peeling. This is normal and is not from dry skin, so lotion is not usually recommended. If parents are concerned and/or want to use moisturizers suggest they speak with their provider. They should not pick or squeeze their baby's skin as this can cause skin infections.
- Diaper rashes can be caused by the ammonia that urine creates and which irritates the baby's skin. To help prevent rashes, avoid the use of soaps and lotions, keep her bottom exposed to the air as much as possible by wearing loose clothing, and change diapers frequently. Be careful about which laundry detergents are used as some can cause rashes on a newborn baby's skin.
- Mother-baby skin-to-skin contact helps to regulate the baby's temperature. Baby wearing also known as kangaroo care, is a wonderful way for babies to feel secure and parents are able to get things done with two hands free. Keeping the baby close to his mother's heart is soothing to him and he will tend to be more relaxed and cry less.

## **Circulation, Edema, Temperature**

- A baby's pulse is generally between 110 and 150 beats per minute and breathing is normally between thirty to sixty breaths per minute. A postpartum doula can count the breaths for 30 seconds and multiply by two. If the baby is struggling with mucus in his mouth, use a bulb syringe to suction it out. If the baby continues to have difficulty with breathing as in grunting, flaring nostrils, or deep chest compression, the care provider should be notified. Sneezing, coughing, and hiccups are all normal and show that the baby can attempt to clear his own airway.
- Babies often have edema, especially if their mother had lots of IV fluids during delivery. Edema in the face and genitals can make new parents concerned, but generally this swelling is normal. Due to edema, as well as normal adjustment to the outside world, babies may lose up to 10% of their birth weight. It is expected they reach birth weight again by two weeks of age.
- Newborn girls may have swollen vaginas and boys may have what appears as larger and redder scrotums. This is normal and due to maternal hormones. Girls may even leak a drop of blood from their vagina in the first days after birth. These symptoms will disappear as the newborn processes her mother's hormones.

- The best way to maintain a baby's temperature of 97.5 to 99.5 degrees Fahrenheit, is mother-baby skin-to-skin contact. Wearing a kangaroo carrier, removing the baby's shirt, and keeping the baby's skin on the mother's skin not only helps maintain the temperature but also increases the baby's sense of security as she hears her mother's heartbeat. The baby can be laid on his father's skin as well. A man's temperature is generally one degree higher than a woman's temperature so the baby will feel warmth

## **Umbilical Cord**

- The umbilical cord is usually cut within two inches from the baby's naval. A bluish purple stain may be seen around the cord stump from a drying agent placed there to encourage healing. The cord will normally shrivel up, turn black, and fall off from one to three weeks after birth. Wiping around the base of the cord with a Q-tip dipped into water is sufficient to keep the cord stump clean. Some women choose to keep the umbilical cord attached until it falls off by itself. This is called a "lotus birth."

## **Jaundice**

- Jaundice is caused by elevated bilirubin which is the result of the breakdown of the excess red blood cells a newborn no longer needs. Up to 80% of healthy term newborns experience some jaundice. Jaundice is not a disease but rather a descriptive symptom. Jaundiced babies have a yellowing of the skin and the whites of the eyes. Jaundice present on the first day of life is more worrisome than when it appears on the third day or later. Jaundice is more prevalent in preterm infants and if the baby's blood type is different than his mothers. If jaundice is suspected, a pediatrician should always be contacted. The actual lab number that is considered cause for concern varies depending on the source. .
- In a healthy exclusively breastfed baby it is possible to remain jaundiced for a few days to several weeks. As long as the baby is feeding well, gaining weight, and not lethargic, waiting it out with monitoring is often all that is recommended. Frequent feeds help to eventually lower the levels. It was once common to prescribe formula supplementation to reduce jaundice, but there is no improved outcome with this approach in a healthy baby whose mother has adequate milk supply and it also carries the risk of formula use which may lower her milk supply. Breastfeeding and milk production is very much about supply and demand.
- In an exclusively breastfed baby that is lethargic and/or not gaining weight well, a milk supply or milk transference may be the underlying cause. Dehydration or not enough milk intake can cause bilirubin to increase and cause health concerns. Improving the mother's milk production and that baby's ability to nurse better are ways to improve the situation.

- In a formula fed baby, jaundice should be monitored. Frequent feeds are best as it helps to reduce bilirubin. The baby may need to be woken up for feeds if she is too sleepy to wake on her own.

All babies with jaundice should be monitored by a healthcare provider. If the levels are too high, the baby will be admitted for monitoring and phototherapy. As postpartum doulas, we provide support but we do not give medical advice. We can remind them that jaundice is very common, that it is the result of a normal process (breaking down of red blood cells) and the importance of monitoring. Jaundice on the third day or later rarely causes problems, but since it is possible to be a result of other underlying issues, any medical questions and concerns should be directed to healthcare providers and not the postpartum doula

### **More information:**

<http://www.nlm.nih.gov/medlineplus/ency/article/000995.htm> – Breast milk jaundice

<http://americanpregnancy.org/first-year-of-life/breastfeeding-and-jaundice/> - Breastfeeding and jaundice

[http://www.drjen4kids.com/soap\\_box/jaundice.htm](http://www.drjen4kids.com/soap_box/jaundice.htm) – detailed description of jaundice

### **Newborn Behaviors**

Often new parents worry about spoiling, scheduling, and teaching new babies. As a postpartum doula we have the opportunity to educate parents about normal newborn behavior. New parents often make the mistake of expecting behavior that is normal for a six month old. These unrealistic expectations leave parents feeling frustrated and the infant may not have its needs met. Educating parents about normal infant behavior helps build their confidence and prepares them to handle the demands of a newborn. While all babies have their own unique personalities there are some normal behaviors that most newborns exhibit. Here is an overview:

- The first 24 hours the baby is often very sleepy. Some hospitals encourage feeding in the first hour, then allowing baby to rest much of the first day. Others encourage waking baby to feed every 2-3 hours. Newborns should never go more than one 4-5 hour stretch in 24 hours as they can easily dehydrate.
- In the early weeks newborns should be fed on demand whether every hour or three hours. It is not unusual for a breastfed baby to eat a total of 16 hours in the early days to encourage mature milk to come in. Due to jaundice and other concerns some newborns need to be woken up to feed.
- Newborns need to be held closely to their mothers. The mother's chest not only has a familiar scent but it also helps to regulate a newborn's temperature. Being close to an adult helps infants pattern their breathing. The skin of males is a degree higher than that

of females. Place a blanket over the baby while she is on the skin to keep her cozy warm to also promote bonding. Babies feel safe when close to their mothers and that means being within arm's reach or close to their heart.

- Because the baby's nervous system is still developing, they move their arms and legs together at the same time. Gradually they will learn to isolate arm and leg movements.
- You cannot spoil a newborn. This is because his nervous system is still developing at the time of birth. Being held is as much of a need for a newborn as are feeds.
- Mother-baby skin-to-skin touch helps milk supply, regulates baby's hormones, and facilitates bonding. In fact it is when the baby massages his mother's breast that the pulses of oxytocin are secreted from his mother's brain which brings in the mothering hormone prolactin which induces the milk let-down reflex. In this sense, you can say it is the baby who helps to control his mother's milk supply.
- Newborns can easily become overtired. Rarely do newborns tolerate being awake more than ninety minutes in the early days, or more than two to three hours in the early weeks.

## **Five Sleep States of Babies**

A newborn typically stays very still and uses all his energy to see, hear and relate to his environment. The baby is in the quiet alert state immediately after birth and will remain in this state for a longer period of time if left undisturbed and in close contact with his mother. After the first hours of life, the baby will only be in the quiet alert state for short periods of time each day, mostly when feeding.

Newborns sleep much of the time in the womb even when kicking, and continue to sleep about 90 percent of the time after birth, with half that time spent in quiet sleep and half in the active sleep state. After they are born they sleep twelve to sixteen hours each day. The mother needs to be ready to wake up during the night to breastfeed, but the rule is then to sleep when the baby sleeps during the day, so she gets enough sleep herself. Sleep deprivation can be a serious issue for new parents. It is essential that they resist the temptation to catch up on work during the day and instead choose to sleep.

Once you can differentiate between the states of sleep, you will learn whether your baby's movements and noises mean that he needs your immediate attention (for example, because he is hungry and awakening from a light sleep) or is just passing into a deep sleep or a drowsy state and is comfortable and content. Knowing when and how to respond to your baby's needs builds your confidence as a parent at the same time as it builds your baby's sense of attachment and security to his new world.

There are six stages of consciousness that have been identified in regards to a baby's sleep patterns. Being able to recognize a baby's stages of sleep, helps take out the guess work of a

mother understanding her baby's needs.

**1. Deep Sleep State (Quiet Sleep)**

Here, the baby is most relaxed and not stirring with outside noise. He alternates between Deep Sleep and Light Sleep every 30 minutes. There may be sporadic startles and subtle mouth movements. His breathing rate is regular and even, and he may sigh deeply every few minutes, which is nature's way of assuring good oxygenation in all the states.

**2. Light Sleep State (Active Sleep)**

In this state, the baby moves while sleeping and may even wake up to sudden outside noises. Her arms and legs twitch and jolt and she may make sucking and chewing movements. She is restless, in a light sleep, and her eyes may flutter open now and again. The baby is in REM (rapid eye movement) sleep, and his eyes may be moving underneath closed lids. She may move her arms and legs or even her entire body quite actively. She makes sucking movements, smiles and frowns. Her breathing rate is faster than it was in the Deep Sleep state and may be somewhat irregular.

**3. Quiet Alert State**

In this state the baby's eyes are open and her face has a bright appearance. Her body is quiet.

**4. Active alert state**

The baby actively stretches and kicks his arms and legs moving frequently and rhythmically in whole body movements. He will make "cooing" sounds and also perhaps begin to fuss especially if he is anticipating a feeding. In this state, the baby's attention is not focused on any particular person or object, but is curiously drawn to a variety of things in his environment. The baby's eyes are open in watchful awareness. Marshall H. Klaus and Phyllis H. Klaus, authors of "Your Amazing Newborn," explain that newborns in the "quiet alert" state "can follow a red ball, gaze at a face, turn to a voice" and even begin imitating facial expressions. This is the most opportune time for infant massage.

**5. Crying state**

The baby closes his eyes and flails arms and legs often in uncoordinated movements, trying to communicate hunger, discomfort, frustration, or loneliness. According to Klaus and Klaus, picking up your newborn within 90 seconds after he enters the crying state typically switches him to the Light Sleep state. He may cry with his eyes wide open and searching, or when particularly upset, he may get red in the face and flail his arms and legs. Parents quickly learn their baby's cues and can respond calmly with the comforting touch, soft words and strong arms the baby craves.

**6. Drowsy state**

The drowsy state is a transition between the quiet and alert states. The baby is in this state when either waking up or falling asleep. He has an unfocused, glazed look, and his eyelids may droop. He may make small facial movements (smiling, frowning, pursing his lips) and slight bodily twitches or stretching movements from time to time.



For more information visit: <http://www.livestrong.com/article/526861-the-6-behavioral-states-of-a-newborn/>

## The Five Senses

- A newborn can see and focuses fairly well at a distance of about ten inches, the perfect distance from a mother's arms to her face. He shows more interest in looking at human faces, round objects, bright contrasts, patterns, and slow-moving objects. He can hear quite well and will turn to follow a familiar voice, even at the moment of birth. He prefers high-pitched voices (mother's voice over father's), calm rhythms and varying, animated tones. His sense of smell is acutely developed, allowing him to recognize and distinguish his own mother's scent. His taste buds are refined, with a preference toward sweet substances, such as breastmilk. He responds and is comforted by your soothing touch, just as he was in utero when you stroked your abdomen.
- The development of these five senses begins in the womb and is enriched most profoundly within the first few years of life with practice, experience and stimulation. Taste buds begin to develop at seven weeks gestation, responding to sweet, salty, sour, and bitter tastes.
- As they grow, babies even tend to show preferences for the foods their mothers commonly ate while pregnant.
- The auditory cortex in the baby's brain begins to receive input from the inner ear by 28 weeks gestation, enabling the baby to hear extrauterine sounds and respond to voices, music, and rhythms, both those that are pleasant and soothing or harsh and unsettling.
- By the fourth month of gestation, the primary sensory cortex in the baby's brain can process tactile sensations from cells that began appearing on the baby's skin at ten weeks gestation. Early in gestation the baby is able to perceive the smell of the amniotic fluid. Towards birth he actually drinks the amniotic fluid and after birth depends on the smell to find his mother's breast as colostrum has the same or similar smell as amniotic fluid.
- The olfactory cortex is in the most primitive part of the brain and is associated with the memory and emotion centers. The baby develops an association between certain smells (such as those related to his mother) and love and security. By seven months gestation, the visual cortex begins to receive signs from the baby's eyes, but vision is the slowest sense to develop in utero and to reach full capacity once the baby is born.
- At the moment of birth, sensory integration is the way in which a newborn relates to her new world outside the womb. She uses her reflexes to crawl up her mother's abdomen; she feels and tastes her salty skin; she hears her sweet voice and looks at her. She uses smell to find food, her mother's breastmilk which has the same smell as the amniotic

fluid in utero. This sensory integration is crucial to her brain development and hormone production.

## **Sleeping Through the Night**

- Babies who reach about ten pounds are usually able to begin sleeping through the night. It is very rare for newborns to sleep all night. Rather than making long stretches the goal, learning coping techniques can be beneficial to parents.
- Keeping your baby in the room, having extra diapers and change of clothes in the bedroom, and resting during the day, can help new parents cope with less sleep.
- Keeping daytime bright and noisy and night-time dim and soothing, can help your baby learn night from day. While they will wake for their needs to be met, they learn to go back to sleep after their needs are met, rather than seeking stimulation.



Encourage mothers to follow their instincts and learn to be in tune with their newborns. Remind the family that with any new relationship, it takes time to get to know each other and be comfortable. All babies are unique but they do have things in common; they eat frequently, sleep in short spurts, and have an innate self-preservation instinct to be close to their mothers or other caregivers. Remind parents this is a temporary phase and that their babies will eventually sleep. Reassurance is crucial for new and tired parents.

## **Diapering**

Women have the choice of using cloth or disposable diapers. There are many reasonable diaper services for those who want to have their babies feel urination. Disposable diapers are made to absorb urine so babies don't realize they are wet. It is not the postpartum doula's role to change diapers, but rather to have the mother and other family do it. She is there to advise and guide. As in bathing, it is important to have all the items needed within easy reach – warm washcloths and/or wipes, new diapers, and diaper rash ointment if needed along with change of clothing if necessary. Be careful for baby boys who may spray urine as soon as the diaper is off. This is a good time to sing to your baby, talk to your baby, and play little games.

## **Dressing a baby**

For some reason, many mothers overdress their little babies in clothes, booties, blankets, and hats even when it is warm outside, feeling that is keeping them extra warm. A general rule of thumb is to dress the baby in one layer more than his mother or father. It is best to keep the hands free

especially if breastfeeding so the baby can massage his mother's breast, and when not breastfeeding to explore his fingers in his mouth. A hat to protect from the sun is a good idea.

## **Exercises for the baby**

Remember that a newborn baby has been cuddled in a fetal position in her mother's womb for a long time. At the time of birth, the baby's movements are largely governed by reflexes. Therefore, it is an excellent time to do some baby exercises to help stretch out her arms and legs.

- When she is in a quiet alert state, lie her on her back and say "It's time to exercise" in your sweet and loving voice. If she looks receptive, continue.
- Hold both of her hands and cross them way across her chest in opposite directions. Move slowly and deliberately.
- Then raise both arms over her head, stretching them up high and saying "So big!"
- Next alternate one arm with the other over her head.
- Now hold onto her knees and bring both knees to chest holding five seconds, and down.
- Now alternate knees to chest as if bicycling. Be sure to bring each leg fully down to the floor with knee straight.

## **Colic**

- When a baby starts to cry more than three hours a day or more than three days a week for more than three weeks, he may have colic. Colic remains a mystery with no known causes but theories include muscle spasm in the digestive system, a nervous system still developing, or hormones that are causing stomach pain.
- It usually begins around two weeks after a full-term birth or later if premature and almost always disappears as mysteriously as it came by three to four months.

## **Burping**

Since some but not all babies swallow air while breastfeeding or bottle-feeding, they may need to burp. It is good to try burping when changing breasts and after a feeding. When positioning, the key is to position in such a way that there is some pressure on the baby's abdomen. The most common position is to put the baby way up over the shoulder and then gently pat him on his back while rocking back and forth. Another good position is lying him on his belly over his mother's knees. Sometimes just changing his position brings forth a burp. Babies with a lot of gas like being in a football hold which also allows the mother to do other things with her free hand.

## **Spitting up**

Spitting up is normal for babies and may be due to an immature sphincter muscle at the opening of the stomach. If bottle-feeding, too much milk may enter the baby's small stomach which can result in spitting up. This can cause a burning sensation or heartburn in his esophagus, making him cry. It can be minimized by keeping the baby calm and burping after feedings.

In a breastfed baby, the baby normally only takes in what is appropriate for the size of his stomach. Because mothers can't see how much milk their baby is getting from the breast, they

often wonder if their baby is getting enough nutrition. They need to know that with pressure from the mother's breast in his mouth, nineteen gastrointestinal hormones are secreted that increase the number of villi in his gastrointestinal tract, which helps him to absorb more nutrients from his mother's milk. Be sure in the early days after birth to give frequent but smaller feedings.

## **Bathing**

After the baby comes home, his/her first bath is one of the most exciting yet rather frightful times. The baby appears so fragile and parents are afraid they won't know what to do. Due to entrainment the baby may begin to fuss when he senses his mother's stress. The postpartum doula is there to guide but not do the bath for the parents.

- The first thing to do is to get all the items ready for the bath and put them at arm's reach. These include the bath towel, washcloths, q-tips and cotton balls for the umbilical cord, diapers and a clean outfit, and if there is a diaper rash, a little ointment. The bath water should be warm but not hot. The room should be warm.
- Use a damp washcloth to begin cleaning the baby's eyes, ears, nose, and mouth and then continue moving downward.
- This is a good time to gently massage the baby's arms and legs, belly, and back.
- Wipe a girl from front to back at the bottom. When cleaning the vagina, use only warm water on a washcloth. The newborn may be allergic to chemicals in the commercial baby wipes.
- Talk to your baby during the bath. She will be stimulated by your voice and look into your eyes.
- You can wash your baby's hair once a week. To do so, hold the baby against the body in a football hold. Soap and shampoo is not necessary but if using it be sure not to let it touch the eyes.
- For boys, if they are not circumcised, no special care is needed for the penis. Do not retract the foreskin as this can cause scarring and tearing of his very tender tissue. If circumcised, the red/purple glans is an open wound where the foreskin has been removed and it needs to heal. Let it be exposed as much as possible to dry air. If wearing a diaper, put a little petroleum jelly on top of the glans and then diaper the baby. As the penis heals, it may become crusty which is normal.

## **Nail Care**

- Newborn babies, especially if post-mature, may have long fingernails that need to be clipped. Because they cannot yet control their arm movements, they can sometimes scratch their faces so little "mittens" may help prevent this if the nails are longer. It is also best to try and cut nails when babies are sleeping as they will be more quiet in their bodies. Use nail clippers made for newborns to clip them so babies do not scratch themselves.

## **SIDS (Sudden Infant Death Syndrome) Prevention and Education**

There have been recent advances in the studying of SIDS, but unfortunately we still do not have

a clear understanding of the exact cause. One theory is that it may be a defect in the gasp reflex in a small number of children. We do know some risk factors and here is an overview of SIDS prevention:

- **Breastfeeding remains one of the most important ways to reduce the incidence of SIDS.**
- The SIDS commission states that lying babies on their backs has been shown to reduce the incidence of SIDS by 60%. But a side effect of this, according to research by Nils Bergman MD, is that we now know a baby lying on his back has higher sympathetic (fight/flight) tone. Bergman asks, “Did you ever see a newborn mammal lie on his back to sleep?” Therefore, even though a baby lying on his back looks like he is sleeping, he may not be. This can interfere with sleep/wake cycles in the brain and resulting brain maturity. Bergman suggests that a better way to screen for gasp defects is needed. In the meantime perhaps sidelying is a preferred position.
- Some NICUs do place preemies on their bellies but parents should not do so unless directed by the doctor upon discharge.
- Exposure to second hand smoke increases the risk of SIDS. No one should smoke near the baby. Hands should be washed and if possible, clothes changed.
- Keeping your baby within arm’s reach at night reduces the risk of SIDS. Children should not bed-share with infants under nine months. It is also advised that infants sleep adjacent to their mothers rather than between their mother and her partner. She should not put the baby to sleep on a couch or sleep with her baby on a couch.
- Bassinets, cribs, and pack- n- plays should be completely empty with the exception of a well fitted sheet
- Footed pajamas and sleep sacks are preferable to blankets
- If the baby is preterm and sent home with an apnea monitor, do not put your baby to sleep without the monitor.
- In the early months, sleep training is not advised. Babies need to wake up to feed as their stomachs are very small. The most important point to teach parents is to avoid having anything in the baby’s sleep space that could cause suffocation or entrapment. Sleep positioners and crib bumpers are no longer recommended.

### **Application and Understanding**

1. What are five of the many typical characteristics of newborn appearance that a new mother might see in her baby?

2. How would you advise a new mother regarding care of her baby's umbilical cord?
3. What is the most important way a mother can help prevent SIDS for her baby? What is the recommended position for a baby to reduce SIDS?
4. You are working with a mother in the fourth week after birth and she says she is worried about the acne that has broken out all over her baby's face. She asks you what cream she should get for it. How would you respond?
5. What are two ways to minimize spitting up in a newborn baby?
6. Describe the importance of sensory integration in a newborn baby.
7. What is the reason that a newborn baby responds best to demand feeding?
8. In what stage of sleep would a baby be most accepting of massage?

